

# BRITISH UNIVERSITIES AND COLLEGES SPORT

## POLICY WORDING

September 2025



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## BUCS ENDORSEMENT

For over 100 years British Universities and Colleges Sport (BUCS) has been at the forefront of university sport in the United Kingdom. Our ambition is to deliver exceptional student sporting experiences that inspire, develop and unite.

To do this, BUCS works with member institutions to get more students active more often, through traditional competitive sport and providing physical activity opportunities. Alongside this comes the responsibility of ensuring our students play sport in a safe environment, ensuring protections are in place alongside suitable insurance products. It is with this in mind that BUCS is delighted to have partnered with market leading sports specialist, Sportscover Europe. Sportscover Europe have been doing the heavy lifting and fighting the corner for all sports, leisure and entertainment industries for over 30 years. They have taken a pro-active approach in collaborating with us to provide both risk management expertise and niche products designed for our students. We are particularly impressed with their desire to listen to our needs and match products to the risks we face.

Will Roberts - Chief Executive Officer

## WELCOME TO SPORTSCOVER EUROPE

### About Sportscover

Sportscover Europe is one of the world's leading sports insurance underwriters, with an accredited broker network stretching across the globe and dealing in accident, liability, property, and contingency insurances for sport.

Led by Martin Crannis, Chief Executive Officer, Sportscover Europe has been trading in Europe since 1999 and has developed into a world-renowned specialist that boasts more than a million clients spanning a diverse range of sporting activities.

**Our** services include risk management, marketing support, information, and educational services as well as exceptional customer service and an unrivalled knowledge and expertise in sports and leisure insurance.

**We** are authorised by the Financial Conduct Authority.

**Our** Firm Reference Numbers and other details can be found on the Financial Services Register at <https://www.fca.org.uk/>

### About Liberty

Liberty Mutual Insurance Europe SE (LMIE) trading as Liberty Specialty Markets, a member of the Liberty Mutual Insurance Group. Registered office: 5-7 rue Leon Laval, L-3372, Leudelange, Grand Duchy of Luxembourg, Registered Number B232280 (Registre de Commerce et des Sociétés). LMIE is a European public limited liability company and is supervised by the Commissariat aux Assurances and licensed by the Luxembourg Minister of Finance as an insurance and reinsurance company.

LMIE's UK branch registered address is 20 Fenchurch Street, London, EC3M 3AW which is authorised by the Commissariat aux Assurances and subject to limited regulation by the Financial Conduct Authority and Prudential Regulation Authority (registered number 829959). Details about the extent of regulation by the Financial Conduct Authority and Prudential Regulation Authority are available from LMIE on request.

[www.libertyspecialtymarkets.com](http://www.libertyspecialtymarkets.com)

## PART A: MASTER POLICY WORDING

### Master Policy of Sports Accident Insurance

In Witness this Certificate has been signed at the place stated and on the date specified in the Master Schedule by Sportscover Europe Limited.

A handwritten signature in black ink, appearing to read 'Martin Crannis', is positioned above the printed name.

**MARTIN CRANNIS**

Authorised Signatory

**Sportscover Europe Limited**

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## ABOUT THIS MASTER POLICY AND WORDING

This **Master Policy** has been arranged through Sportscover Europe Limited.

As the named association or group in the **Master Schedule**, you are the **Master Policyholder** and are the contracting party under this insurance. As the **Master Policyholder**, you have taken out this **Master Policy** to cover your individual members.

**Members** are beneficiaries under this insurance, but they are not deemed contracting parties.

**Members** are entitled to cover under this **Master Policy** as a result of their membership with your association or group.

Please contact the **Broker** as soon as possible if:

- a) anything needs correcting, or
- b) there are any questions in relation to this Master Policy

This wording is made up of two parts. These are referred to as:

Part A: Master Policy Wording; and

Part B: Members' Policy Wording.

The Master Policy Wording applies to you as the **Master Policyholder**. As such, in the Master Policy Wording 'you' refers to the Master Policyholder.

The Master Policy Wording includes specific conditions that apply to the **Master Policyholder** only, along with other details in respect of the **Master Policy**.

The Members' Policy Wording applies to the **Members** who benefit from cover under this **Master Policy**. As such, in the Members' Policy Wording 'You' refers to the individual Member.

The coverage given under this **Master Policy** is provided in the Members' Policy Wording.

The **Master Policyholder** has a duty to provide each Member with a copy of the Members' Policy Wording.

### Conformity

When You or the Member read the **Policy, You** will find that some items can be singular or plural. This clause is designed to correct this. Words in the singular include the plural and vice versa.

References to a statute will be construed to include all its amendments or replacements.

### Information About Sportscover Europe Limited

**Your** Policy has been arranged through Sportscover Europe Limited, who are a limited company registered in England under company number 3726678.

The registered office of Sportscover Europe Limited is 6th Floor, Sackville House, 143-149 Fenchurch St. London EC3M 6BL.

Sportscover Europe Limited is authorised and regulated by the Financial Conduct Authority Registration No. 308 372.

This document and **Master** schedule are issued to **You** by Sportscover Europe Limited in its capacity as agent for **The Insurer** under the contract reference shown in the **Master Schedule**.

### Information About The Insurer

Liberty Mutual Insurance Europe SE UK Branch (LMIE UK) is the insurer of Your Policy.

LMIE UK is a branch of Liberty Mutual Insurance Europe SE. Liberty Mutual Insurance Europe SE is supervised by the Commissariat aux Assurances and licensed by the Luxembourg Minister of Finance as an insurance and reinsurance company. LMIE UK is authorised by the Prudential Regulation Authority (registered number 829959) and regulated by the Financial Conduct Authority.

The address of LMIE UK is 20 Fenchurch Street, London EC3M 3AW.

[www.libertyspecialtymarkets.com](http://www.libertyspecialtymarkets.com)

## IMPORTANT INFORMATION

### Insuring Agreement

In return for the **Master Policyholder** paying the premium shown in the **Master Schedule**, and the payment of any applicable **Excess** by the Member, **We** will provide the cover given in this **Master Policy** to the **Members** of the **Master Policyholder**. The cover provided is subject to all limits, terms, conditions, notices and exclusions of this **Master Policy**.

### Law and Jurisdiction

This Master Policy is subject to the law of England and Wales and to the exclusive jurisdiction of the courts of England and Wales.

### Policy interpretation

In this Master **Policy**:

- a) a reference to any regulation or statutory provision will include reference to that provision as (i) amended, re-enacted or replaced from time to time or (ii) any equivalent legislation to the same general intent and effect in any other jurisdiction,
- b) if any term, condition, exclusion or endorsement or part of this Master Policy is found to be invalid or unenforceable, then the remainder will be in full force and effect,
- c) any reference to the singular will include reference to the plural, and any reference to the plural includes the singular,
- d) the word 'person' refers to any entity or natural person unless otherwise specified by the Master Policy,
- e) where consent by us is required, such consent will not be unreasonably delayed or withheld,
- f) headings are for information purposes only and are not to be construed as part of the Master Policy.

### Language

The language of this **Master Policy** and any communication throughout the duration of the **Policy Period** will be English.

## DEFINITIONS IN PART A: MASTER POLICY WORDING

The definitions that apply to this Part A: Master **Policy Wording** are set out below. Any word or phrase, other than titles and paragraph headings, which has a definition is printed throughout this Part A: Master **Policy Wording**, the **Master Schedule** or any endorsement relating to this Part A: Master **Policy Wording** in **coloured, type**. Any defined word or phrase in the singular is deemed to include the plural and those in the plural are deemed to include the singular.

1. **Broker** means the insurance broker who arranged this insurance, where applicable.
2. **Excess** means the first amount of any **Claim** payable by the **Member** making the related claim. The amount of the excess is as specified in the **Master Schedule**.
3. **Insurer** means Liberty Mutual Insurance Europe SE UK Branch. For more information about Liberty Mutual Insurance Europe SE UK Branch, please see the Information About The Insurer section in this Part A: Master Policy Wording.
4. **Master Policyholder** means the club, association, league or entity named in the **Master Schedule**. The master policyholder is the contracting party for this insurance.
5. **Master Policy** means:
  - 5.1. all the terms, conditions, definitions, exclusions and limitations contained in this **wording, that being Part A: Master Policy Wording and Part B: Members' Policy Wording**; and
  - 5.2. the **Master Schedule**; and
  - 5.3. any endorsements attaching to and forming part of this Master **Policy**, either at inception or during the **Policy Period**.
6. **Member** means any **Member**, temporary player or other person actively engaged in and appropriately registered with the Master Policyholder for the purpose of playing the sport or activity specified in the



**Master Schedule.** A Member is the individual able to make a claim under this Master Policy. A Member is not a contracting party under this insurance.

7. **Master Schedule** means the document issued to the Master Policyholder and which specifies the particular details of this insurance including the Master Policyholder's details, any scheme Administrator details and any details in respect of classes of Member. It also includes the **Policy Period** and the limit of indemnity. The Master schedule forms part of this Master **Policy**.
8. **We/Us/Our** means Sportscover Europe Limited as underwriting agent of the **Insurer**.

## CANCELLATION

### How to Cancel

Only the Master Policyholder can cancel this Master Policy. If the Master Policyholder would like to cancel this Master Policy, please send written notice to:

**Sportscover Europe**

6th Floor, Sackville House, 143-149 Fenchurch St. London, EC3M 6BL

Email address: [info@active-risk.com](mailto:info@active-risk.com)

Telephone Number: 0207 444 1770

### Cooling Off

This insurance has a cooling off period of fourteen (14) days. The Master Policyholder has a statutory right to cancel **the Master Policy** for any reason within fourteen (14) days from the later of:

- the start of the **Policy Period**; or
- the day on which the Master Policyholder receives the **Master Policy** or the renewal documentation.

**We** will provide a full refund of the premium paid, but the **Master Policyholder** will not receive any refund of premium if any claim has been made on this insurance.

### Cancellation by the Master Policyholder

The **Master Policyholder** may cancel this insurance after the cooling off period by giving **Us** 30 days' notice in writing to the address given above.

Any return premium due will depend on how long this insurance has been in force and whether any claim has been made.

Depending on how the premium has been calculated **We** will do the following:

1. return that proportion of the premium stated in the **Master Schedule** as the time this **Policy** has been in force bears to the **Policy Period**, less £25 GBP administration fee; or
2. if the premium at the start of the Policy Period has been calculated on any estimates provided by You, it will be adjusted in accordance with "Master Policyholder's Responsibilities: Adjustment of premium".

However, if the **Insurer** has paid any claim, in whole or in part, no refund of premium will be paid.

The Master Policyholder will be responsible for cancelling any Direct Debit Mandate (if applicable).

### Cancellation by Us

**We** may cancel this insurance where there is a valid reason by giving the Master Policyholder 30 days' notice in writing to their last known address. Examples of valid reasons are as follows:

1. Non-payment of premium;
  1. A change in risk occurring which means that **We** can no longer provide insurance cover;

2. Non-cooperation or failure to supply any information or documentation **We** request;
3. Failure to inform **Us** of changes to information provided by the Master Policyholder or that has been requested by **Us**.

Any return premium due will depend on how long this insurance has been in force and whether any claim has been made.

Depending on how the premium has been calculated **We** will do the following:

1. return that proportion of the premium stated in the **Master Schedule** as the time this **Policy** has been in force bears to the Policy Period; or
2. if the premium at the start of the **Policy Period** has been calculated on any estimates provided by **You**, it will be adjusted in accordance with "Master Policyholder's Responsibilities: Adjustment of premium".

However, if the **Insurer** has paid any claim, in whole or in part, no refund of premium will be paid.

The Master Policyholder will be responsible for cancelling any Direct Debit Mandate (if applicable).

## MASTER POLICYHOLDER'S RESPONSIBILITIES

This section has details of obligations the Master Policyholder has under the Master **Policy**.

We recognise that the Master Policyholder may appoint an Administrator to administer certain functions of the Master Policy. However, it remains the Master Policyholder's responsibility to ensure compliance with these terms and conditions.

The Master Policyholder must ensure it has carried out the following.

### Fair Presentation of Risk

As the contracting party, the Master Policyholder has a responsibility before entering into this Master **Policy** (or before any variation to it during the **Policy Period** or subsequent renewal) to make a fair presentation of the risk to **Us**.

A fair presentation of the risk is one where:

- a) The **Master Policyholder** discloses to **Us** every material circumstance it knows or ought to know, or
- b) failing that, the Master Policyholder must give **Us** sufficient information that would put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances, and
- c) the disclosure as required under a) and b) above, to **Us**, is made in a reasonably clear and accessible way, and
- d) the **Master Policyholder** ensures every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.

A matter is material if it would influence the judgement of a prudent insurer in determining whether to insure the risk, and, if so, on what terms (including premium).

The Master Policyholder is expected to know and will be deemed to know matters that should reasonably have been revealed by a reasonable search of information available to it. The information may be held within the Master Policyholder's organisation, or by any third party, for example its **broker**, or affiliates. The reasonable search may be conducted by making enquiries or by any other means.

### Remedies – Breach of Duty to give a Fair Presentation

If the **Master Policyholder**, or anyone on its behalf, breaches the duty of fair presentation to **Us** and it is deliberate or reckless, then **We** may avoid this Master **Policy** and refuse to pay all claims from the start of the **Policy Period** or date of variation, as applicable. **We** need not return any premium and any payment made by **Us** under this **Policy** must be repaid.

If the **Master Policyholder**, or anyone on its behalf, breaches the duty of fair presentation to **Us** and it is not deliberate or reckless, and if **We** would have:

- a) charged a higher premium, then **We** may reduce proportionately any amount to be paid or already paid under the Master Policy. In those circumstances, **We** will pay only X% of what it would otherwise have been required to pay, where  $X = (\text{premium actually charged/higher premium}) \times 100$ .

- b) entered into the Master Policy on different terms (other than terms related to the premium) then those terms will apply from the start of the Policy Period or the date of variation as applicable.
- c) not entered into this Master Policy or, if applicable, into a variation of this Master Policy, on any terms, then We may avoid this Master Policy, or such variation of this Master Policy, from the start of the Policy Period or variation, as applicable. In those circumstances We will return the premium received for this Master Policy, or such additional premium received for the variation of this Master Policy. Any amount paid or incurred by Us under this Master Policy, or as a result of such variation of this Master Policy, must be promptly repaid to Us.

## **Retention and Provision of Records**

- 1.1 The Master Policyholder must establish and maintain complete records relating to all Members in connection with the Master Policy, this includes copies of all Members' Wordings provided. The Master Policyholder must retain those records, including electronic records, for a minimum period of seven (7) years or for such longer period as may be required by local law.
- 1.2 The Master Policyholder must provide Us upon request copies of those records or documentation, or any other information as We may reasonably require from time to time, relating to the Members.

## **Security of Documents**

- 2.1 All documents evidencing cover and any electronic method of storing and/or producing documentation must be kept secure at all times. If requested by Us, the Master Policyholder must promptly return, delete or destroy all unused documents, including electronic documents, relating to the Master Policy and ensure that any issuance or production of those documents by the Master Policyholder stops.

## **Claims, Complaints or Proceedings**

- 3.1 If the Master Policyholder is made aware by a Member of a claim or complaint that the Member wishes to make under the Master Policy, the Master Policyholder must promptly:
  - a) inform the Member of the arrangements established under the Master Policy for making claims or complaints (as applicable); and
  - b) provide Us with full details of the claim or complaint (as applicable).
- 3.2 Where the Master Policyholder is aware of any legal or regulatory proceedings or actions started against Us or the Master Policyholder, arising out of the operation of or in connection with the Master Policy, the Master Policyholder must promptly provide Us with full details of those proceedings.

## **Compliance with the Law and Financial Crime**

- 4.1 Without prejudice to any of the rights or obligations otherwise specified in the Master Policy, the Master Policyholder must comply with all applicable laws for the legal and proper enrolment and handling of all insurances for the Members. The Master Policyholder must also use its best endeavours to ensure that any other parties with whom it deals in carrying out its duties under the Master Policy comply with such laws, where applicable.
- 4.2 The Master Policyholder must not accept, offer or facilitate payment, consideration, or any other benefit, which constitutes an illegal or corrupt practice contrary to any applicable anti-bribery legislation.

## **Data Protection**

- 5.1 The Master Policyholder must comply with its obligations under the relevant local data protection legislation, whether as data controller or data processor (as appropriate). The term "local data protection legislation" includes all applicable statutes and regulations in any jurisdiction in respect of the processing of personal data, including the privacy and security of personal data,
- 5.2 For the purposes of this Condition 5:
  - "data controller" means the person who, alone or jointly with others, determines the purposes and means of the processing of personal data;
  - "data processor" means the person who processes personal data on behalf of the data



controller;

“data subject” means the identified or identifiable natural person to whom the personal data relates;

“personal data” means any information relating to the data subject;

“processing” means any operation or set of operations which is performed upon personal data, whether or not by automatic means, for example collection, recording, organisation, storage, adaptation or alteration, retrieval, consultation, dissemination or otherwise making available, alignment or combination, blocking erasure or destruction.

## Communication with Members

- 6.1 The Master Policyholder must inform the Members of any changes to the Master Policy, which are relevant to the coverage provided to the Member, including cancellation or non-renewal of the Master Policy.
- 6.2 The Master Policyholder must provide each Member with a copy of the Member’s Wording, which forms part of this Master Policy.

## Automatic or Tacit Renewal of Insurances Bound

- 7.1 The Master Policyholder must not take any steps which have the effect of committing Us to automatic or tacit renewal of any benefit provided to Members under the Master Policy unless otherwise agreed in writing in advance by Us.

## Promotional and Marketing Material

- 8.1 The Master Policyholder must agree with Us any specific marketing or promotional material to be used in relation to the Master Policy, including on any internet website, portal or similar online system.

### 1. Change in risk

The Master Policyholder must give **Us** written notice as soon as possible of any alteration or change in risk including:

- a) any change in the identity of club, association, league or entity named in the Master Schedule,
- b) any change in the nature or scope of the Master Policyholder’s activities,
- c) the appointment of a liquidator, receiver, or administrator (or equivalent) over the Master Policyholder.

Where there has been a material change in risk, **We** will provide no cover under this **Policy** unless and until:

- i) **We** have agreed in writing to accept the altered/change in risk; and
- ii) **The Master Policyholder** has paid or agreed to pay any additional premium charged and accept any revised terms and conditions.

### 2. Adjustment of premium

Where the premium is provisionally based on the Master Policyholder’s estimates the Master Policyholder must keep accurate records and within 90 days of the expiry of the Policy Period declare actual values as We require.

The premium will then be adjusted and any difference paid to Us or returned to the Master Policyholder.

Failure to declare these particulars to Us will entitle Us to estimate those actual values if We so wish and to assess further premium payment due, basing the calculation on the Master Policyholder’s original estimated values.

## HOW TO COMPLAIN

### Complaints to Sportscover

If there is an occasion when service does not meet **Your** expectations, please contact **Your** Insurance Broker.

**You** may also complain to us by forwarding your complaint to the following details.

**Sportscover Europe**

6th Floor  
Sackville House  
143-149 Fenchurch St  
London, EC3M 6BL

**Email:** [info@active-risk.com](mailto:info@active-risk.com)

**Telephone:** 0207 444 1770

**We** will review **Your** complaint and hope to resolve the matter. **We** will investigate the circumstances regarding **Your** complaint and write to **You** within two weeks with **Our** response.

### Complaints to Liberty

Liberty Mutual Insurance Europe SE aims to provide a high-quality service to all its customers. In the event that **You** are dissatisfied please contact **Us** so **We** can do what **We** can to help. **We** take complaints very seriously and aim to address all concerns fairly and efficiently. If **You** feel that **We** have not offered **You** this standard or **You** have any questions about **Your** contract or the handling of a claim, then in first instance **You** should contact **Your** insurance broker or intermediary who arranged this insurance for **You** or the branch that issued the **Policy**.

If **You** are still not satisfied with the service and wish to make a complaint **You** may do so in writing or verbally using the contact details below, quoting **Your** policy and/or claim number:

Compliance Officer  
Liberty Mutual Insurance Europe SE  
20 Fenchurch Street,  
London EC3M 3AW,  
Tel: +44 (0) 20 3758 0840

Email: [complaints@libertyglobalgroup.com](mailto:complaints@libertyglobalgroup.com)

or Liberty Mutual Insurance Europe SE  
5-7 rue Leon Laval L-3372 Leudelange,  
the Grand Duchy of Luxembourg

Tel: +352 28 99 13 00

Email: [complaints@libertyglobalgroup.com](mailto:complaints@libertyglobalgroup.com)

Alternatively, as Liberty Mutual Insurance Europe SE is a Luxembourg insurance company, **You** are also entitled to refer the dispute to any of the following dispute resolution bodies:

Commissariat aux Assurances,  
7, boulevard Joseph II,  
L-1840 Luxembourg  
+352 22 69 11 – 1

[caa@caa.lu](mailto:caa@caa.lu)

[www.caa.lu](http://www.caa.lu)

or Médiateur en AssurancesACA,  
12, rue Erasme  
L-1468 Luxembourg

+352 44 21 44 1

[mediateur@aca.lu](mailto:mediateur@aca.lu)

<https://www.ulc.lu/fr/organes/detail.asp?T=2&D=descr&ID=6>

### Financial Ombudsman Service (FOS)

**You** also have the right to refer **Your** complaint to the Financial Ombudsman free of charge, but **You** must do so within six (6) months of the date of the final response letter.

If **You** do not refer **Your** complaint in time, the Ombudsman will not have **Our** permission to consider **Your** complaint and so will only be able to do so in very limited circumstances. For example, if the Ombudsman believes that the delay was as a result of exceptional circumstances.

The Financial Ombudsman Service Exchange Tower  
London  
E14 9SR

Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

Tel: 0800 023 4567 or 0300 123 9123

Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

Using **Our** complaints procedure or contacting the FOS does not affect **Your** legal rights.

The European Commission has an online dispute resolution service for consumers who have a complaint about a product or service bought online. If **You** choose to submit **Your** complaint this way it will be forwarded to the Financial Ombudsman Service.

Visit **<https://ec.europa.eu/odr>** to access the Online Dispute Resolution Service.

Alternatively, **You** can contact the Financial Ombudsman Service directly.

### **Financial Services Compensation Scheme**

Liberty Mutual Insurance Europe SE UK Branch, as insurers under this policy, are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from FSCS if Liberty Mutual Insurance Europe SE UK Branch are unable to meet their obligations to **You** under this insurance.

If **You** are entitled to compensation from FSCS, the level and extent of compensation will depend on the nature of this insurance. Further information about FSCS is available on their website: **[www.fscs.org.uk](http://www.fscs.org.uk)** or **You** can write to them at PO Box 300, Mitcheldean, GL17 1DY.

## Sanctions Suspension Notice

We shall not provide any benefit under this contract of insurance to the extent of providing cover, payment of any claim or the provision of any benefit where doing so would breach any sanction, prohibition or restriction imposed by law or regulation.

## Financial Services Compensation Scheme (FSCS)

Liberty Mutual Insurance Europe SE UK Branch (LMIE UK) is a member of the Financial Services Compensation Scheme (FSCS). FSCS may pay the insured compensation if LMIE UK cannot meet claims under this insurance. Further information about FSCS is available on their website: [www.fscs.org.uk](http://www.fscs.org.uk) or write to them at PO Box 300, Mitcheldean, GL17 1DY.

## Taxes

There may be circumstances where taxes may be due that are not paid via **Us**. If this occurs, then it is **Your** responsibility to ensure that these are paid direct to the appropriate authority.

# PRIVACY NOTICE

## Data Privacy Notice

### How we use **Your** data

**We** and the **Insurer** may use personal information in order to write and administer this **Policy**, including any claims arising from it.

This information may include basic contact details such as names, addresses, and policy number, but may also include more detailed personal information about individuals (for example, their age, health, details of assets, claims history) where this is relevant to the risk **We** are underwriting on the **Insurer's** behalf or services the being provided or to a claim that is being reported.

The **Insurer** is part of a global group and information may be shared with their group companies in other countries as required to provide coverage under this **Policy** or to store information. The **Insurer** also use a number of trusted service providers, who will also have access to personal information subject to the **Insurer's** instructions and control.

Individuals have a number of rights in relation to their personal information, including rights of access and, in certain circumstances, erasure.

This notice represents a condensed explanation of how the Insurer uses personal information. For more information, please refer to their Data Privacy Notice. The Insurer's full Data Privacy Notice can be found at [www.libertyspecialtymarkets.com/privacy-cookies](http://www.libertyspecialtymarkets.com/privacy-cookies). This explains how and what type of personal data will be collected, why it is collected and to whom it is shared or disclosed. Please read the Notice carefully as it also informs you about your rights concerning your personal data and how you can get in touch with Liberty Mutual Insurance Europe SE UK Branch, in case you have questions or need additional information and support in this regard.

A copy of Sportscover's full Data Privacy Notice can be found on [www.sportscoveurope.com](http://www.sportscoveurope.com) or can be obtained by contacting the Data Protection Officer by emailing [dataenquiries@active-risk.com](mailto:dataenquiries@active-risk.com) or by post at the address below:

Data Protection Officer  
Sportscover Europe Limited  
2nd Floor  
153 Fenchurch Street  
London  
EC3M 6BB

## PART B: MEMBERS' POLICY WORDING

### **Members' Policy Wording for Master Policy of Sports Accident Insurance**

In Witness this Certificate has been signed at the place stated and on the date specified in the Master Schedule by Sportscover Europe Limited.



# MEMBERS POLICY WORDING

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## INTRODUCTION

This cover is part of a Master Policy.

As a **Member**, **you** receive cover under this Sports Accident Insurance. This document gives you details about the cover.

If **you** have any queries relating to this cover or would like to see the full Master Policy please contact the Master Policyholder.

### Policy Information

This cover has been prepared in accordance with the instructions of the **Master Policyholder**. Please read this Members' Policy Wording carefully to ensure that **you** understand its limits, terms, conditions and exclusions. If **you** have any queries relating to this cover please contact the Master Policyholder.

This Members' Policy Wording consists of:

- General Definitions which define particular words and expressions that apply to the whole of this Members' Policy Wording;
- the Policy Benefits which give precise details of the cover being provided;
- General Exclusions, Claims Conditions and General Conditions apply to the cover as a whole;
- Complaints section and notices which provides details of what to do should you not be entirely satisfied with the service you have been provided and details of notices we must provide.

### Conformity

When **You** read this Members' **Policy Wording**, **You** will find that some items can be singular or plural. This clause is designed to correct this. Words in the singular include the plural and vice versa.

## GENERAL DEFINITIONS

Definitions are set out below unless otherwise shown in a particular section. Any word or phrase, other than titles and paragraph headings, which has a definition is printed throughout this document, the **Schedule** or any endorsement relating to this cover in **coloured, type**. Any defined word or phrase in the singular is deemed to include the plural and those in the plural are deemed to include the singular.

- 2.1. **Accident** means a sudden, unexpected, and specific event, which occurs at a definable time and place.
- 2.2. **Bodily Injury** means a physical injury which:
  - 2.1.1. Is sustained by You having an Accident during the Operative Time; and
  - 2.1.2. Solely and independently of any other cause results in **Your Death, Permanent Total Disablement, Temporary Total Disablement** and /or medical treatment within 12 calendar months from the date of the Accident.
- 2.3. **Excess** means the amount of money that **You** will be required to contribute to any claim. The amount is shown in the **Policy Schedule**.
- 2.4. **Excess Period** means the number of consecutive days commencing on the date of commencement of the **Temporary Total Disablement** during which **You** must continuously suffer **Temporary Total Disablement** before any Loss of Income benefits payable under the cover are due.
- 2.5. **Master Policyholder** means the club, association, league or entity named in the **Schedule**. The Master Policyholder is the contracting party for this insurance.
- 2.6. **Medical Expenses** means any reasonable expense incurred by You from a **Medical Practitioner** where the expense is directly as a result of a **Bodily Injury** received whilst playing the sport nominated in the **Policy Schedule**.
- 2.7. **Medical Practitioner** means a duly qualified and United Kingdom registered medical practitioner who is not employed by **You**, or **Your** relative or family member.
- 2.8. **Member** means any **Member**, temporary player or other person actively engaged in and appropriately registered with the Master Policyholder for the purpose of playing the **Sport** or activity specified in the **Policy Schedule**. A **Member** is the individual able to make a claim under this Master Policy. A **Member** is not a contracting party under this insurance.

- 2.9. **Occupation** means the employment, profession including full time or part time study, or occupation of or the business carried out by **You** at the time of the **Bodily Injury**.
- 2.10. **Operative Time** means either:
- a) Only whilst playing, practicing, and training for the sport nominated in the Policy Schedule during the Policy Period. This should always be under the auspices, control or direction of the Insured during the Policy Period. Cover is also included travelling to or from any such venue for the purposes of the above.  
This will appear as 'Playing, Practicing and Training' on the Policy Schedule.
  - Or
  - b) At any time during the Policy Period.  
This will appear as '24 hour' on the Policy Schedule.
- 2.11. **Permanent Total Disablement** means total disablement suffered by **You** (caused other than disablement resulting from events referred to in Capital Benefits 4.1.2., 4.1.3. and 4.1.4.) which prevents **You** from engaging in any **Occupation** for a period of twelve (12) consecutive months, and at the end of that period being without prospect of improvement.
- 2.12. **Permanent Partial Disablement** means if **You** were already disabled before the **Accident** or already had a condition which was gradually getting worse, **We** will assess medical evidence of the difference between **Your** Permanent Disability before and after the **Accident**, and may reduce **Our** payment proportionately
- 2.13. **Policy Period** means the time for which this insurance is in place.
- 2.14. **Policy Schedule** means the Policy Schedule attaching to this wording confirming Your cover under this insurance, the benefit limits and the Policy Period.
- 2.15. **Temporary Total Disablement** means disablement which entirely prevents You from engaging in, attending to, and performing each and every duty of their **Occupation**.
- 2.16. **The Insurer** means Liberty Mutual Insurance Europe SE UK Branch. See the 'About The Insurer' section above for more details about Liberty Mutual Insurance Europe SE UK Branch.
- 2.17. **We/Us/Our**, means Sportscover Europe Limited under an authority from **The Insurer** and where the context provides includes **The Insurer**
- 2.18. **You/Your** means any individual **Member**.

## General Conditions

- 3.1. **You** must be permanently resident in the United Kingdom, unless specifically agreed otherwise in writing by **Us**.
- 3.2. You must be 86 or under at the start of the Policy Period, unless specifically agreed otherwise in writing by **Us**.

## Cross Liabilities

- 3.3. **We** will treat each **Member** as though a separate Insurance had been issued to each of them. Nothing in this Condition increases the sums insured, benefit limits or the total liability **we** have under the Master Policy.
- 3.4. **Cyber Clarification Clause**  
We will pay for any otherwise covered loss, damage, liability, cost, or expense caused by a Cyber Act or Cyber Incident, subject always to the full terms, conditions, limitations, and exclusions of this Members' Policy Wording.  
For the purpose of this Cyber Clarification Clause, the following definitions apply:
- Computer System** means any computer, hardware, software, communications system, electronic device (including, but not limited to, smart phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility, owned or operated by **You** or any other party.
- Cyber Act** means an unauthorised, malicious, or criminal act or series of related unauthorised, malicious, or criminal acts, regardless of time and place, or the threat or hoax thereof involving access to, processing of, use of or operation of any **Computer System**.
- Cyber Incident** means any error or omission or series of related errors or omissions involving access to, processing of, use of or operation of any **Computer System** or any partial or total unavailability or failure or series of related partial or total unavailability or failures to access, process, use or operate any **Computer System**.

## Policy Benefits

If whilst this cover is in force, **You** suffer **Bodily Injury** during the **Operative Time**, which is the sole, direct, and independent cause of **Your** injury, then subject to the terms and conditions set out in this Members' Policy Wording, including in particular the exclusions. **We** will pay the benefits as stated in **Your Policy Schedule** and within this Section.

### 4.1. Capital Benefits

The benefits payable will be the following percentage of the capital benefits specified in the **Policy Schedule**.

<b>Bodily Injury</b> which within 12 calendar months results in:	Percentage
4.1.1. Death where <b>You</b> are aged 18 years and over.	100%
Death where <b>You</b> are aged less than 18 years.	100%
4.1.2. Total and irrecoverable loss of use of:	100%
- loss of speech	
- loss of internal organ	
- includes cover for providing Prosthesis if claim over £50,000	
- all sight in both eyes	
- both hands or both feet	
- one hand and one foot.	
4.1.3. Total and irrecoverable loss of use of one hand or one foot together with total and irrecoverable loss of all sight in one eye. <b>Loss of sight in one eye</b> - Permanent blindness which based on medical evidence <b>You</b> will never recover from in an eye to the degree that, after correction using spectacles, lenses or surgery, objects that should be clear from 50 feet away, can only be seen from 3 feet away or less.	100%
4.1.4. Total and irrecoverable loss of:	100%
- all sight in one eye or	
- one hand or one foot.	
4.1.5. <b>Permanent Total Disablement</b> provided always that the benefits will not be payable until such <b>Permanent Total Disablement</b> has continued for a period of 12 calendar months.	100%

If **You** become totally and permanently disabled as a result of **Bodily Injury** sustained whilst travelling to or from an event in which **You** are engaged to play, practice or train in the sport nominated in the Policy Schedule and for the **Insured**, **We** will pay 20% of the applicable capital benefits shown on the **Policy Schedule**.

### 4.2. Medical Benefits

**We** will pay the percentage specified in the **Policy Schedule** towards the following expenses incurred as a result of **Bodily Injury**:

- 4.2.1. Hospital accommodation.
- 4.2.2. Ancillary Medical Expenses.
- 4.2.3. Physiotherapy, chiropractic and physical therapy benefit following broken bones, ruptured Achilles tendon, cruciate ligaments and/or dislocation.
- 4.2.4. Dental & Optical services to sound whole teeth only Including lost or damage to prosthesis (dentures and optical and aligners)

This benefit covers only amounts which are not covered by the public health system of where **You** are domiciled. Further, it only applies to the difference between any private health insurance rebate and the actual cost incurred by **You**.

This benefit is subject to deduction of the **Excess** specified in the **Policy Schedule** and a maximum payment per claim as specified in the **Policy Schedule**.

- 4.3. **Loss of Income** (only applicable where stated in the **Policy Schedule**) Loss of Income means Temporary Disablement which entirely prevents **You** from engaging in **Your** usual occupation if in full time employment or any employment for which **You** have a current contract of employment if in part-time occupation.

Bodily Injury resulting in the following:

4.3.1. **Temporary Total Disablement Benefit**

This benefit is payable if **You** suffer Temporary Total Disablement. Cover is only provided if the **You** were engaged full time in that activity up to the time of the **Bodily Injury**. The entitlement to benefits under this Section does not commence until after the expiry of the **Excess Period**.

The amount of the benefit is the lesser of 75% of **Net Income Lost** or the weekly benefit amount in the **Policy Schedule**. This benefit is payable up to the **7 day wait period upto a max of 26 weeks** noted in the **Policy Schedule**.

For the purposes of this benefit, the following definitions apply:

**Maximum Claim Period** means the total period for which Loss of Income benefit 4.3.1. will be payable under this cover in respect of all **Temporary Total Disablement**.

**Net Income Lost** means average weekly income, wage, or salary (including overtime) earned by **You** during the twelve months immediately preceding the commencement of the Temporary Total **Disablement** multiplied by the number of benefit weeks. Any amount to which **You** are legally entitled by way of sick leave or compensation from any Motor or Transport **Accident** or Social Welfare Services legislation of any kind or any other policy of insurance will be deducted, and the net figure will be the 'Net Income Lost'.

4.3.2. **Inconvenience Benefit**

**We** will reimburse **You** with the percentage specified in the **Policy Schedule** of non-**Medical Expenses** directly relating to the **Bodily Injury** for each complete twenty-four-hour period that **You** are hospitalised. There is no claim unless the period of **Bodily Injury** continues for more than the period specified in the **Policy Schedule**. **We** will not pay more than the maximum limit specified in the **Policy Schedule** for this benefit.

## General Extensions

A. If you fracture (break) a bone

You can claim for multiple injuries across sections 4 up to the maximum amount specified on the schedule.

If you suffer a single or multiple fracture of a bone in an accident, we'll cover you up to the percentage shown in the table below. This is a percentage of the maximum amount for fractures detailed on the policy schedule. In the event of multiple fractures to a bone as a result of the same **Accident**, the Benefit Amount will apply only once to each bone fractured.

Percentage

Single or multiple fractures of:

Your leg, hip, pelvis, ankle, foot or one or more vertebrae in your spine.	100%
Your shoulder, collar bone, breastbone, elbow, wrist or arm, hand, skull or jaw.	100%
Your ribs, finger, toes.	100%
If you fracture another bone that we haven't mentioned.	100%

B. Facial & Bodily scarring

If you suffer permanent scarring to the face due to your accident, we'll cover you up to the amounts shown in the table below.

Amount

Scarring of 10 centimetres or more	£1000
Scarring 1 to 5 centimetres	£250
Scarring of over 5 centimetres but less than 10 centimetres	£500

C. Coma Benefit - If, as a result of a **Bodily Injury**, covered under this Policy, the Insured Person falls into a coma and remains in a continuous state of unconsciousness or a minimum period of 5 days, the Insurer shall pay £50 per day for a maximum of 730 days.

**Coma** means a state of continuous unresponsiveness and unconsciousness with no reaction to stimuli or internal needs and requiring life supporting medical intervention as certified by a Medical Practitioner and evidenced neurologist assessment.

D. Course Deferment - If you suffer a **Bodily Injury** resulting in **You** being unable to attend **Your** course which requires **Your** academic examinations for that year to be deferred until the following academic year, **We** will pay you in respect of all reasonable costs incurred in deferring **Your** course in accordance with the following:



1. Following **Bodily Injury** evidenced by a certificate from a **Doctor** - upto a maximum of £50.
  2. Following **Bodily Injury** which results in the payment of **Temporary Total Disablement** or **Loss of Earnings** benefits - Upto a maximum of £250.
  3. Following **Bodily Injury** which results in the payment of **Temporary Total Disablement** or **Loss of Earnings** benefits for a period of 12 consecutive weeks or more or in the payment of **Permanent Total Disability** or **Permanent Partial Disability** benefit - up to a maximum of £3000 provided evidence is obtained from the course Lecturer that the above causes will require **You** to defer **Your** course until the following Academic Year. Academic Year shall mean the period of the year during which students give attention to their scholastic duties. Lecturer shall mean a person who gives lectures, especially as an occupation at a university or college of higher education.
- E. Funeral Benefit: In the event of the insured persons death as a result of an accidental **bodily injury** covered under this policy, **We** will pay a funeral benefit to the Beneficiary or the Insured person's estate up to a Maximum of £10,000. A death certificate and supporting documentation of funeral expenses must be submitted to the insurer to process any claim.
- F. Medical Certification Expenses up to £50.
- G. Non Refundable Sports Fees. If, In the event that an Insured Person sustains Accidental **Bodily Injury** resulting in a valid claim being paid under this Policy, **We** will pay up to the Benefit Amount stated in the Policy Schedule to reimburse costs incurred for and evidenced as non-refundable sports fees, including but not limited to tournament fees, competition fees, formal and pre-organised training fees, gym membership, and club membership, for the period of time that the Insured Person is incapacitated.
- H. Concussion Benefit. If during a Period of Insurance and Effective Time an Accident occurs and causes **Bodily Injury** to **You** and results in a Moderate or Severe Concussion which requires **You** to be admitted as an In-Patient at a Hospital for more than 24 hours, **We** will pay the Benefit Amount stated in the Policy Schedule depending on the severity of the concussion, as classified by a Doctor, using the Glasgow Coma Scale (please refer to the definitions of Moderate Concussion and Severe Concussion below).

### Specific Exclusions for Concussion

We shall not be liable for payment of any benefit for concussion, loss or expense due to:

- i. Mild concussions classified and diagnosed as score 13 to 15 on the Glasgow Coma Scale
- ii. Concussions that do not require You to be admitted as an In-Patient at a Hospital

### Moderate Concussion

Concussion graded with a score of 9 to 12 on the Glasgow Coma Scale, with symptoms lasting from 24 hours to 7 days, as diagnosed and classified by a Doctor, and requiring at least one overnight stay in a Hospital.

### Severe Concussion

Concussion graded with a score of 1 to 8 on the Glasgow Coma Scale, as diagnosed and classified by a Doctor, resulting in You being completely unresponsive and required to stay in Hospital, with symptoms lasting over 7 consecutive days.

Classification	GCS (/ 15)
Minimal	15, with no loss of Consciousness
Mild	13-15
Moderate	9-12
Severe	3-8

### General Exclusions

**We** will not be liable for any claim in any way caused or contributed by:

- 5.1. **Your** suicide or attempted suicide, intentional self-injury or deliberate exposure to unusual danger (except in an attempt to save life).
- 5.2. **Your** own criminal act.
- 5.3. **You** being under the influence of alcohol or drugs.
- 5.4. **You** suffering from mental sickness, nervous anxiety, depression, emotional disorders or stress related conditions or complaints (even if the mental sickness, nervous anxiety, depression or stress related conditions or complaints arose out of a physical **Accident** or **Bodily Injury**).

- 5.5. **You** engaging in or taking part in any sport/s other than the sport/s nominated in the **Policy Schedule**.
- 5.6. **You** being a professional in the sport/s nominated in the Policy Schedule. Under this insurance, **You** are a professional if the majority of Your income comes from **Your** direct involvement in playing, competing or training in a sport.
- 5.7. Driving or riding in any kind of race, or **You** taking part in hazardous sports, pursuits or pastimes not declared to **Us**, or engaging in naval, military or air force services or operations.
- 5.8. Any of the following:
- a) war, hostilities or any act of war (whether war is declared or not),
  - b) invasion,
  - c) act of an enemy foreign to your nationality, or enemy foreign to the country in, or over, which the act occurs,
  - d) civil war,
  - e) riot or civil commotion,
  - f) rebellion, insurrection, revolution or overthrow of any Government,
  - g) use of nuclear, chemical or biological weapons of mass destruction
  - h) ionising radiation or radioactive contamination,
  - i) terrorist activity (or threat, hoax or preparation of terrorist activity). For the purpose of this exclusion terrorist activity means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can include for example:
    - actual harm to You;
    - damage to Your property;
    - use of any application, software or programme in connection with any electronic equipment (for example a computer, laptop, smartphone, tablet or internet capable electronic device) or computer virus;
  - j) any action taken by **You**, or anyone else, in controlling, preventing, or responding to any, or all, of 1 to 9 above.
- 5.9. Any pre-existing defect, infirmity, or sickness at the time of **Your Bodily Injury** that You knew about or should have known about.
- 5.10. **You** engaging in air travel except as a passenger in a properly licensed multi-engine aircraft being operated by a licensed commercial air carrier or owned and operated by a commercial concern.
- 5.11. All claims arising out of unreasonable failure to seek or follow medical advice.
- 5.12. Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), regardless of how this syndrome has been acquired or may be named.
- 5.13. Contracting a sexually transmitted disease, pregnancy, childbirth, miscarriage, abortion or infertility treatment and also medical operations or treatments which are not medically necessary, including cosmetic or beauty treatments.
- 5.14. Any medical or surgical procedure performed on **You** for any gradually developing bodily deterioration whatever the cause of that deterioration.
- 5.15. Sickness, disease, or disorder of any kind regardless of how caused.

## CLAIMS

### How To Make A Claim

If an event giving rise to a claim under this insurance occurs, please provide details as soon as possible by contacting Our claims representatives Davies Group:

Davies Group Limited  
P.O Box 2801  
Stoke-on-Trent  
ST4 9DN

You must give Your Policy reference. Please note, if medical treatment has been received You must obtain medical certificates showing the nature of the Bodily Injury.

## Claims Conditions

These conditions apply when **You** make a claim. If **You** do not meet these conditions, **We** may need to reject **Your** claim or a claim payment could be reduced. In some circumstances, **Your Policy** may not be valid.

- 6.1. Notice must be given to **Us** within 30 days of becoming aware of any **Accident** which causes or may cause Bodily Injury. If applicable, **You** must as early as possible, place yourself under the care of a **Medical Practitioner**. **You** must follow proper medical advice from the **Medical Practitioner**.
- 6.2. Notice must be given to **Us** as soon as possible in the event of **Your** death resulting, or alleged to have resulted, from an **Accident**.
- 6.3. No claim will be accepted under this insurance by **Us** until **We** have received a completed claim form together with satisfactory medical evidence, proof of age and **Occupation**, and such other documents **We** may reasonably require.
- 6.4. In respect of **Medical Benefits**, **We** will pay benefits at the completion of **Your** treatment and up to a maximum of 12 months from the date that the **Bodily Injury** occurred.
- 6.5. We will take into account any illnesses or injuries **You** already had when calculating the amount of any benefits under **Your Policy**.
- 6.6. We, and any medical adviser appointed by **Us**, will at **Our** own expense have the right and opportunity to examine:
  - a) all of Your medical records, notes and correspondence referring to the claim or related pre-existing conditions;
  - b) You as often as We may reasonably require during the period of a claim;
  - c) You for an autopsy in case of death, where it is not forbidden by law.
- 6.7. Once We have accepted a claim under this insurance, We will pay benefits at the completion of Your:
  - a) treatment and upon receipt of satisfactory evidence of **Your Medical Expenses**; or
  - b) return to work after **Temporary Total Disablement**.
- 6.8. All **Temporary Total Disablement** benefits will end on Your death.
- 6.9. Proof of **Your** net income may be required from an independent and qualified third party.
- 6.10. Odd days of benefit will be payable at one seventh of the weekly benefit. Weekly benefit will only be payable in respect of complete days of **Temporary Total Disablement**.
- 6.11. Benefits will not be payable for more than one of the events in the policy benefits sections 4.1. and 4.3. in respect of the same occurrence.
- 6.12. Benefits payable for policy benefits section 4.1. Capital Benefits will be reduced by any sum already paid under section 4.2. Medical Benefits and 4.3. Loss of Income in respect of the same occurrence. After the happening of any one of the events in section 4.1. Capital Benefits, there will be NO further liability under this insurance in respect of the same **Member**.
- 6.13. In the event of a claim for more than one benefit as a result of a single Accident, the total benefit payable will not exceed 100% of the sum insured under 4.1.5.
- 6.14. Benefits under 4.3.1 Temporary Total Disablement Benefit will only be paid up for one Maximum Claim Period at any time in respect of the same Member.

For example, if You are claiming under 4.3.1 Temporary Total Disablement Benefit, and You then suffer a second accident, the Maximum Claim Period does not restart from the date of the second accident. There will be no further Temporary Total Disablement Benefit for the second accident, while receiving benefit for the first claim.
- 6.15. Benefits will NOT be payable for any period after You have resumed playing, training, or practicing for the sport nominated in the Policy Schedule except for subsequent unrelated occurrences.
- 6.16. Benefits will NOT be payable for that part of the benefit payable under 4.3 Loss of Income for which state welfare benefits or other benefits can be claimed.

## HOW TO COMPLAIN

### Complaints to Sportscover

If there is an occasion when service does not meet **Your** expectations, please contact **Your** Insurance Broker.

**You** may also complain to us by forwarding your complaint to the following details. **Sportscover Europe**

**6th Floor, Sackville House, 143-149 Fenchurch St. London, EC3M 6BL**

**Email address: [info@active-risk.com](mailto:info@active-risk.com)**

**Phone No: 0207 444 1770**

**We** will review **Your** complaint and hope to resolve the matter. **We** will investigate the circumstances regarding **Your** complaint and write to **You** within two weeks with **Our** response.

### Complaints to Liberty

Liberty Mutual Insurance Europe SE UK Branch aims to provide a high quality service to all its customers. In the event that You are dissatisfied please contact Us so We can do what We can to help. We take complaints very seriously and aim to address all concerns fairly and efficiently. If You feel that We have not offered You this standard or You have any questions about Your contract or the handling of a claim, then in first instance You should contact Your insurance broker or intermediary who arranged this insurance for You or the branch that issued the policy

If **You** are not satisfied with the service and wish to make a complaint **You** may do so in writing or verbally using the contact details below, quoting Your policy and/or claim number:

Compliance Officer  
Liberty Mutual Insurance Europe SE  
20 Fenchurch Street,  
London EC3M 3AW,  
Tel +44 (0) 20 3758 0840  
Email: **[complaints@libertyglobalgroup.com](mailto:complaints@libertyglobalgroup.com)**

If after making a complaint you are still not satisfied you may be entitled to refer the dispute to Financial Ombudsman Service (FOS) which is a free and impartial service, who may be contacted at:

Exchange Tower Harbour Exchange London, E14 9SR Tel: 0800 023 4567  
Email: **[enquiries@financial-ombudsman.org.uk](mailto:enquiries@financial-ombudsman.org.uk)**

To confirm whether you are eligible to ask the FOS to review your complaint please contact them at - **[www.financial-ombudsman.org.uk/consumer/complaints.htm](http://www.financial-ombudsman.org.uk/consumer/complaints.htm)**. Making a complaint does not affect your right to take legal action.

Alternatively as Liberty Mutual Insurance Europe SE is a Luxembourg insurance company, You are also entitled to refer the dispute to any of the following dispute resolution bodies:

Commissariat aux Assurances,  
7, boulevard Joseph II,  
L-1840 Luxembourg  
  
+352 22 69 11 – 1  
  
**[caa@caa.lu](mailto:caa@caa.lu)**  
  
**[www.caa.lu](http://www.caa.lu)**

or Médiateur en AssurancesACA,  
12, rue Erasme  
L-1468 Luxembourg  
  
+352 44 21 44 1  
  
**[mediateur@aca.lu](mailto:mediateur@aca.lu)**  
  
**<https://www.ulc.lu/fr/organes/detail.asp?T=2&D=descr&ID=6>**

### Financial Ombudsman Service (FOS)

**You** also have the right to refer **Your** complaint to the Financial Ombudsman free of charge, but **You** must do so within six (6) months of the date of the final response letter.

If **You** do not refer **Your** complaint in time, the Ombudsman will not have **Our** permission to consider **Your** complaint and so will only be able to do so in very limited circumstances. For example, if the Ombudsman believes that the delay was as a result of exceptional circumstances.

The Financial Ombudsman Service Exchange Tower  
London  
E14 9SR

Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

Tel: 0800 023 4567 or 0300 123 9123

Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

Using **Our** complaints procedure or contacting the FOS does not affect **Your** legal rights.

The European Commission has an online dispute resolution service for consumers who have a complaint about a product or service bought online. If **You** choose to submit **Your** complaint this way it will be forwarded to the Financial Ombudsman Service.

Visit <https://ec.europa.eu/odr> to access the Online Dispute Resolution Service.

Alternatively, **You** can contact the Financial Ombudsman Service directly.

### Financial Services Compensation Scheme

Liberty Mutual Insurance Europe SE UK Branch, as insurers under this policy, are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from FSCS if Liberty Mutual Insurance Europe SE UK Branch are unable to meet their obligations to **You** under this insurance.

If **You** are entitled to compensation from FSCS, the level and extent of compensation will depend on the nature of this insurance. Further information about FSCS is available on their website: [www.fscs.org.uk](http://www.fscs.org.uk) or **You** can write to them at PO Box 300, Mitcheldean, GL17 1DY.



# PRIVACY NOTICE

## Data Privacy Notice

How we use **your** data

**We** and the **Insurer** may use personal information in order to write and administer this **Policy**, including any claims arising from it.

This information may include basic contact details such as names, addresses, and policy number, but may also include more detailed personal information about individuals (for example, their age, health, details of assets, claims history) where this is relevant to the risk **We** are underwriting on the **Insurer's** behalf or services the being provided or to a claim that is being reported.

The **Insurer** is part of a global group and information may be shared with their group companies in other countries as required to provide coverage under this **Policy** or to store information. The **Insurer** also use a number of trusted service providers, who will also have access to personal information subject to the **Insurer's** instructions and control.

Individuals have a number of rights in relation to their personal information, including rights of access and, in certain circumstances, erasure.

This notice represents a condensed explanation of how the **Insurer** uses personal information. For more information, please refer to their Data Privacy Notice. The **Insurer's** full Data Privacy Notice can be found at **[www.libertyspecialtymarkets.com/privacy-cookies](http://www.libertyspecialtymarkets.com/privacy-cookies)**. This explains how and what type of personal data will be collected, why it is collected and to whom it is shared or disclosed. Please read the Notice carefully as it also informs you about your rights concerning your personal data and how you can get in touch with Liberty Mutual Insurance Europe SE UK Branch, in case you have questions or need additional information and support in this regard.

A copy of Sportscover's full Data Privacy Notice can be found on **<https://www.sportscovereurope.com>** or can be obtained by contacting the Data Protection Officer by emailing **[dataenquiries@active-risk.com](mailto:dataenquiries@active-risk.com)** or by post at the address below:

Data Protection Officer Sportscover Europe Limited 2nd Floor  
153 Fenchurch Street London  
EC3M 6BB

## Sanctions Suspension Notice

We shall not provide any benefit under this contract of insurance to the extent of providing cover, payment of any claim or the provision of any benefit where doing so would breach any sanction, prohibition or restriction imposed by law or regulation.

PROVIDING INSURANCE SOLUTIONS FOR  
ADVENTURE SPORTS  
AMUSEMENT CATERERS  
EVENTS  
HEALTH & FITNESS SPORTS  
VISITOR ATTRACTIONS

## CONTACT US

You can contact us in the following ways:

### **Sportscover Europe Ltd**

#### **By phone**

+ 44 (0) 207 444 1770

Our lines are open Monday to Friday  
9:00am – 5:00pm, except on public holidays.

#### **By email**

[enquiries@active-risk.com](mailto:enquiries@active-risk.com)

#### **By post**

6th Floor, Sackville House  
143-149 Fenchurch St  
London  
EC3M 6BL