



Scout Personal Accident and Medical Expenses Insurance

Policy for Helpers/Supporters and Non-Member Children



Policy Document

The official insurance broker of the Scouts



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Your Personal Accident and Medical Expenses Insurance Policy

Introduction

The Policy, Schedule and Endorsements shall be read together as one contract.

The Policy is effected at Lloyd's of London.

This is to certify that in accordance with the authorisation granted under the Contract (the number of which is specified in the Schedule) to the undersigned by certain Underwriters at Lloyd's, whose definitive numbers and the proportions underwritten by them, which will be supplied on application, can be ascertained by reference to the said Contract which bears the Seal of Lloyd's Policy Signing Office and in consideration of the payment of the premium specified herein, the said Underwriters are hereby bound, severally and not jointly, their Executors and Administrators, to insure in accordance with the terms and conditions contained herein or endorsed hereon.

Coverholder at

LLOYD'S



Unity Insurance Services (a trading name of Scout Insurance Services Limited).

Registered number: 5038294 England and Wales.

Registered address: Gilwell House, Gilwell Park, Chingford, E4 7QW.

Authorised and regulated by the Financial Conduct Authority FRN: 312976

Section 1: Personal Accident

Benefits provided

If during a Period of Insurance a Policyholder suffers an Accident which occurs during the Operative Time as stated in the Schedule and causes Bodily Injury we will pay up to the limit shown in the Schedule of Benefits.

Benefit description	Sum insured per Policy holder		
	Aged 18 to 70 years	Aged under 18 years	Aged over 70 years
1. Accidental Death	£20,000	£3,500	£20,000
2. Permanent Total Disability	£20,000	£15,000	Not covered
3.a) loss of sight in both eyes	£20,000	£15,000	£20,000
b) total loss of speech	£20,000	£15,000	£20,000
c) total loss of hearing in both ears	£20,000	£15,000	£20,000
4. Loss of one or more limbs	£20,000	£15,000	£20,000
5. Loss of sight in one eye	£20,000	£15,000	£20,000
6. Total loss of hearing in one ear.	£4,000	£3,000	£4,000
7. Amputation or total loss of use of;			
a) a foot below the ankle (talo fibular joint)	£10,000	£7,500	£10,000
b) thumb	£4,000	£3,000 £2,250	£4,000
c) a forefinger or big toe	£3,000	£1,500	£3,000
d) any other finger	£2,000	£600	£2,000
e) any other toe	£800		£800
8. Total loss of use of:			
a) the back or spine below the neck with no damage to spinal cord	£8,000	£6,000	£8,000
b) the neck or cervical spine with no damage to the spinal cord		£4,500	
c) the shoulder, elbow or wrist	£6,000	£3,750	£6,000
d) the hip, knee or ankle	£5,000	£3,000	£5,000
	£4,000		£4,000
9. Hospital Confinement resulting from an Accident. Benefit period	£15 per day 365 days	£15 per day 365 days	£15 per day 365 days

Section 1: Personal Accident

Benefit description	Sum insured per Policyholder		
	Aged 16 to 70 years and in full time gainful employment	Aged 16 to 70 years NOT in full time gainful employment	Aged over 70 years
10. Temporary Total Disablement resulting from a Bodily Injury Benefit Period Excess	£125 per week 104 weeks £250	£20 per week 104 weeks £40	Not covered

Extensions to Section 1 - Personal Accident:

1. Disappearance

If a Policyholder disappears and after a suitable period of time it is reasonable for the Police or other registration authorities to believe that such Policyholder has died as a result of Bodily Injury, the Accidental Death benefit shall become payable subject to a signed undertaking given by such Policyholder's personal representatives that if the belief is subsequently found to be wrong such benefit shall be refunded to Us.

2. Reinstatement

It is agreed that if a Policyholder has received Temporary Total Disablement benefits for the maximum Benefit Period under this policy and is still disabled and unable to return to work or studies, Temporary Total Disablement benefits will cease and coverage shall end. The Policyholder may be reinstated to full coverage without further evidence of health after they have returned to full time employment or studies for a period of 60 consecutive days.

3. Exposure

If a Policyholder suffers Bodily Injury as a result of unavoidable exposure to the elements We will consider it as having been caused by an Accident. **4. Rehabilitation Expenses**

a. What is Covered:

The Underwriters will pay after the happening of a Permanent Total Disablement claim settlement for the Policyholder under this Policy, the actual costs incurred not exceeding £500 per month for a maximum of six (6) months for expenses incurred for tuition, advice and/or treatment from a licensed vocational school or occupational rehabilitation institution, provided such tuition advice or treatment is undertaken with the Underwriters prior agreement and the agreement of the Policyholder's Medical Practitioner.

5. Home Modification Benefit

a. What is Covered:

If as a direct result of a Bodily Injury during the Operative Time which results in a claim that is payable under any one of the Benefits 2 and 4 under Section 1 - Personal Accident, the Policyholder is required to modify their Home (limited to the modification for external or internal wheel chair access, internal guide rails, emergency alert system) necessary for the Policyholder to perform daily activities of washing, cooking, bathing, and dressing and to remain in and move around their Home, the Underwriters will pay the cost incurred for such modifications to a maximum of £5,000.

This Benefit is only payable:

where such renovations are undertaken with the prior written agreement of the Underwriters and the agreement of the Policyholder's attending Medical Practitioner.

b. Definitions Applicable to Home Modification Benefit –

See also General Definitions: **i. Home**

Any house, flat, or mobile/park home of a Policyholder, which is their main permanent residence in the United Kingdom.

6. Coma Benefit

a. What is Covered:

If a Policyholder sustains a Bodily Injury during the Operative Time which results in Coma, the Underwriters will pay the Insured £100 per week for each full week of continuous unconsciousness up to a maximum period of fifty two (52) weeks.

b. Definitions Applicable to Coma Benefit – See also

General Definitions: **i. Coma**

A continuous unconscious state.

Section 1: Personal Accident

(continued)

7. Loss of Enjoyment of Life Benefit

a. What is Covered:

The Underwriters will pay 10% of the Permanent Total Disablement sum insured as stated in the Schedule for Loss of Enjoyment of Life to a Policyholder following a claim which is payable under Section 1 – Personal Accident, Benefit 2.

b. Definitions Applicable to Loss of Enjoyment of Life Benefit – See also General Definitions: i. **Loss of Enjoyment of Life**

A Bodily Injury to a Policyholder which is expected to necessitate the assistance of another person or a mechanical device to undertake two or more of the following activities for the remainder of the Policyholder's life:

- 1 dressing and undressing; or
- 2 washing, bathing and toileting; or
- 3 eating and drinking; or
- 4 general household duties, shopping and driving.

c. Conditions Applicable to Loss of Enjoyment of Life Benefit – See also General Conditions:

i. A claim will only be considered where the Policyholder's Medical Practitioner has confirmed the necessity for assistance or a mechanical device.

4. Any Permanent Disability not specified in the Schedule of Benefits shall be compensated in accordance with a medical assessment of its severity as compared with the disabilities listed, the occupation of the Policyholder not being taken into account.

Exclusions Applicable to Section 1 - Personal Accident

1. We shall not be liable if Bodily Injury results from a Policyholder suffering from Illness or disease not directly resulting from Bodily Injury.

Conditions Applicable to Section 1 - Personal Accident

1. If the consequences of an Accident shall be aggravated by any physical disability or condition of the Policyholder which existed before the Accident occurred, the amount of any benefit payable under this Policy in respect of the consequence of the Accident shall be the amount which it is reasonably considered would have been payable if such consequences had not been so aggravated.
2. The total amount of benefit payable for each Policyholder in respect of any one Accident shall not exceed 100% of the Sum Insured for Benefit 2 - Permanent Total Disablement.
3. If benefit is payable for the loss of, or loss of use of, a whole limb then benefits for part of that limb cannot also be claimed.

Section 2: Illness

If during a Period of Insurance a Policyholder contracts an Illness during the Operative Time as stated in the Schedule we will pay the amount shown in the Schedule of Benefits for Temporary Total Disablement (Illness).

Benefits provided

Benefit description	Sum insured per policyholder		
	Aged 16 to 70 years and in full time gainful employment	Aged 16 to 70 years NOT in full time gainful employment	Aged over 70 years
Temporary Total Disablement	£125 per week or weekly wage, whichever is the lesser	£20 per week	Not covered
Benefit Period	weeks	weeks	
Excess	£250	£40	

Conditions Applicable to Section 2 - Illness

1. When a Policyholder returns to work or studies after a period of Temporary Total Disablement resulting from Illness for which they have received a weekly benefit and is subsequently disabled again from the same or related Illness within 60 days, the Illness will be considered a continuation of the previous Illness. In such cases, the benefit will commence without a Deferment Period or Excess and the Temporary Total Disablement benefit that has already been paid will be taken into account in calculating the Policyholder's

remaining benefit. Periods of Temporary Total Disablement which are separated by more than 60 days will be considered as being unrelated.

Exclusions Applicable To Section 2 - Illness

We shall not be liable for any expenses incurred in respect of Illness.

1. As a result of the Policyholder's own alcoholism or drug addiction involving medical treatment.
2. Suffered after the Policyholder attains the age of seventy one (71) years.

Section 3: Medical, Travel and Dental Expenses

If during a Period of Insurance a Policyholder incurs Medical Expenses and/or Travel Expenses and/or Dental Expenses as a result of sustaining Bodily Injury or becoming ill during the Operative Time as stated in the Schedule We will indemnify such Policyholder in respect of such expenses up to the limit(s) shown in the Schedule of Benefits. This includes reasonable emergency medical expenses for Complications of Pregnancy. Benefits provided:-

Benefit description	Sum insured per Policy		older
	Aged 18 to 70	Aged under 18 years years	Aged over 70 years
1. Medical and/or Travel Expenses incurred in respect of Bodily Injury sustained or Illness occurring outside the United Kingdom. Excess	£25,000 £15	£25,000 £15	Not covered
2. Medical Expenses incurred in respect of Bodily Injury sustained or Illness occurring within the United Kingdom. Excess	£10,000 £15	£10,000 £15	Not covered
3. Dental Expenses. Excess	£5,000 £15	£5,000 £15	Not covered
4. Loss of or damage to clothing as a consequence of a Policyholder's clothing being surgically removed or being blood stained beyond repair.	£100	£100	Not covered

Section 3: Medical, Travel and Dental Expenses

Conditions Applicable to Section 3 Medical, Travel and Dental Expenses

1. Accommodation expenses necessarily incurred by the Policyholder, their parent or legal guardian are limited to £100 per night subject to a maximum sum insured per incident of £500.
2. Travel expenses incurred in utilising the claimant's own car shall be reimbursed at the rate of £0.45 per mile subject to an overall maximum of £400.
3. The Policyholder shall use NHS or equivalent facilities wherever possible.
4. The Policyholder must obtain an estimate within 12 months from the date of an emergency, for the cost of future Dental Treatment likely to be required. The estimate must be based on the current costs of the treatment and given by a professional dental or oral surgeon / consultant. The Underwriters shall have the right to obtain an estimate for the cost of the Dental Treatment from a professional dental or oral surgeon / consultant. The maximum payable shall be the lower of the two estimates not to exceed in any event the Maximum Sum Insured.

Exclusions Applicable to Section 3 Medical, Travel and Dental Expenses

We shall not be liable for any:

1. Medical Expenses and/or Travel Expenses incurred after 12 months from the time of incurring the first expense.
2. Dental Expenses incurred for damage to dentures.
3. Medical Expenses and/or Travel Expenses and/or Dental Expenses incurred:
 - a. Where the Policyholder is participating in organised Scouting activities or travelling thereon, thereto or therefrom against the advice of a Medical Practitioner.
 - b. Which are recoverable from any other insurance policy or national insurance programme which is applicable to the Policyholder.
 - c. After a Policyholder attains the age of seventy-one (71) years.
 - d. When the Policyholder is not allowed to board a flight, train, sea vessel, coach or bus for any reason whatsoever.

Conditions

1. This Policy, the Schedule(s) and endorsement(s), if any, shall be read together as one contract and any word or expression to which specific meaning has been attached shall unless the context requires otherwise bear such meaning wherever it may appear.
2. The Group Policyholder shall give written notice within a reasonable time of any alteration in the Group Policyholder's business.
- 3a. We may cancel this policy by giving 14 days written notice to the Group Policyholder at their last known address and in such event the premium for the period up to the date when the cancellation takes effect shall be calculated and We shall promptly return any unearned portion of the premium paid. 3b. A Policyholder may cancel the insurance in respect of himself alone within 14 days of the commencement date of cover by writing to Unity Insurance Services. 4. No sum payable under this Policy shall carry interest.
5. Where the Group Policyholder or a Policyholder or their 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.
6. If a Policyholder is the victim of a hijack the insurance provided by this Policy shall continue for a period not exceeding twelve months from the date of hijack until such time as the Policyholder has returned to their place of residence.
7. It is hereby agreed between Us and the Group Policyholder that:
 - a. this Policy shall be governed and construed in accordance with the Law of England and Wales and the English Courts alone shall have jurisdiction in any dispute.
 - b. Communication of and in connection with this Policy shall be in the English language.
8. If the premium is calculated on a declaration basis the Group Policyholder shall within one month of the expiry Period of Insurance provide the adjustment information required by Us.
9. The Group Policyholder and every individual covered under the group policy has a duty to take reasonable care to ensure that any information that is provided by them or on their behalf to us when applying for and throughout the life of this policy is complete, accurate and not misleading. It is important that all statements made in the application, over the telephone, on claim forms and other documents are full and accurate. Please note that if any misrepresentation of a material particular is made in the information provided to us this could invalidate the insurance cover and could mean that part or all of a claim may not be paid.
10. We and the Policyholder do not intend any third parties to this contract to have the right to enforce the terms of this contract. Only We and the Policyholder can enforce the terms of this contract. We and the Policyholder can vary or rescind the contract without the consent of any third party to this contract who may assert they have rights under this Contract (Rights of Third Parties) Act 1999.
11. This Policy will be voidable in the event of deliberate or reckless misrepresentation of any material particular by or on behalf of the Group Policyholder or the Insured Person.

General Exclusions

The following General Exclusions are applicable to the Policy as a whole.

We shall not be liable for any Bodily Injury, Illness,

Medical Expenses, Travel Expenses or Dental Expenses incurred in respect of or resulting from:

1. A Policyholder committing or attempting to commit suicide or intentionally inflicting self-injury.
2. A Policyholder engaging in aviation as a pilot or crew member of a fixed wing or rotary propelled aircraft unless as part of organised Scouting activities.
3. A Policyholder engaging in active service in any of the armed forces of any nation other than members of the Territorial Army Volunteer Reserve, Royal Air Force Volunteer Reserve or the Royal Navy Volunteer Reserve or the like.
4. War, whether declared or not or any act thereof.
5. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
6. The radioactive toxic explosive or other hazardous properties of any nuclear assembly or nuclear components thereof.
7. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immune- deficiency (HIV) howsoever these have been acquired or may be named.

Nuclear /Chemical /Biological Terrorism Exclusion

It is agreed that, regardless of any contributory cause(s), this Insurance does not cover any claim(s) in any way caused or contributed to be an act of war or Act of Terrorism involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent.

If Underwriters 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 Group Policyholder. All other terms and conditions remain unchanged.

Glossary

The following Definitions are applicable to the Policy as a whole.

Accident:

A sudden, unexpected, unusual, specific event which occurs at an identifiable time and place and the word Accidental shall be construed accordingly.

Act of Terrorism:

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.

Benefit Period:

The total period (but not necessarily consecutive period) for which benefits are payable in respect of any one Accident or Illness including recurring Illness, to any Policyholder.

Bodily Injury:

Injury which is caused solely by Accidental means and which independently of Illness or any other cause within 24 months from the date of the Accident results in the Policyholder's death or disablement.

Complications of Pregnancy:

Shall only be deemed to include the following: toxemia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole (molar pregnancy), post partum haemorrhage, retained placenta membrane, placental abruption, hyperemesis gravidarum, placenta praevia, stillbirths, miscarriage, medically necessary emergency Caesarean sections / medically necessary termination and any premature births more than 8 weeks (or 16 weeks in the case of a known multiple pregnancy) prior to the expected delivery date.

Country of Domicile:

The country in which the Policyholder is habitually resident.

Deferment Period:

A period at the beginning of a period of temporary disablement during which benefits are not payable.

Dental Expenses:

Reasonable expenses necessarily incurred on the advice or prescription of a Medical Practitioner and arising from Dental Treatment (up to the maximum specified) following Bodily Injury or Illness sustained by a Policyholder incurred as a result of an emergency provided that all routine dental treatment is completed prior to the emergency occurring.

Dental Treatment:

Dental treatment received:

1. within 12 months from the date of the emergency and/or
2. at any later date up to the date that the Policyholder attains the age of 19 years, where the Policyholder is aged under 18 years at the date of the emergency.

Event:

All instances of Bodily Injury arising out of and directly occasioned by one sudden, unexpected, unusual, and specific event occurring at an identifiable time and place. The duration and extent of an event shall be limited to 72 consecutive hours and within a 10-mile radius. No instances of Bodily Injury occurring outside such period and/or radius shall be included in that event.

Excess:

The first amount of each and every claim the Policyholder shall bear.

Group Policyholder:

The person, firm, company or organisation named as the Group Policyholder in the Policy Schedule.

Hospital:

An institution that has accommodation for residential patients and has facilities for diagnosis, carrying out surgery and treatment. It does not include a long-term nursing home, an old people's home or an extended care facility.

Hospital Confinement:

Staying in Hospital as an in-patient and being looked after by a Medical Practitioner.

Illness:

Illness diagnosed and treated by a Medical Practitioner which first manifests itself or is contracted during the Period of Insurance and which solely and independently of any other cause within twenty-four calendar months of manifesting itself or being contracted results directly in the Policyholder's Temporary Total Disablement.

In-Patient:

A Policyholder who has been admitted to Hospital and has a clinical case record for their stay.

Loss of Sight:

Permanent and total Loss of Sight shall be considered as having occurred:

- a) in both eyes, if a Policyholder's name is added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist and is without hope of improvement;
- b) in one eye, if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale and is without hope of improvement.

Loss of Limb:

Loss by physical separation of a hand at or above the wrist or a foot at or above the ankle and includes total and irrecoverable loss of use of hand, arm or leg.

Medical Expenses:

Reasonable expenses necessarily incurred on the advice or prescription of a Medical Practitioner and arising from treatment (up to the maximum specified) following Bodily Injury or Illness sustained by a Policyholder but excluding any: 1. Dental Expenses; 2. Optical expenses unless incurred as a result of an emergency provided that all routine dental and optical treatment is completed prior to the emergency occurring.

Medical Practitioner:

A legally qualified practitioner of medicine other than the Policyholder, a member of the Policyholder's immediate family or anyone the Policyholder is travelling with.

Parent or Legal Guardian:

A person with parental responsibility, or a legal guardian, both being in accordance with the Children Act 1989 and any statutory amendment, modification or reenactment of it.

Permanent:

Lasting 12 consecutive months and at the end of that time being without hope of improvement.

Policyholder:

Any person or category of persons as stated in the Schedule.

Total Disablement:

Disablement which entirely prevents a Policyholder from engaging in their usual occupation.

Travel Expenses:

Reasonable expenses necessarily incurred (up to the maximum specified) for:

1. Travel and accommodation expenses of up to two relatives or friends of the Policyholder who, on medical advice, are required to travel to or remain with the Policyholder.
2. Funeral expenses incurred in the burial or cremation of the Policyholder outside the United Kingdom or their country of domicile.
3. Expenses (excluding funeral and interment costs) incurred in transporting the Policyholder's body or ashes back to the Policyholder's country of domicile.
4. Travel and accommodation expenses of the Policyholder incurred in returning to the Policyholder's country of domicile.
5. Unforeseen travel and accommodation expenses of the Policyholder incurred in returning to attend the funeral of a spouse, partner, mother, father, daughter, son, sister or brother of the Policyholder or a close business colleague in the Policyholder's Country of Domicile.

We, Us, Our:

Certain Underwriters at Lloyd's.

Making a Claim

1. On the happening of any occurrence likely to give rise to a claim under this Policy notice shall be given to Unity Insurance Services within 30 days or as soon as possible after the date of the occurrence.
2. The Policyholder shall at their own expense furnish to Us such certificates, information and evidence as We may from time to time reasonably require in the form prescribed by Us. We shall be allowed at Our own expense to request a medical examination of a Policyholder as appropriate.
3. If any claim under this Policy shall be in any respect fraudulent or if any fraudulent means or devices shall be used by the Group Policyholder or a Policyholder or anyone acting on their behalf to obtain benefit under this Policy We shall be under no liability in respect of such claim.
4. We will pay the Benefit Amount for
 - a. Accidental death to the estate of the deceased Policyholder and the receipt given to Us by the personal representatives shall be a full discharge of liability by Us in respect of the claim for such benefit amount.
 - b. Each of the other applicable benefits
 - i. If the Policyholder is 18 or over to the Policyholder and their receipt shall be a full discharge of all liability by Us in respect of the claim for such benefit amount or the assessed percentage.
 - ii. If the Policyholder is under 18 to the Parent or Legal Guardian of such minor, for the benefit of that minor. The Parent or Legal Guardian's receipt shall be a full discharge of all liability by Us in respect of the claim for such benefit amount.

How to claim:

As soon as reasonably possible after the happening of any occurrence likely to give rise to a claim under this Policy notice shall be given to Our appointed claims handlers.

Contact details are:

Sentry Solutions
New Century House
17-21 New Century Road
Laindon
SS15 6AG

T: 0208 667 2467

www.sentrysolutions.co.uk/sispa

Scheme Code - A44838

Complaints procedure

We are dedicated to providing You with a high quality service and We want to ensure that We maintain this at all times. If You feel that We have not offered You a first class service please contact Us and tell Us and We will do our best to resolve the problem. If You have a problem concerning any aspect of Your insurance please contact:

Manager to Risk & Compliance

**Suite 8 The Quadrant
60 Marlborough Road Lancing
Business Park
Lancing, West Sussex, BN15 8UW.
T: 0345 040 7703
E: hello@unityins.co.uk**

**T: 0300 123 9123 or 0800 023 4567 F: +44
(0)20 79641001 www.financial-ombudsman.org**

Should You remain dissatisfied with the response that You receive from Us, You may refer Your complaint to Lloyd's. On request we can confirm if You are able to pursue any concerns with Lloyd's, who will investigate the matter and provide a final response.

Lloyd's contact details are as follows:

**Complaints
Lloyd's
One Lime Street
London EC3M 7HAE: complaints@lloyds.com
T: +44 (0)20 7327 5693 F: +44
(0)20 7327 5225
www.lloyds.com/complaints**

Details of Lloyd's complaints procedures are set out in a leaflet "Your Complaint – How We Can Help" available at www.lloyds.com/complaints and are also available from the above address.

If You remain dissatisfied with Lloyd's final response, or if 8 weeks have passed since the date We received Your complaint, You may refer Your complaint to the Financial Ombudsman Service (FOS). The usual time limit for referrals to the FOS is six months from the date Lloyd's issue the final response.

FOS contact details are as follows:

**The Financial Ombudsman Service
Exchange Tower
London E14 9SR
E: complaint.info@financial-ombudsman.org.uk**

Regulatory details

Financial Services Compensation Scheme

Lloyd's insurers are covered by the Financial Services Compensation Scheme. You may be entitled to compensation from the Scheme if a Lloyd's insurer is unable to meet its obligations to You under this contract. If You were entitled to compensation under the Scheme, the level and extent of the compensation would depend on the nature of this contract. Further information about the Scheme is available from the Financial Services Compensation Scheme (7th Floor, Lloyds Chambers, Portoken Street, London E1 8BN) and on their website (www.fscs.org.uk).

Lloyd's

This Insurance is underwritten by Lloyd's Syndicate Number 609 managed by Atrium Underwriters Ltd at Lloyd's which is Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registration No. 204834. You can check this on the Financial Services Register by visiting the Financial Services Register website: <http://www.fsa.gov.uk/register/> or by contacting the Financial Conduct Authority on 0800 111 6768.

Data Protection Policy Clause

Personal information

Your insurance cover includes cover for individuals who are either insureds or beneficiaries under the policy (individual insureds). We (the Lloyd's underwriter(s) identified in the contract of insurance) and other insurance market participants collect and use relevant information about individual insureds to provide you with your insurance cover and to meet our legal obligations.

This information includes individual insured's details such as their name, address and contact details and any other information that we collect about them in connection with your insurance cover. This information may include more sensitive details such as information about their health and criminal convictions. We will process individual insureds' details, as well as any other personal information you provide to us in respect of your insurance cover, in accordance with our privacy notice(s) and applicable data protection laws.

Information notices

To enable us to use individual insureds' details in accordance with applicable data protection laws, we need you to provide those individuals with certain information about how we will use their details in connection with your insurance cover.

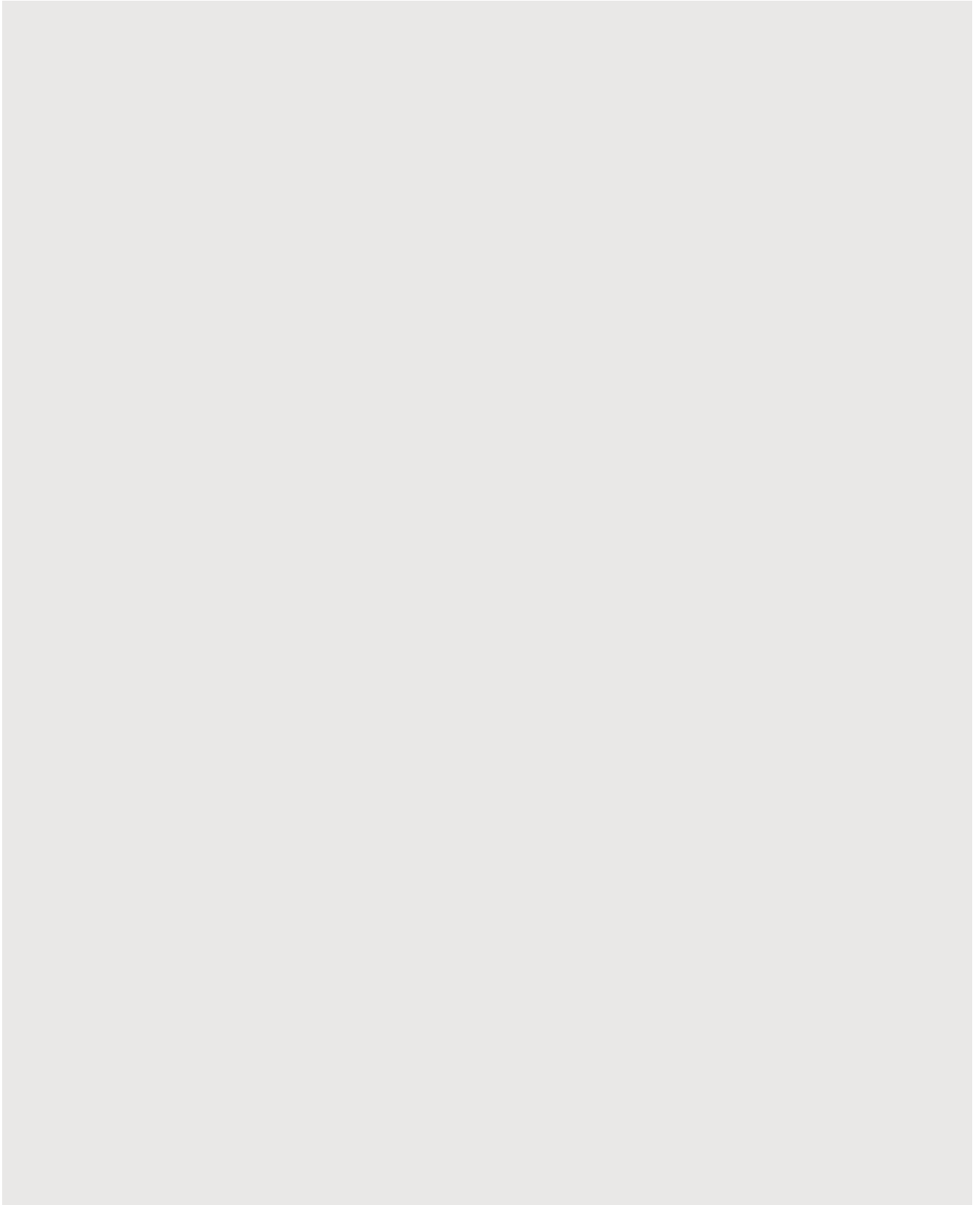
You agree to make available to each individual insured our short form information notice, which we have provided to you in connection with your insurance cover, on or before the date that the individual becomes an individual insured under your insurance cover or, if earlier, the date that you first provide information about the individual to us.

Minimisation and notification

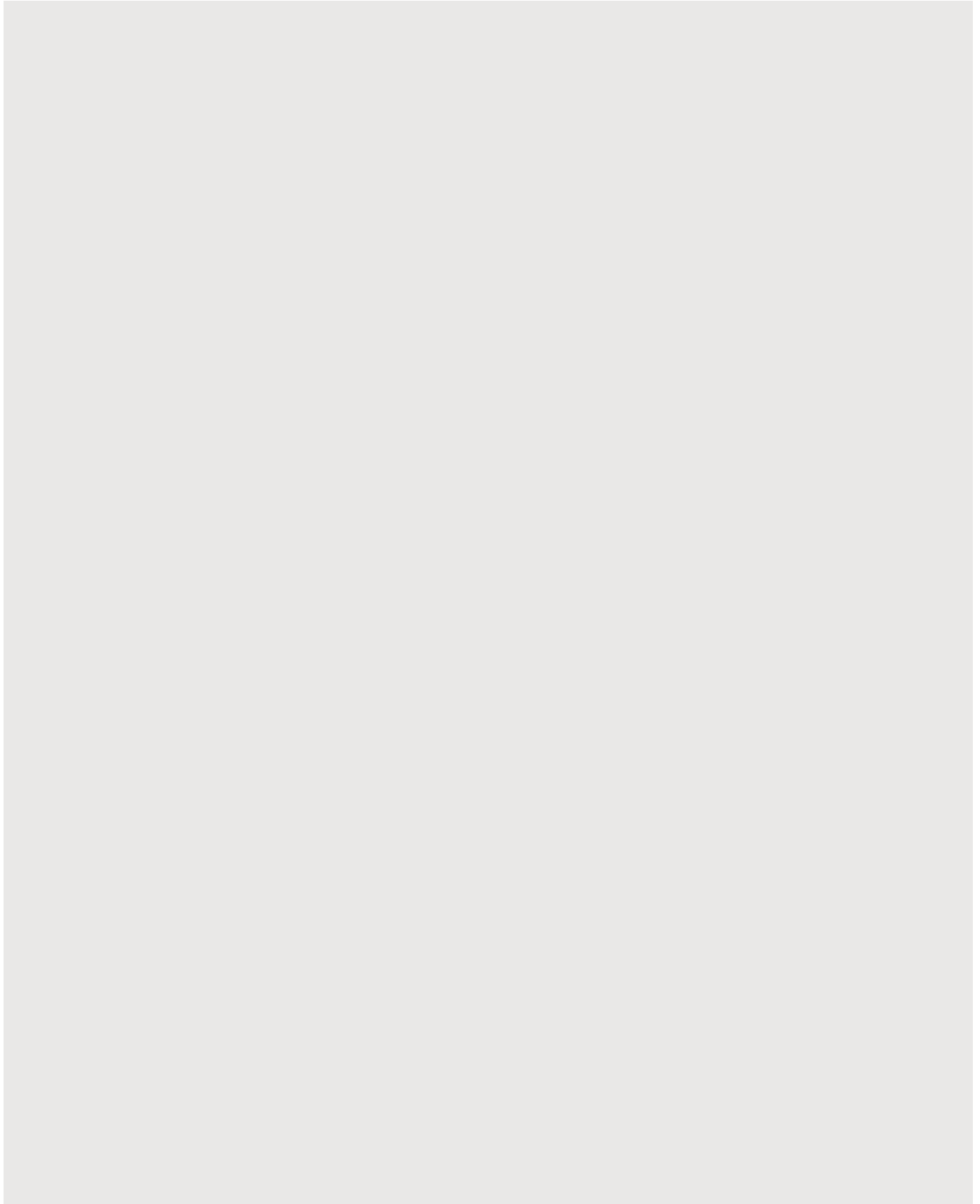
We are committed to using only the personal information we need to provide you with your insurance cover. To help us achieve this, you should only provide to us information about individual insureds that we ask for from time to time.

You must promptly notify us if an individual insured contacts you about how we use their personal details in relation to your insurance cover so that we can deal with their queries.

Notes



Notes





Registered office: Gilwell Park, Chingford, E4 7QW. Registered in England and Wales (Company No: 5038294).

Authorised and regulated by the Financial Conduct Authority, FRN 312976.

Unity Insurance Services is a trading name of Scout Insurance Services Limited, a wholly owned subsidiary of The Scout Association, a registered Charity no. 306101 (England and Wales) and SC038437 (Scotland).

Issue 2.0: August 2019



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Suite 8 The Quadrant
60 Marlborough Road
Lancing Business Park
Lancing
West Sussex
BN15 8UW

unityins.co.uk