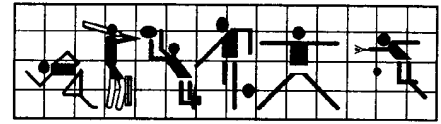




## Policy Schedule



# SPORTSCOVER

Registered in England and Wales No. 37266780

You will only be entitled to insurance cover under the section or sections which you have selected and for which you have paid the required premium.

**Policy Number****PLON99/0071959**

<b>The Insured</b>	<b>IRISH CYCLING FEDERATION T/AS CYCLING IRELAND</b>
Address	KELLY ROCHE HOUSE, 619 NORTH CIRCULAR ROAD, DUBLIN 7, IRELAND
Postal Address	17/18 HERBERT PLACE, DUBLIN 2, IRELAND
Sport / Activities	CYCLING (AMATEUR)
Teams / Members	6,000 MEMBERS
Period of Insurance	From 1/01/2010 to 31/12/2010. Both days inclusive and any subsequent period for which the insured shall have paid and The Underwriter(s) shall have accepted the new premium

### SPORTS INJURY

UNDERWRITTEN BY	Sportscover Syndicate 3334 at Lloyd`s	
Clause 4.1 Capital Benefits	The percentage of this amount which is Payable for each of events 4.1.1. to 4.1.6. as set out in the policy	€30,000
Clause 4.2 Medical Benefits	The percentage of the expenses covered under this section is The percentage of physiotherapy expenses covered under this section is The excess payable for each claim under this section is The maximum amount payable per claim under this section	80% 75% €100 Excess €2,500 Limit
Clause 4.3.1 Loss of Income	The amount payable is the lesser of 75% Net Income Lost or The maximum claim period is The period of days not covered is	€150 Per Week 52 Weeks 7 Days
Clause 4.3.2 Injury Assistance	The amount payable is the lesser of 75% of Non Medical Expenses or The maximum amount payable per claim is The period of days not covered is	€30 Per Day €1,500 Limit 7 Days

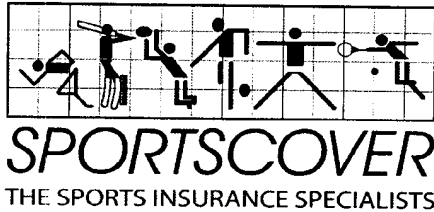
### ADDITIONAL EXCLUSIONS

1. We shall not pay any claims arising from Social Cycling, Social Cycling is deemed to include commuting, non logged or advised training regimes and any other non-sanctioned club or association cycling.
2. This policy excludes any claims arising from any activity which is not organised and sanctioned by either a club who is affiliated to Cycling Ireland or Cycling Ireland themselves.

### COVER EXTENSION - Dental Cover

The Company undertakes to reimburse expenses for dental treatment which have been reasonably and necessarily incurred as a result of an accident whilst engaged in the activities as defined in this Schedule and the Policy which it attaches to. Provided that:

1. The Company's Liability for all expenses payable shall not exceed €2,000 per Participant in respect of any one accident.
2. The Dental cover applies to whole sound teeth only.
3. The first €100 of each and every claim is not covered



**SPORTSCOVER AMATEUR SPORTS INJURY  
INSURANCE PROGRAM**

**Lloyd's insurance effected through Sportscover Europe Limited**

This is to Certify that in accordance with the authorisation granted under the Contract (the number of which is B0573K0900287) 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 in the Schedule, 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.

If the Assured shall make any claim knowing the same to be false or fraudulent, as regards amount or otherwise, this Certificate shall become void and all claim hereunder shall be forfeited.

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

**1. Cover**

If whilst this Policy is in force, You suffer Bodily Injury, while engaged under the auspices of your Sports Association which is the sole, direct and independent cause of Your injury, then subject to the terms and conditions set out below, including in particular the Exclusions and receipt by Us of the Premium(s). We shall pay the Benefits as stated in Your Policy Schedule.

**2. Definitions**

In this Policy the following words/expressions have the following meanings:

- 2.1. Accident** means a sudden, unexpected, unusual, specific event, which occurs at a definable time and place.
- 2.2. Operative Time** whilst playing, practising and training under the auspices, control or direction of your relevant sports association and/or club, including travelling to or from any such venue for the purposes of the above.
- 2.3. Bodily Injury** means an injury which;
- 2.3.1. (a)** is sustained by an Insured person whilst actively engaged in playing or practicing for the sport in which the insured and such accidental bodily injury is sustained because of participation by the insured person in the sport nominated in the schedule,
- 2.3.2. (b)** is sustained by You during the Period of this Insurance,

- 2.3.3. (c) is caused by an Accident, and  
 2.3.4. (d) occasions Your Disablement and/or medical treatment within twelve (12) calendar months from the date of the Accident.
- 2.4. **Disablement** means "Temporary Total Disablement".
- 2.5. **Excess** means the amount of incurred medical costs for which we will not pay you a benefit.
- 2.6. **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 weekly Benefits payable under this Policy shall be due.
- 2.7. **Inception Date** means 12 a.m. (midnight) on the inception date shown in Your Policy Schedule.
- 2.8. **Insurance Premium Tax** means the Premium Tax payable to the Revenue at the rate applicable from time to time.
- 2.9. **The Insured** means the club/association or individual specified in the schedule being a member of a regional, state and/or national sporting association.
- 2.10. **Insured Person** means, any member of the Insured, any other person actively engaged in and appropriately registered for the purpose of playing the sport of the Insured.
- 2.11. **Maximum Benefit Period** means the total period for which Benefits will be payable under this Policy in respect of all Temporary Total Disablement pursuant to this Policy which shall be in aggregate as stated in Your Policy Schedule.
- 2.12. **Medical Practitioner** means a duly qualified Medical Practitioner who is registered in Ireland (Southern Ireland), Northern Ireland or United Kingdom and is not related to You by blood or marriage.
- 2.13. **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 schedule.
- 2.14. **Net Income Lost** means average weekly income, wage or salary (including overtime) earned by an Insured Person during the twelve months immediately preceding the commencement of disablement multiplied by the number of benefit weeks. Any amount to which an Insured Person is 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 shall be deducted and the net figure shall be the 'Net Income Lost'.
- 2.15. **Occupation** means the employment, profession or occupation of or the business carried out by You as specified on the Proposal or Application Form (or as notified in writing to, and confirmed by, Us).
- 2.16. **Premium** means the amount payable by You to Us as specified in the Policy Schedule.
- 2.17. **Temporary Total Disablement** means disablement which entirely prevents You from performing each and every duty of Your Occupation.
- 2.18. **We, Us, and Our** means Sportscover Europe Limited as underwriting agent.
- 2.19. **You, Your, Policyholder** means the Person(s) named in the Policy Schedule.

### **3. General Conditions**

- 3.1. Any fraud, mis-statement or concealment, either in the proposal or in relation to any other matter affecting this Insurance, shall entitle Us to render this Insurance null and void and any monies which have been paid by Us to You must be paid in full immediately.
- 3.2. UK Law allows the parties to choose the law applicable to this Policy. This Policy will be governed by and construed in accordance with English Law. We and the Policyholder agree to submit to the exclusive jurisdiction of the English Courts.

- 3.3. You must be permanently resident in Ireland (Southern Ireland) or Northern Ireland, unless specifically agreed otherwise in writing by Us.

#### **4. Policy benefits**

##### **4.1. Capital Benefits -**

##### ***Standard or Budget***

Injury sustained by an Insured Person which within twelve Calendar months results in:

The benefits payable will be the following percentage of the capital benefits Specified in the schedule

<b>4.1.1</b>	Death of Insured Persons aged 18 years and over	100%
	Death of Insured Persons aged less than 18 years	20%
<b>4.1.2</b>	Total and irrecoverable loss of use of all sight in both eyes and/or total and irrecoverable loss of use of both hands or both feet or of one hand and one foot.	100%
<b>4.1.3</b>	Total and irrecoverable loss of use of one hand or one foot together with total and irrecoverable loss of all sight in one eye.	50%
<b>4.1.4</b>	Total and irrecoverable loss of all sight in one eye or total and irrecoverable loss of use of one hand or one foot.	25%
<b>4.1.5</b>	Total and permanent disablement (other than disablement resulting from Events referred to in Events 4.1.2, 4.1.3, & 4.1.4) from engaging in or attending to any profession, business or occupation whatsoever provided always that the Benefits shall not be payable until such disablement has continued for a period of twelve calendar months.	100%
<b>4.1.6</b>	You becoming totally and permanently disabled as a result of injury sustained whilst travelling to or from an event in which you are engaged to play for the Insured we will pay 20% of the applicable capital benefit listed above.	

##### **4.2. Medical Benefits -**

We will pay the percentage specified in the schedule towards the following Medical Expenses incurred as a result of injury:

- \* Hospital Accommodation
- \* Ancillary Medical Benefits
- \* Physiotherapy and Chiropractic
- \* Dental Services (to sound whole teeth only)

This benefit covers only Medical Expenses not recoverable from any other source including from the medical card scheme, under the control of the Department of Social Welfare or private medical insurance.

Physiotherapy, Chiropractic, Acupuncture and alternative therapies are only covered if certified by a Medical Practitioner prior to commencement of treatment.

This benefit is subject to deduction of the excess specified in the schedule and a maximum payment per claim as specified in the schedule.

**4.3. Loss of Income (This section does not apply if you have purchased BUDGET cover)****Lump Sum Net Loss of Income Benefit**

- 4.3.1.** Total disablement from engaging in or attending to the Insured Person's usual profession, business or occupation. Cover is only provided if the Insured Person was engaged full time in that activity up to the time of the injury. Your entitlement to benefits under this section does not commence until after the expiry of the period of days specified in the schedule. The amount of the benefit shall be the lesser of the percentage of Net income Loss specified in the schedule and the maximum amount specified for this benefit in the schedule.

**Injury Assistance and Parents Inconvenience Benefit**

- 4.3.2.** No compensation shall be payable in respect of this benefit should there be any amount payable under Section 4.3.1. We will reimburse an Insured Person with the percentage specified in the schedule of non medical expenses directly relating to the injury. There is no claim unless the period of total disablement continues for more than the period specified in the schedule. We will not pay more than the maximum limit specified in the schedule for this benefit.

**5. Cancellation**

- 5.1.** We may cancel this Policy for any reason by giving written notice to You at Your last known address confirming that all cover will cease thirty (30) days after the date of Our notice. We will return a rateable proportion of any Premium paid by You in respect of any unexpired cover (if any).
- 5.2.** You may cancel this Policy within ten (10) days after the Inception Date by writing to Us and We will refund any Premium and Insurance Premium Tax that may have been collected provided that no claim has been notified to Us. If You do not do so You will be deemed to have accepted this Policy and to have agreed to be bound by its terms and conditions. Thereafter, You have the right to cancel this Policy at any time by giving Us written notice at Our Registered Office. Cancellation will be effective upon receipt of the written notice by Us. We will return a rateable proportion of any Premium paid by You in respect of any unexpired cover (if any), provided that no claim has been notified to Us. You will be reasonable for cancelling the Direct Debit Mandate (if applicable).

**6. Exclusions**

We will not be liable for Injuries/Disablement directly or indirectly resulting from:

- 6.1.** Suicide or attempted suicide, intentional self-injury or deliberate exposure to unusual danger (except in an attempt to save life), or Your own criminal act, or being under the influence of alcohol or drugs, or 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 injury to You).
- 6.2.** Your engaging in or taking part in any sport/s other than the sport/s nominated in the Schedule.
- 6.3.** Driving or riding in any kind of race, or your taking part in hazardous sports not declared to Underwriters, pursuits or pastimes or engaging in naval, or military and air force services or operations.
- 6.4.** War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, riots, strikes, civil commotion, rebellion, insurrection, or military or usurped power, confiscation, nationalisation, requisition or destruction of or damage to property by or under the order of any government or public or local authority. This exclusion includes but is not limited to civil disorders of any kind, to any security measures that may result in the closure of the venue or the non-access to it, or to the non-participation by attendees or performers, whether voluntary or compulsory. The word "War" includes undeclared war, civil war, insurrection, rebellion, revolution, war-like act by military force or military personnel, destruction or seizure or use for a military purpose, and including any consequences of any of these.
- 6.5.** Any pre-existing defect, infirmity or sickness at the time of an accident or which has not been disclosed by You on the Application Form for this risk and each renewal thereafter.

- 6.6. Your engaging in Air Travel except as a passenger in a property licensed multi-engined aircraft being operated by a licensed commercial air carrier or owned and operated by a commercial concern.
- 6.7. All claims arising out of unreasonable failure to seek or follow medical advice.
- 6.8. Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), howsoever this syndrome has been acquired or may be named.
- 6.9. Ionising radiation or radioactive contamination.
- 6.10. 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.
- 6.11. Any medical or surgical procedure performed on You for any gradually developing bodily deterioration whatever the cause of that deterioration.
- 6.12. If the Injury arises from sickness, disease or disorder of any kind.
- 6.13. Notwithstanding any provision to the contrary within the policy or any endorsement thereto it is agreed that the policy excludes death, injury, illness, loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any Act of Terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss;

For the purpose of this exclusion, Act of Terrorism means an act, including but not limited to the use of force or violence and/or 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) which from its nature or context is done for, or in connection with, political, religious, ideological, ethnic or similar purposes or reasons, including the intention to influence any government and/or to put the public, or any section of the public, in fear.

This exclusion also excludes death, injury, illness, loss, damage, cost or expense of whatsoever nature directly or indirectly caused by resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to any Act of Terrorism.

## **7. Claim Conditions**

- 7.1. Written Notice must be given to Us within thirty (30) days (or as soon as reasonably thereafter) of becoming aware of any Accident which causes or may cause Disablement within the meaning of this Insurance and, if applicable, You must as early as possible, place Yourself under the care of a duly qualified Medical Practitioner.
- 7.2. Written Notice must be given to Us as soon as reasonably practicable in the event of the death of the Policyholder resulting or alleged to result from an Accident.
- 7.3. No claim will be accepted under this policy by Us until We have received a completed claim form together with satisfactory medical evidence, proof of age and Occupation, employer's certificates and such other documents We may reasonably require.
- 7.4. If the consequence of an Accident shall be aggravated by any condition of physical disability that You had which existed before the Accident occurred, the amount of any compensation payable under this Insurance in respect of the consequences of the Accident shall be the amount which it is reasonably considered could have been payable if such consequences had not been so aggravated.
- 7.5. In event of a claim under this Insurance, You shall allow all medical records, notes and correspondence referring to the claim or related pre-existing conditions to be made available on request, in accordance with all statutory provisions relating to access medical records, to the medical adviser appointed by Us or on Our behalf (at Our own expense) and such medical adviser shall be allowed, so often as may be deemed necessary, to make an examination of You.
- 7.6. Once We have accepted the claim for Disablement We will pay benefits, at the completion of your treatment and upon receipt of satisfactory evidence of your Medical Expenses or return to work after Temporary Total Disablement.

- 7.7.** All Temporary Disablement benefits shall cease on Your Death.
- 7.8.** The maximum weekly benefit shall not exceed 75% of Your Income, less benefit from any other insurance policy or benefits paid to You by an employer. Proof of net income may be required from an independent and qualified third party. In the event that the weekly benefit exceeds the aforesaid limit then any claim shall be evaluated upon 75% of Your Income.
- 7.9.** 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 disablement.
- 7.10.** During the currency of the claim You must continue to pay any relevant Premiums and Insurance Premium Tax as originally stated in the Policy Schedule if and when they fall due.
- 7.11.** Benefits shall 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.
- 7.12.** Benefits payable for "policy benefits section 4.1" shall be reduced by any sum already paid under section 4.2 and 4.3 in respect of the same occurrence. After the happening of any one of events in section 4.1 there shall thereafter be NO further liability under the policy in respect of the same Insured Person.
- 7.13.** Benefits shall NOT be payable under more than one of the events for disablement resulting from any further occurrence whilst there is an existing entitlement for Benefits.
- 7.14.** Benefits shall NOT be payable unless you shall as soon as possible after the happening of any occurrence obtain and follow proper medical advice from a legally qualified Medical Practitioner.
- 7.15.** Benefits shall NOT be payable for any period after the Insured Person has resumed playing or training for the sport nominated in the schedule except for subsequent unrelated occurrences.
- 7.16.** Benefits shall NOT be payable for that part of the benefit payable under Loss of Income for which department of Social Welfare benefits or other benefits can be claimed.
- 7.17.** Benefits shall NOT be payable if the Insured Person or his/her dependents are entitled to receive any compensation or benefits as a result of the bodily injury suffered, from any source whatsoever.
- 7.18.** We will at our own expense have the right and opportunity to examine the insured person when as often as we may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.

## **8. Claims Procedure**

- 8.1.** If You wish to make a claim, either contact the Intermediary who arranged this Insurance for You or contact Sportscover (as per the address below). When submitting the claim form You must give your Policy reference. Please note that if medical treatment has been received you must obtain medical certificates showing the nature of the injury. All circumstances that are likely to give rise to a claim under this Insurance should be notified within thirty (30) days after the occurrence (or as soon as reasonably practicable thereafter).

## **9. Complaints Procedure**

- 9.1.** It is always our intention to provide a first class standard of service. However, if you have any cause for complaint you should, in the first instance, contact the Intermediary who arranged this insurance for you. Should the matter not be resolved to your satisfaction please write to the Managing Director of Sportscover Europe Limited at 3 Minster Court, Mincing Lane, London EC3R 7DD.

- 9.2** If your complaint is not dealt with to your satisfaction you can contact:

Lloyd's Ireland Representative Ltd  
70 Sir John Rogerson's Quay  
Dublin 2  
Ireland

- 9.3** If you remain dissatisfied your complaint may be referred to the Financial Ombudsman Service. Further details will be provided at the appropriate stage of the complaints process.

**SPORTSCOVER EUROPE LIMITED** Registered in England & Wales No. 3726678

<b>LONDON</b>	3 Minster Court, Mincing Lane, London, EC3R 7DD	Ph: +44 (0)20 7398 4080	Fax: +44 (0)20 7398 4090
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