

# Membership Personal Accident

Document	Member Schedule
Policy Number	ORT/GPAIBT/13493997
Policy Holder	British Transport Police Federation
Policy Holder's Address	Federation Office, 134 Thurlow Park Road, West Dulwich, London SE21 8HN
Business Description	Police Federation.
Insured Persons	Category 1: Serving Members and Special Constables, up to age 70 Category 2: Special Constables, up to age 70 Category 3: Partners of Category 1 Insured Persons, up to age 70
Age Limits	Category 1: 70 years of age Category 2: 70 years of age Category 3: 70 years of age
Operative Time	Category 1: 24 Hours a day Category 2: Duty related accident only Category 3: 24 Hours a day
Endorsement(s) Applicable	None
Geographical Limit	Worldwide
Reason for Issue	First Premium
Security	Underwritten by Canopus Managing Agents Limited for Lloyd's Syndicate 4444
Unique Market Reference	B1307C241271

## Period of Insurance

Policy Effective Date	1 <sup>st</sup> May 2025
Policy Expiry Date	30 <sup>th</sup> April 2026
Date of Issue	09 <sup>th</sup> April 2025

## Broker Details

Broker Name	The Ardonagh Group
Broker Address	6 Bevis Marks, London EC3A 7BA

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## Section A: Personal Accident Cover – Categories 1 and 2

Item	Schedule of Benefits	Sum Insured	
		Category 1	Category 2
1	Accidental Death	Not Covered	Not Covered
2	Permanent Total Loss of Sight - One Eye	£50,000	£50,000
3	Permanent Total Loss of Sight - Both Eyes	£50,000	£50,000
4	Loss of One Limb	£50,000	£50,000
5	Loss of Two or more Limbs	£50,000	£50,000
6	Permanent Total Loss of Speech	£50,000	£50,000
7	Permanent Total Loss of Hearing		
	(a) In One Ear	£15,000	£15,000
	(b) In Both Ears	£50,000	£50,000
8	Permanent Total Disablement – Any & Every Occupation	£130,000	£130,000
	Permanent Total Disablement – Usual Occupation	£20,000	£20,000
	Permanent Partial Disablement	Covered	Covered
9	Temporary Total Disablement	£60 per week	£60 per week
	Excess Period	7 days	7 days
	Benefit Period	104 weeks	104 weeks
10	Quadriplegia	£25,000	£25,000

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## Extensions to Section A

Item	Schedule of Benefits	Sum Insured	Sum Insured
		Category 1	Category 2
11	Unplanned Hospital In Patient Expenses	£50 per night	£50 per night
	Maximum Benefit Period	7 nights	7 nights
12	Coma Benefit	£50 per day	£50 per day
	Maximum Benefit Period	104 weeks	104 weeks
13	On-Duty Acquired HIV/AIDS/Hepatitis B	£50,000	£50,000
14	Firearm Assault	£2,500	£2,500
15	Stabbing Assault	£1,500	£1,500
16	Court Award Compensation	Up to £500	Up to £500
17	Funeral Expenses	Up to £10,000	Up to £10,000
18	Rehabilitation Expenses	Up to £25,000	Up to £25,000
19	Disability Allowance	Up to £25,000	Up to £25,000
20	Medical Expenses	Up to 25% of benefits claimed under Item 9	Up to 25% of benefits claimed under Item 9
21	Dependant Childcare Cost	Up to £15 per hour	Up to £15 per hour
	Maximum Benefit	£200	£200
22	Unsociable Hours Benefit	7.5% of basis scale pay up to £60 per week	7.5% of basis scale pay up to £60 per week
	Excess Period	14 days	14 days
	Benefit Period	8 weeks during a 24-week period	8 weeks during a 24-week period
23	Dental Injury & Emergency		
	Dental Injury	Up to £2,500	Up to £2,500
	Emergency Dental Within the UK	Up to £200 per incident	Up to £200 per incident
	Maximum Number of Incidents	Four	Four
	Emergency Dental Outside the UK	Up to £400 per incident	Up to £400 per incident
	Maximum Number of Incidents	Two	Two
	Dentist Call-Out Fees	Up to £100 per incident	Up to £100 per incident
	Maximum Number of Incidents	Two	Two

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## Section A: Personal Accident Cover – Category 3

Item	Schedule of Benefits	Sum Insured	Sum Insured
		<b>Category 3</b>	
1	Accidental Death	Not Covered	
2	Permanent Total Loss of Sight - One Eye	£25,000	
3	Permanent Total Loss of Sight - Both Eyes	£25,000	
4	Loss of One Limb	£25,000	
5	Loss of Two or more Limbs	£25,000	
6	Permanent Total Loss of Speech	£25,000	
7	Permanent Total Loss of Hearing		
	(a) In One Ear	£7,500	
	(b) In Both Ears	£25,000	
8	Permanent Total Disablement – Any & Every Occupation	£65,000	
	Permanent Total Disablement – Usual Occupation	Not Covered	
	Permanent Partial Disablement	Not Covered	
9	Temporary Total Disablement	£30 per week	
	Excess Period	7 days	
	Benefit Period	104 weeks	
10	Quadriplegia	Not Covered	

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## Extensions to Section A

Item	Schedule of Benefits	Sum Insured	Sum Insured
		<b>Category 3</b>	
11	Unplanned Hospital In Patient Expenses	Not Covered	
	Maximum Benefit Period		
12	Coma Benefit	Not Covered	
	Maximum Benefit Period		
13	On-Duty Acquired HIV/AIDS/Hepatitis B	Not Covered	
14	Firearm Assault	Not Covered	
15	Stabbing Assault	Not Covered	
16	Court Award Compensation	Not Covered	
17	Funeral Expenses	Not Covered	
18	Rehabilitation Expenses	Not Covered	
19	Disability Allowance	Not Covered	
20	Medical Expenses	Not Covered	
21	Dependant Childcare Cost	Not Covered	
	Maximum Benefit		
22	Unsociable Hours Benefit	Not Covered	
	Excess Period		
	Benefit Period		
23	Dental Injury & Emergency	Not Covered	
	Dental Injury		
	Emergency Dental Within the UK		
	Maximum Number of Incidents		
	Emergency Dental Outside the UK		
	Maximum Number of Incidents		
	Dentist Call-Out Fees		
	Maximum Number of Incidents		

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## Maximum Sums Insured

Maximum Sum Insured Any One Occurrence	£1,000,000
Maximum Sum Insured in respect of Section A Item 1	Not Applicable
Maximum Sum Insured in respect of Section A Items 2, 3, 4, 5, 6 and 7(b)	£50,000
Maximum Sum Insured in respect of Section A Item 7(a)	£15,000
Maximum Sum Insured in respect of Section A Item 8	£130,000
Maximum Sum Insured in respect of Section A Item 9	£60 per week

This Policy is signed on behalf of Underwriters



Matthew Stark  
Chief Executive Officer  
Ortus Underwriting  
Registered Office: 15 Westferry Circus, London, E14 4HD  
Registered in England No: 08142321  
Authorised and regulated by the Financial Conduct Authority

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Endorsements - Applicable to all Sections

None