

Membership Regulation 28 Sick Pay



Document	Member Schedule
Policy Number	ORL/GPAIBT/13494016
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, up to age 70 Category 2: Special Constables, up to age 70
Age Limits	Category 1: 70 years of age Category 2: 70 years of age
Operative Time	Category 1: 24 Hours a day Category 2: Duty related accidents only
Endorsement(s) Applicable	None
Geographical Limit	Worldwide
Reason for Issue	Renewal
Security	Certain Underwriters at Lloyd's, in the following proportions: Liberty Managing Agency Limited on behalf of Lloyd's Syndicate 4472 trading as Liberty Specialty Markets (66.67%) Canopus Managing Agents Limited for Lloyd's Syndicate 4444 (33.33%) Each insurer above binds themselves severally and not jointly, that is, in the event of a claim, each of insurer (and their Executors and Administrators) is liable only for their own share of their syndicate's proportion of the risk.
Unique Market Reference	B1307C251491

Period of Insurance

Policy Effective Date	1 st May 2026
Policy Expiry Date	30 th April 2027
Date of Issue	29 th April 2026

Broker Details

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

Please note:

- If you join the scheme during the period of insurance, your cover starts on the date you joined the insurance scheme.
- In respect of Serving Officers and Staff, if you cease your employment for whatever reason during the period of insurance, your cover ends on the date your employment ends or the last date of the last period for which a premium deduction has been taken, whichever is sooner.

Membership Regulation 28 Sick Pay



Section B: Regulation 28 Sick Pay – Category 1

Item	Schedule of Benefits	Sum Insured
1	Half Pay for up to 26 weeks	20% of Gross Basic Scale Pay
	Qualifying Period	182 days
	Benefit Period	183 days

Section B: Regulation 28 Sick Pay – Category 2

Item	Schedule of Benefits	Sum Insured
1	Half Pay for up to 26 weeks	£75 per week
	Qualifying Period	182 days
	Benefit Period	183 days

Maximum Sums Insured

Maximum Sum Insured Any One Occurrence	£1,000,000
Maximum Sum Insured in respect of Section B Item 1	£500 per week

This Policy is signed on behalf of Underwriters

A handwritten signature in black ink, appearing to read "M. Stark".

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

Membership Regulation 28 Sick Pay



Endorsements - Applicable to all Sections

None

British Transport Police Federation
Membership Personal Accident and Sick Pay
Insured Persons' Policy Wording



UNDERWRITING

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How To Make a Claim

If **You** think **You** may have a claim, or have suffered an incident that may give rise to a claim, then please contact the Federation Office as soon as possible and they will issue **You** with a claim form for completion and return.

Claims Procedure

The **Insured Person** must place themselves under the care of a duly qualified **Medical Practitioner** after sustaining **Bodily Injury** or **Illness** and notice of any incident that may give rise to a claim must be made as soon as is feasibly possible.

Claim Notifications should be sent to:

All claims/incidents which could give rise to a claim should be notified to the Federation Office (where possible within 30 days), who will issue a claim form for completion and return.

Welcome

This cover is part of a Master Policy.

As an **Insured Person**, **You** receive cover under this Travel insurance. This document gives **You** details about the cover **You** have.

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

Insured Persons' Policy Wording Information

This cover has been prepared in accordance with the instructions of the **Master Policyholder**. Please read this Insured Persons' 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 Insured Persons' Policy Wording consists of:

- General Definitions which define particular words and expressions that apply to the whole of this Insured Persons' Policy Wording;
- General Exclusions, Claims Conditions and General Conditions apply to the cover as a whole;
- the coverage sections which give precise details of the cover being provided;
- 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.

Who is Ortus Underwriting

Ortus Underwriting are regulated by the Financial Conduct Authority (FCA). **You** can check **Our** FCA registration by visiting the FCA website at www.fca.org.uk/register or by calling the FCA on 0800 111 6768.

General Definitions

Wherever one of the words or phrases listed below is used in this Insured Persons' Policy Wording it will have the same meaning wherever it appears unless stated otherwise. A defined word or phrase will start with a capital letter each time it appears in this document and is printed in bold type e.g. **Accident**, except for headings and titles.

Throughout this Insured Persons' Policy Wording words in the singular include the plural and vice versa. References to legislation include such legislation as amended and to any statutory re-enactment of the same or substantially similar legislation.

If a word or phrase has a different meaning in a particular section then that section will have a revised definition of that word or phrase.

Applicable to ALL Sections of this Insured Persons' Policy Wording

The following **Policy** Definitions apply to all Sections of the **Policy** and all clauses, extensions and endorsements unless otherwise stated:

Accident/Accidental

A sudden, unexpected, fortuitous, specific event which occurs at an identifiable time and place.

Act of Terrorism

Any 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. An **Act of Terrorism** can include but not be limited to the actual use of force or violence and/or the threat of use. Furthermore the perpetrators of an **Act of Terrorism** can either be acting alone, or on behalf of or in connection with any organisation or government.

Age Limit

As stated on the **Policy** schedule.

Annual Salary

For Serving Officers:

The **Insured Person's** basic scale pay; excluding loans, benefits in kind, payments for overtime or unsociable hours allowances and the like payable at the date the:

1. **Insured Person** sustains **Bodily Injury** resulting in a claim under Section A of this **Policy**, or
2. the date the **Insured Person's** pay is reduced and results in a claim under Section B of this **Policy**.

If the scale pay increases while the **Insured Person** is disabled the benefit will increase accordingly from the applicable date.

All other **Insured Persons**:

The **Insured Person's** Gross **Annual Salary** excluding remuneration received in respect of bonuses, commission, overtime and the like during the twelve months prior to any claim.

Benefit Period

The maximum period for which the **Temporary Total Disablement** or **Sick Pay** benefit is payable. This period will commence at the end of the **Excess Period** or **Qualifying Period** as applicable.

Bodily Injury

Identifiable physical injury which:

1. Is sustained by an **Insured Person**, and
2. Is caused by an **Accident** during the **Operative Time** during the **Period of Insurance**, and
3. Solely and independently of any other cause, except illness directly resulting from or medical or surgical treatment rendered necessary by such injury, occasions the death or disablement of the **Insured Person** within twenty four months from the date of the **Accident**.

Broker

As stated on the Member schedule.

Channel Islands

Jersey, Guernsey, Alderney and Sark.

Coma

A continuous, unconscious and unresponsive state.

Country of Domicile

The country in which the **Insured Person** permanently resides.

Dependant Children

A child under the age of 18 years or under the age of 23 years if in full time education.

Excess Period

The period prior to the commencement of the **Benefit Period** for which no benefit is payable.

Gross Weekly Wage

1/52nd of the "**Annual Salary**".

Insured Person

Any member of the **Master Policyholder's** Insurance Scheme described in the Category(ies) of the Member schedule for whom a premium has been paid.

Loss of Limb

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

Master Policyholder

The association, company or organisation named in the Member Schedule. The **Master Policyholder** is the contracting party for this insurance.

Medical Expenses

Expenses necessarily and reasonably incurred by the **Insured Person** as an in-patient in a hospital or nursing home, including the cost of medical supplies and ambulance hire.

Medical Practitioner

A suitably qualified **Medical Practitioner** registered by the General Medical Council in the **United Kingdom** other than:

1. An **Insured Person**
2. A member of the immediate family of the **Insured Person**
3. An employee of the **Master Policyholder**.

On Duty

Whilst the **Insured Person** is carrying out the paid duties of a Serving Police Officer for the relevant Police Force or another Police Force to which the **Insured Person** has been seconded.

Operative Time

The period of time that cover is in force during the **Period of Insurance**, as shown in the Member schedule and relevant to each section of cover.

Our, Us, We, Underwriters

The insurer(s) as per the details in the Member Schedule.

Partner

The spouse or civil partner of a **Serving Member** or Retired Member of the **Master Policyholder's** Insurance Scheme or any person they are co-habiting with as a couple and for whom premiums are being paid.

Period of Insurance

The period beginning with the effective date and ending with the expiry date as shown in the Member schedule and any other period for which **We** have accepted **Your** premium.

Permanent Total Disablement

Disablement which entirely prevents the **Insured Person** from attending to any business or occupation of any and of every kind and which lasts twelve consecutive months and at the expiry of that period is beyond hope of improvement.

Permanent Total Loss of Hearing

Permanent total and irrecoverable loss of hearing which lasts twelve consecutive months and at the expiry of that period is beyond hope of improvement.

Permanent Total Loss of Sight

Permanent total and irrecoverable loss of sight which lasts twelve consecutive months and at the expiry of that period is beyond hope of improvement.

Permanent Total Loss of Speech

Permanent total and irrecoverable loss of speech which lasts twelve consecutive months and at the expiry of that period is beyond hope of improvement.

Principle Sum Insured

The Sum Insured noted in the Member schedule for the item against which the **Insured Person** has claimed.

Quadriplegia

The permanent and total paralysis of the two upper limbs and two lower limbs.

Qualifying Period

The period of time from the date an **Insured Person** sustains **Bodily Injury** or suffers **Illness** as stated on the Member schedule, not necessarily consecutive, during the preceding 12 months.

Radiation

The emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death.

Serving Member

A Serving Officer or member of Police Staff.

Technical Flight Officer

Police Officers involved in helicopter or fixed wing aircraft aerial observation in the course of their duties, involving navigation, but excluding the operation of any control equipment or piloting.

Temporary Total Disablement

Disablement which temporarily and totally prevents the **Insured Person** from attending to the duties of their usual business or occupation.

United Kingdom

England, Scotland, Wales, Northern Ireland, the **Channel Islands** and the Isle of Man.

Unsociable Hours

Shift hours commencing at 20:00 hours and ending at 06:00 hours.

War

Any activity or conflict where military force is used and includes one of the following:

1. Hostilities or warlike operations (whether **War** be declared or not)
2. Invasion, civil **War**, rebellion, insurrection, revolution
3. Act of an enemy foreign to the nationality of the **Insured Person** or the country in or over which the act occurs
4. Civil commotion assuming the proportions of, or amounting to, an uprising
5. Overthrow of the legally constituted government
6. Military or usurped power
7. Explosions of **War** weapons

8. An **Act of Terrorism**
9. Murder or assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the **Insured Person** whether **War** be declared with that state or not.

You, Your, Yours
The **Insured Person**.

General Conditions

Each section of this Insurance has conditions and they must be read in conjunction with the following General Conditions which apply to all Sections unless otherwise stated.

If any term, condition or exclusion or endorsement or part thereof is found to be invalid or unenforceable the remainder will be in full force and effect.

Applicable to ALL Sections of this policy

The following Conditions apply to all Sections of this Insurance and all clauses, extensions and endorsements unless otherwise stated.

Cancellation

Your Rights to Cancel

Withdrawal by the Insured Person during the Cooling off Period

The **Insured Person** within thirty (30) days of joining the **Master Policyholder's** Personal Accident and Sick Pay Insurance Scheme (Scheme) has a right to withdraw from this insurance and provided no claim has been made are entitled to a full refund of premium. To exercise their right to cancel an **Insured Person** must contact the **Broker**.

Withdrawal outside the Cooling off Period

After the cooling off period the **Insured Person** may withdraw from this insurance at any time by stopping the monthly salary deductions and cover shall terminate at midnight of the day before the next monthly salary deduction is due.

An **Insured Person** is entitled to re-join the Scheme at a later date at the **Master Policyholder's** discretion but premiums may be increased and/or specific exclusions applied subject to the terms of the Scheme and this Insurance.

Termination of Membership

If an **Insured Person** terminates their membership of the Scheme for any cause then it will terminate cover under this Insurance. If an **Insured Member** resigns or is dismissed, their cover ends at the same time as their employment.

Cancellation by the Master Policyholder

The **Master Policyholder** may cancel this Insurance, at any time, by giving 30 days' notice to **Us** in writing.

Our Rights to Cancel

We may cancel this Insurance by giving sixty (60) days' notice in writing to the **Master Policyholder** at their last known address stating the reasons for cancellation such as:

- non-payment of premium
- failure on the part of the **Master Policyholder** to comply with the terms and conditions of this Insurance.

In the event of cancellation by the **Master Policyholder** or **Us** cover in respect of all **Insured Persons** shall automatically terminate.

Contracts (Rights to Third Parties) Act 1999

A person or company who was not a party to this Insurance has no right under the Contracts (Rights to Third Parties) Act 1999 to enforce any term of this this Insurance but this does not affect any right or remedy of a third party which exists or is available apart from that Act.

Cyber Risks

Any benefits for **Bodily Injury** or **Illness** due to:

1. the use of, or inability to use, any application, software, or programme in connection with any electronic equipment (for example a computer, smartphone, tablet or internet-capable electronic device);
 2. any computer virus;
 3. any computer related hoax relating to 1. and/or 2. above
- are payable, subject to the terms, conditions, limitations and exclusions of this Insurance.

Failure to Comply with Policy Conditions

If **You** fail to comply with any obligation to act in a certain way specified in the terms, provisions, conditions and endorsements of this **Policy**, it may prejudice **Your** position to recover any claim under this **Policy**.

Interest on Benefit Payable

We will not pay interest on any benefit payable.

Maximum Any One Occurrence Limit

In the event of an **Accident** involving more than one **Insured Person**, where the claim exceeds the Maximum Any One Occurrence Limit, as shown in the Member schedule, the total sum insured payable shall be proportionally reduced until that total does not exceed that limit.

Maximum Benefit Limit

The maximum amount **We** will pay for Section A Items 9-15 in total in respect of any one **Accident** shall not exceed an amount greater than 100% of the **Principle Sum Insured**, subject to the Maximum Cumulative Limit.

Maximum Cumulative Limit

The maximum sum **We** will pay in respect of any claim arising from any one **Accident** for any one **Insured Person** shall not exceed £2,000,000 in total. In the event that the maximum sum payable does exceed £2,000,000, the amount payable in respect of each section will be reduced proportionately until the total does not exceed that limit.

Trust Assignment

We will not automatically accept or be affected by notice of any trust assignment or the like which relate to this Insurance.

Your Duty of Care

Under the terms of the Consumer Insurance (Disclosure and Representations) Act 2012 **You** have a duty of care not to make a misrepresentation.

You must take all reasonable care to answer all the questions honestly and to the best of **Your** knowledge. If **You** do not, **Your** cover may be cancelled, or treated as if it never existed, or **Your** claim rejected or not fully paid.

When making a claim **You** must not misrepresent, which at worst may lead to the cancellation of your cover as if it never existed and no claims being paid.

Claims Conditions

The following claims conditions apply to this Insurance.

Claims Co-operation

You shall provide assistance and co-operate with **Us** or **Our** representatives in obtaining any other records **We** deem necessary to evaluate the claim.

In no event will **We** be liable to pay any claim unless **You** co-operate with **Us** and/or **Our** representatives in the investigation of a claim.

Claim Notification

Notice must be sent to **Us** as soon as practicable of any **Bodily Injury** or **Illness** to an **Insured Person** and the **Insured Person** must place themselves under the care of a duly qualified **Medical Practitioner**. Notice must be sent to **Us** as soon as practicable in the event of the death of the **Insured Person** resulting or alleged to result from an **Accident**.

In no case will the **Underwriters** be liable to pay benefit unless the medical adviser or advisers appointed by the **Underwriters** for the purpose shall be allowed as is deemed reasonably necessary to make an examination of the **Insured Person**. Failure to comply with this condition may prejudice any claim made under this section.

Claim Payment

There may be jurisdictions in which local law precludes **Us** from paying, defending or otherwise responding to a claim locally. If **We** are so precluded, **We** will reimburse the **Insured** for amounts due under the policy in lieu of responding locally. Moreover, **We** are not providing legal, regulatory or tax advice in connection with this transaction.

Fraudulent Claims

If an **Insured Person** makes a fraudulent claim under this insurance, **We**:

a) are not liable to pay the claim; and

- b) may recover from the **Insured Person** any sums paid by **Us** to the **Insured Person** in respect of the claim; and
- c) may by notice to the **Insured Person** treat their cover as having been terminated with effect from the time of the fraudulent act.

If **We** exercise **Our** rights under c) above:

1. **We** will not be liable to the **Insured Person** in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to **Our** liability under this insurance, for example the occurrence of a loss, the making of a claim, or the notification of a potential claim; and

This condition will only apply to that specific **Insured Person** as an individual and not the entire group if the fraud was committed by a single **Insured Person** and not the **Master Policyholder**.

Right to Medical Records and Medical examination

Following notice of a claim, the **Insured Person** shall provide when requested by **Us** all authorisations necessary to obtain an **Insured Person's** medical records. **We** have the right to have an **Insured Person** examined by a physician or vocational expert of **Our** choice and at **Our** expense when **We** may reasonably request.

General Exclusions

Applicable to ALL Sections of this Insured Persons' Policy Wording

The following exclusions apply to all Sections of this Insurance and all clauses, extensions and endorsements unless otherwise stated.

We will not cover death, disablement or loss:

1. If **You** have attained or exceed the **Age Limit** prior to the commencement of the **Period of Insurance**.
2. Whilst the **Insured Person** is engaged or taking part in military, air force or naval service or operations (other than reserve or volunteer training).
3. Whilst the **Insured Person** is engaged or taking part in aeronautics or aviation, other than as a passenger or whilst involved in duties as a **Technical Flight Officer**.
4. Whilst the **Insured Person** is engaged or taking part in mountaineering or rock climbing normally involving the use of ropes and/or guides.
5. Whilst the **Insured Person** is riding or driving in any kind of race.
6. Directly or indirectly caused or contributed to by the **Insured Person's**
 - (a) Intentional self-injury
 - (b) Suicide or attempted suicide
 - (c) Own criminal act
7. Occasioned by or occurring whilst the **Insured Person** is in a state of insanity temporary or otherwise.
8. Directly or indirectly caused or contributed to by
 - (a) Any gradually operating cause
 - (b) Any naturally occurring condition or degenerative process.
9. For claims where medical or other suitable evidence is not provided if requested.
10. Arising from or attributable to **War** (whether declared or not), whilst the **Insured Person** is in the **United Kingdom** or is travelling to any country or area that, at the commencement of travel, was publicly known to be in a state of, or faced with the threat of **War**.
11. Regardless of any contributory cause(s), any claim(s) in any way caused or contributed to by an **Act of Terrorism** involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent.
12. Arising out of or consequent upon or contributed to **Radiation**.

Section A: Personal Accident Cover

What is Covered

If an **Insured Person** suffers **Bodily Injury** which is the sole cause of their death or disablement, then **We** will pay the appropriate sum insured as stated on the Member schedule for such death or disablement.

Item 8 – Permanent Partial Disablement

Permanent Total Disablement, is extended to include the following scale of benefits, referred to as **Permanent Partial Disablement**. The sum insured for each item below is payable as a percentage of the sum insured equivalent to the degree of **Permanent Partial Disablement**. The following table is the amount of benefit payable in respect of specific disabilities:

Loss by amputation or permanent total loss of use of: -

Item	Permanent Partial Disablement	
i	One thumb	£15,000
ii	One index finger	£10,000
iii	Any other finger	£5,000
iv	Permanent total loss of use of shoulder or elbow	£12,500
v	Permanent total loss of use of wrist	£12,500

Loss by amputation or permanent total loss of use of:

vi	One big toe	£7,500
vii	Any other toe	£3,000
vii	Permanent total loss of use of hip or knee or ankle	£11,000
viii	Removal of lower jaw by surgical operation	£15,000

Permanent total loss of use of:

ix	Back or spine below the neck with no damage to the spinal cord	£20,000
x	Neck or cervical spine with no damage to the spinal cord	£15,000

Conditions

1. If benefit is payable in respect of one **Insured Person** under more than one item as a result of one **Accident**, the total payable shall not exceed 50% of the sum insured for **Permanent Total Disablement** from Any & Every Occupation.
2. In the event of an **Insured Person** sustaining any permanent disability not noted above, the benefit payable shall be calculated by assessing the degree of disability relative to the above scale but without reference to the **Insured Person's** occupation.
3. If benefit is payable for loss of or loss of use of a whole member of the body then benefits for parts of that member cannot also be claimed.

Item 10 – Quadriplegia

We will only pay for any claim under Item 10 in the event that there is a valid claim under Item 8. The benefits payable in respect of Item 10 are payable in addition to Item 8.

Extensions to the Policy

The insurance provided by this Section is extended to include the following subject to all other terms, conditions, limitations and exceptions of this insurance.

Item 11 – Unplanned Hospital In-Patient Expenses

Cover

In the event of an **Insured Person** sustaining **Bodily Injury** during the **Operative Time** during the **Period of Insurance** which results in the **Insured Person** being immediately admitted to hospital as an in-patient for a continuous period of 24 hours or more, **We** will pay the **Insured Person** the amount stated in the Member schedule.

Exclusions applicable to Hospital In-Patient Expenses

We will not pay for any claim beyond the maximum number of nights as stated in the Member schedule.

Item 12 – Coma Benefit

Cover

In the event of the **Insured Person** being in a **Coma** which is a direct result of sustaining **Bodily Injury** during the **Operative Time** during the **Period of Insurance**, **We** will pay the **Insured Person** up to the amount stated in the Member schedule or part thereof.

Exclusions applicable to Coma Benefit

We will not pay for any claim beyond the Maximum Benefit Period as stated in the Member schedule..

Item 13 – On Duty Acquired HIV/AIDS/Hepatitis B

Cover

If an **Insured Person** during the course of their police duties suffers an **Accident** resulting in a needlestick injury or mucous membrane exposure to blood or blood stained body fluid that results in the **Insured Person** being diagnosed with HIV/AIDS virus or Hepatitis B, **We** shall pay to the **Insured Person** the amount stated in the Member schedule.

Conditions applicable to On Duty Acquired HIV/AIDS/Hepatitis B

1. The **Accident** involving such contact must have:
 - (a) occurred during the **Period of Insurance**, and
 - (b) been reported, documented and investigated in accordance with the Police Force's established procedures.
2. The documentation must evidence that the **Insured Person** had a negative blood test for HIV or HIV antibodies within 5 days of the **Accident** occurring.
3. The **Insured Person** must have a further blood test within 12 months of the **Accident** that shows the presence of HIV or antibodies to HIV.

Exclusions applicable to On Duty Acquired HIV/AIDS/Hepatitis B

We will not pay any claim for HIV infection resulting from any other means, including sexual activity or drug abuse.

Item 14 – Firearm Assault

Cover

In the event of an **Insured Person** sustaining **Bodily Injury** during the course of police related duties caused by the discharge of a firearm, crossbow or shotgun and as a consequence of the **Bodily Injury** sustained the **Insured Person** is unable to continue their pre assault duties for a period of at least 7 days immediately after the incident, **We** will pay to the **Insured Person** the amount stated in the Member schedule.

Item 15 – Stabbing Assault

Cover

In the event of an **Insured Person** sustaining **Bodily Injury** during the course of police related duties caused by stabbing with a sharp implement and as a consequence of the **Bodily Injury** sustained the **Insured Person** is unable to continue their pre assault duties for a period of at least 7 days immediately after the incident, **We** will pay to the **Insured Person** the amount stated in the Member schedule.

Item 16 – Court Award Compensation

Cover

In the event of an **Insured Person** who is a serving officer suffering an assault that results in the making of a restitution order in a UK court of law and that restitution remains unsatisfied for a period exceeding 6 calendar months, **We** will pay to the **Insured Person** up to the amount stated in the Member schedule.

Item 17 – Funeral Expenses

Cover

In the event of the **Accidental** death of an **Insured Person**, **We** will pay the **Insured Person's** estate up to the amount stated on the Member schedule for Funeral Expenses reasonably and necessarily incurred.

Item 18 – Rehabilitation Expenses

Cover

In the event of the **Insured Person** sustaining **Bodily Injury** which results in a valid claim under Items 3, 5 or 7 of the Member schedule, **We** will pay the **Insured Person** reasonable and necessary costs incurred in retraining the **Insured Person** for either, an alternative occupation or in order to improve their quality of life, up to the amount stated in the Member schedule.

Item 19 – Disability Allowance

Cover

In the event of the **Insured Person** sustaining **Bodily Injury** during the **Operative Time** during the **Period of Insurance** which results in a valid claim under any of Items 2 to 8 on the Member schedule, **We** will pay up to the sum insured stated in the Member schedule for any reasonable and necessary expenses incurred with **Our** prior written consent to make alterations to the **Insured Person's** home, car or usual place of work as a direct result of the **Bodily Injury** sustained.

Item 20 – Medical Expenses

Cover

We will pay the cost for **Medical Expenses** incurred following **Bodily Injury** during the **Operative Time** during the **Period of Insurance** which results in a valid claim under Items 9 of the Member schedule. **We** will pay this in addition as a percentage of the claim up to but not exceeding the sum insured stated in the Member schedule per **Insured Person**.

Exclusions applicable to Medical Expenses

We will not pay for any claim where the benefit payable is recoverable under any other Insurance that the **Insured Person** may have in force.

Item 21 – Dependant Childcare Cost

Cover

In the event of the **Insured Person** being notified within fifteen (15) days (irrespective of time) of their scheduled tour of duty or scheduled leave that there is to be a change in their schedule tour of duty or scheduled leave, **We** will pay up to the sum insured stated in the Member schedule for any reasonable and necessary expenses incurred for the services of a registered childcare provider subject to the Maximum Benefit stated in the Member schedule.

Conditions applicable to Dependant Childcare Cost

1. **We** will only pay the sum insured in respect of additional costs that would not otherwise have been incurred.
2. Receipts from a registered childcare provider/childminder, together with evidence of shift change must be submitted.

Item 22 – Unsociable Hours Benefit

Cover

In the event of a Serving Officer sustaining **Bodily Injury** or suffers sickness during the **Operative Time** during the **Period of Insurance** which results in the **Temporary Total Disablement** of the **Insured Person**, **We** will pay the amount stated in the Member schedule while the **Insured Person** is unable to work their **Unsociable Hours** that had been scheduled prior to the commencement of the disablement as recorded in Police Force records.

Conditions applicable to Unsociable Hours Benefit

1. The maximum benefit **We** will pay in respect of this extension is:
 - (a) Constables: £60 per week
 - (b) Sergeants: £75 per week
 - (c) Inspectors: £95 per week
 - (d) Chief Inspectors: £95 per week
2. **We** will not pay benefit for scheduled **Unsociable Hours** for the first 14 days of each period of disablement or the **Excess Period** stated in the Member schedule, whichever is the greater.
3. **We** will pay the amount stated in the Member schedule for up to a maximum of 8 weeks during a 24 week period.
4. Payment of any sum insured under this Item is subject to the **Insured Person** providing **Us** at the time of submitting a claim with written evidence from a qualified **Medical Practitioner** of the period of absence being claimed for.

Item 23 – Dental Injury & Emergency

Definitions

The following definitions shall apply to Item 15 of this **Policy**:

Contact Sports

Rugby, lacrosse, hockey, boxing, wrestling, ice hockey, karate, judo, kick boxing, and any sport where it is common practice to wear mouth protection.

Dental Call-Out

The necessity for a dentist

1. in the **United Kingdom** to re-open the practice between the hours of 18.00 hours and 08.00 hours on weekdays or at any time at weekends or bank holidays, or,
2. outside the **United Kingdom** to re-open the practice outside the practices normal business hours, to provide **Emergency Dental Treatment** or treatment in the event of **Dental Injury**.

Dental Injury(ies)

An injury to the teeth or supporting structures which is directly caused by an **Accident**. Cover includes damage to dentures while being worn which is directly caused suddenly and unexpectedly by means of a direct external impact.

Emergency Dental Treatment

Treatment, temporary or otherwise, provided at the initial emergency appointment urgently required for the relief of severe pain, arrest of haemorrhage, the control of acute infection or a condition which causes a severe threat to the **Insured Person's** general health. No cover will apply for subsequent treatment required after the initial emergency appointment.

Cover

Part 1 – Worldwide Dental Injury

We will pay the reasonable and necessary cost of dental treatment and dental prescription charges incurred by the **Insured Person** in connection with a **Dental Injury** during the **Period of Insurance** up to the sum insured stated in the Member schedule per **Dental Injury**.

Conditions Applicable to Part 1

1. The maximum benefit **We** will pay in respect of any one **Accident** is the sum insured stated in the Member schedule.
2. A maximum of four claims for separate **Dental Injuries** per **Insured Person** may be submitted within the **Period of Insurance**.
3. **We** shall only pay a benefit in respect of treatments commencing within 183 days of the date of the **Accident** causing the **Dental Injury**.
4. The maximum benefit **We** will pay per **Insured Person** in any one **Period of Insurance** is £10,000.
5. No benefit will be payable for treatment received after 2 years from the date of the **Accident** causing the **Dental Injury**.

Part 2 – Worldwide Emergency Dental Treatment

We will pay the reasonable and necessary cost of **Emergency Dental Treatment** including prescription charges incurred:

1. in the **United Kingdom** up to the sum insured stated in the Member schedule per incident
2. outside the **United Kingdom** up to the sum insured stated in the Member schedule per incident.

Conditions Applicable to Part 2

1. A maximum of four claims for separate **Emergency Dental Treatment** incidents in the **United Kingdom** per **Insured Person** may be submitted within the **Period of Insurance**.
2. The maximum benefit **We** will pay per **Insured Person** in any one **Period of Insurance** for **Emergency Dental Treatment** incidents in the **United Kingdom** is £800
3. A maximum of two claims for separate **Emergency Dental Treatment** incidents outside the **United Kingdom** per **Insured Person** may be submitted within the **Period of Insurance**.
4. The maximum benefit **We** will pay per **Insured Person** in any one **Period of Insurance** for **Emergency Dental Treatment** incidents outside the **United Kingdom** is £800.

Part 3 – Dentist Call-Out Fees

We will pay up to the sum insured stated in the Member schedule for an emergency **Dental Call-Out**.

Conditions Applicable to Part 3

1. A maximum of two claims for separate **Dental Call-Out** incidents per **Insured Person** may be submitted within the **Period of Insurance**.

Exclusions applicable to Dental Injury & Emergency

The following exclusions apply and should be read in conjunction with the General Policy Exclusions applying to the whole **Policy**.

We will not pay for any claim:

1. In respect of damage caused by toothbrushing or other hygiene procedures.
2. Arising from injury caused:
 - (a) by the consumption of food, including foreign bodies contained within food.
 - (b) whilst training or participating in Contact Sports unless **You** were wearing an appropriate sports mouthguard at the time of sustaining the injury.

3. For the treatment, care or repair of teeth, gums, mouth or tongue in connection with “mouth jewellery” of any kind.
4. Treatment that is not deemed to be clinically necessary.
5. Cosmetic treatment.
6. For costs recovered or recoverable under any other insurance policies or that would be covered under the NHS.
7. For costs incurred for travelling expenses and telephone calls.

Conditions Applicable to Section A (See also General Conditions)

The following conditions apply and should be read in conjunction with the General Conditions applying to the whole of this insurance:

1. **We** will not pay for more than one of the benefits covered under Items 1–8 in respect of the same **Accident**.
2. Any benefits payable under Item 9 shall cease upon:
 - (a) The expiry of the **Benefit Period** as stated in the Member schedule.
 - (b) The death of the **Insured Person**.
 - (c) The date the **Insured Person** ceases to fulfil the definition of **Temporary Total Disablement**.
 - (d) The retirement of the **Insured Person**.
 - (e) The date the **Insured Person** returns to duties or their usual occupation.
 - (f) Termination of employment of the **Insured Person**.
 - (g) The **Insured Person** declining any reasonable recuperative duties.
3. The sum insured provided under Item 9, **Temporary Total Disablement**, shall be the sum insured stated in the Member schedule.
4. The sum insured under Item 9 shall be payable in arrears at 4 weekly intervals after the expiry of the **Excess Period**.
5. **We** will not pay for more than one of the benefits covered under Items 11 and 12 in respect of the same **Accident**.

Exclusions Applicable to Section A (See also General Exclusions)

We will not pay for any claim:

1. Arising from or attributable to illness or natural cause.

Section B: Sick Pay

Definitions Applicable to Section B

Illness

A disease or sickness of the **Insured Person** which during the **Period of Insurance** results in the **Insured Person** being placed on half pay, nil pay or reduced pay which:

1. in the case of a Serving Police Officer shall be in accordance with Regulation 28 of the Police Pay Regulations
2. in the case of a Police Staff Employee shall be in accordance with the terms and conditions of their employment.

Sick Pay

A benefit payable to an **Insured Person** who sustains bodily injury or suffers **Illness** which is the sole cause of their **Temporary Total Disablement** and that results in the **Insured Person** being placed on half pay, nil pay or reduced pay which:

1. in the case of a Serving Police Officer shall be in accordance with Regulation 28 of the Police Pay Regulations
2. in the case of a Police Staff Employee shall be in accordance with the terms and conditions of their employment.

What is Covered

If an **Insured Person** qualifies for **Sick Pay** during the **Period of Insurance**, **We** will pay the sum insured as stated on the Member schedule for such disablement once the **Qualifying Period** has been met.

Conditions Applicable to Section B (See also General Conditions)

The following conditions apply and should be read in conjunction with the General Conditions applying to the whole of this insurance:

1. Any benefits payable under Item 1 shall cease upon:
 - (a) The expiry of the **Benefit Period** as stated in the Member schedule.
 - (b) The death of the **Insured Person**.
 - (c) The date the **Insured Person** returns to duties.
 - (d) The retirement of the **Insured Person**.
 - (e) Termination of employment of the **Insured Person**.
 - (f) The **Insured Person** declining any reasonable recuperative duties.
2. The sum insured provided under Item 1, **Sick Pay**, shall be the sum insured stated on the Member schedule or up to a maximum of 100% of the **Insured Person's Gross Weekly Wage**, whichever is the lesser amount.
3. The sum insured under Item 1 shall be payable in arrears at 4 weekly intervals after the expiry of the **Qualifying Period**.
4. In the event that an **Insured Person** has their pay reinstated, any benefit already paid must be repaid in full to **Us**.
5. At the expiry of the **Benefit Period** any subsequent claim under Section B for the **Insured Person** shall be subject to a further **Qualifying Period**.

Exclusions Applicable to Section B (See also General Exclusions)

We will not pay for any claim:

1. In respect of Item 1, **We** shall not pay any claim for any expenses incurred for longer than the **Benefit Period** as noted under Item 1 in the Member schedule or 183 days, whichever is the less.
2. Any period of **Sick Pay** when the commencement date of the reduction to half pay is outside the **Period of Insurance**.

Complaints Procedure

We're Here to Help

If you are dissatisfied with our services, please reach out to us. At Liberty Specialty Markets, we take complaints very seriously and are committed to addressing them fairly and efficiently. We aim to thoroughly investigate all issues raised and resolve them satisfactorily whenever possible.

Questions or Concerns?

For any questions or concerns regarding your policy or the handling of a claim, please contact your broker, intermediary, or retail agent first.

How to Make a Complaint

If you wish to file a complaint, you can do so either in writing or by phone using the contact details below:

Customer Outcomes Manager
Liberty Specialty Markets
20 Fenchurch Street
London, EC3M 3AW
United Kingdom

Phone: +44 (0)20 3758 0840
Email: complaints@libertyglobalgroup.com

To expedite the process, please include the following information when submitting your complaint:

- Policy number
- The name of the person or company from whom you purchased your insurance
- A copy of the Insured Persons' Schedule
- A summary of your complaint, including who you feel is responsible

Once we receive your complaint, we will acknowledge it in writing and provide a timeline for resolution.

We are committed to helping our customers as much as possible. If there are any specific circumstances or requirements that you think we should know about, such as a disability, financial hardship, bereavement – or anything else, then please let us know.

Additional Information for Lloyd's Policies

If your policy is, or you believe it to be, underwritten at Lloyd's, please refer to the section titled "Lloyd's Policies Only" below for more information that may assist you in the complaints process.

If You're Still Dissatisfied

If you remain dissatisfied with our response to your complaint or if our investigation takes longer than eight weeks, you may have the right to refer your complaint to the Financial Ombudsman Service using the details below:

Financial Ombudsman Service
Exchange Tower
Harbour Exchange Square
London E14 9SR

Phone: 0800 023 4567 or 0300 123 9123
Email: complaint.info@financial-ombudsman.org.uk
Website: www.financial-ombudsman.org.uk

If you are not based in the UK and wish to escalate your complaint to your local dispute resolution service, please contact your broker for guidance on which organization can assist you.

Lloyd's Policies Only

As your policy is underwritten at Lloyd's, you may also contact the Lloyd's Complaints Team at any time:

Complaints
Lloyd's Market Services
One Lime Street
London EC3M 7HA
United Kingdom

Phone: +44 (0)20 7327 5693

Email: complaints@lloyds.com

Website: www.lloyds.com/complaints

The Lloyd's Complaints Team can act as a first point of contact and can also re-evaluate your complaint if you are not satisfied with our decision. If your policy is underwritten at Lloyd's, you may need to ask them to evaluate your complaint before referring it to the Financial Ombudsman Service.

For detailed procedures regarding complaints at Lloyd's, please refer to the leaflet titled "Your Complaint – How We Can Help," which is available at www.lloyds.com/complaints. If you remain dissatisfied after Lloyd's has considered your complaint, you may have the right to refer it to the [Financial Ombudsman Service](#).

Financial Services Compensation Scheme (FSCS)

We are covered by the Financial Services Compensation Scheme (FSCS). **You** or an **Insured Person** may be entitled to compensation from the scheme if **We** cannot meet **Our** obligations. This depends on the type of business and circumstances of the claim. Most insurance contracts are covered for 90% of the claim with no upper limit.

Further information is available from the FSCS or by visiting their website at www.fscs.org.uk

Contact Details:

Telephone: 0800 678 1100 or +44 (0)20 7741 4100 (Lines are open Monday to Friday 08.30 to 17.00 excluding public holidays).

Address: PO Box 300, Mitcheldean, GL17 1DY

Privacy Notice

How Liberty Uses Your Personal Data

Liberty takes the protection of your personal data seriously and is committed to protecting your privacy. In this notice, your data refers to **You** and any **Member**.

There are a number of different companies within our group. The specific company which acts as the "data controller" of your personal data will be the organisation providing your policy as set out in the documentation that is provided to you.

If you are unsure you can also contact Liberty at any time:

a) by emailing us at dataprotectionofficer@libertyglobalgroup.com, or

b) by post at Data Protection Officer, Liberty Specialty Markets, 20 Fenchurch Street, London EC3M 3AW, UK.

Where you provide Liberty or your agent or broker with details about another person or persons, you must provide this notice to that person or persons.

For Liberty to deliver insurance services, deal with any claims or complaints that might arise and prevent and detect fraud, Liberty need to collect and process personal data. The type of personal data that collected will depend on Liberty's relationship with you: for example as a policyholder, third party claimant or witness to an incident. Your information will also be used for business and management activities such as financial management and analysis. This may involve sharing your information with, and obtaining information about you from, our group companies and third parties such as brokers, credit reference agencies, reinsurers, claims handlers and loss adjusters, professional advisors, our regulators, or fraud prevention agencies. Liberty also collect personal data about our suppliers and business partners (such as brokers) for the purposes of business management and relationship development.

Please see the full privacy notice available at www.libertyspecialtymarkets.com/privacy-and-cookies for further information on how your personal data is used and the rights that you have in relation to the personal data Liberty hold about you.

Please contact Liberty using the details above if you wish to see the privacy notice in hard copy.

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