



Policy Schedule

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

PLON99/0096496

The Insured	<input type="checkbox"/> BRITISH AIKIDO BOARD AFFILIATED CLUBS AND AFFILIATED ASSOCIATIONS
Address	6 HALKINGCROFT, LANGLEY SLOUGH SL3 7AT UNITED KINGDOM
Broker	ENDSLEIGH INSURANCES (BROKERS) LIMITED
Brokers Address	HADLEY HOUSE, SHURDINGTON RD CHELTENHAM GL51 4UE UNITED KINGDOM
Sport / Activities	MARTIAL ARTS
Teams / Members	13 ASSOCIATIONS 75 CLUBS 200 INSTRUCTORS 600 MEMBERS CONSISTS OF ADULTS 300 MEMBERS CONSISTS OF JUNIORS
Period of Insurance	From 15/08/2020 to 14/08/2021. Both days inclusive and any subsequent period for which the insured shall have paid and The Underwriter(s) shall have accepted the new premium

UNDERWRITTEN BY Sportscover Europe Ltd on behalf of Allianz Global Corporate & Specialty SE under contract number GBT00020020

Section	Limit of Indemnity	Excess
PUBLIC & PRODUCTS LIABILITY:	£10,000,000 any one Occurrence, but limited to £10,000,000 in the aggregate in respect of Products Liability	£250
EMPLOYERS LIABILITY:	£10,000,000 any one Occurrence	£NIL
PROFESSIONAL INDEMNITY:	£10,000,000 any one Claim, limited to £10,000,000 in the aggregate	£NIL
Retroactive Date:	15/08/2020	

POLICY CONDITIONS

These are conditions of the insurance that You need to meet as part of this contract. If You do not meet these conditions, the Insurer may need to reject a claim payment or a claim payment may be reduced.

ABUSE EXTENSION

Retroactive Date: Limit of indemnity:

A. **15/08/2020** A. **£2,000,000**
any one claim and in the aggregate

B. B. C. C.

Excess £1,000 each and every claim

This Extension is on a claims made basis. It only covers claims made **You** and notified to the **Insurer** during the **Period of Insurance**.

Operative Clause

Subject to the terms, conditions, definitions and exclusions of this **Policy** (other than as amended by this Extension), despite Exclusions (what is not covered): the **Insurer** agrees to **Indemnify You** against:

- a) all sums which **You** become legally liable to pay as damages and claimant costs and expenses arising out of **Claims** first made against **You** and notified in writing to the **Insurer** during the **Period of Insurance**.
- b) all costs, fees and expenses incurred by **You**, with the **Insurers** written consent, in the defence or settlement of **Claims** first made against **You** under paragraph a) above; resulting from **Abuse or Molestation** or attempted **Abuse or Molestation** committed or alleged to have been committed after the applicable **Retroactive Date**, provided that the **Insurer** liability will not exceed:
 - i. the applicable Limit of indemnity stated in this Extension in respect of the applicable **Retroactive Date**; but not
 - ii. Limit of indemnity as stated in this Extension in respect of the aggregate of all claims first made against **You** and notified in writing to the **Insurer** during the **Period of Insurance** irrespective of **Retroactive Dates**.

Limitation

In respect of **Abuse or Molestation** or attempted **Abuse or Molestation** committed or alleged to have been committed after Retroactive Date; which is not proven to have continued beyond Retroactive Date ; the **Insurer** will **Indemnify You** against all costs, fees and expenses incurred by **You**, with the **Insurers** written consent, in the defence or settlement of **Claims** first made against **You** and notified in writing to the **Insurer** during the **Period of Insurance**, but the **Insurer** will not **Indemnify You** against damages and claimant costs and expenses.

Definitions

Abuse or Molestation means:

- a) any physical, mental or emotional abuse including but not limited to harassment or bullying, voyeurism, invasion of privacy, mistreatment or maltreatment, neglect, any act of a sexual nature or any act undertaken with a sexual motive, or;
- b) any situation where **You** had a responsibility (either explicit or implied) for the welfare and well-being (physical, mental and/or emotional) of a victim and were in breach of that duty to protect those in **Your** care either through negligence or vicariously for the acts and/or omissions of **Your Employees, Members or Volunteers**.

Abuse does not include:

- i. medical and/or physiotherapy and/or nursing malpractice or any error or omission in the provision medical and/or physiotherapy and/or nursing care or treatment.

Abuse which commenced or is alleged to have commenced after:

- a) Retroactive Date and which is proven to have continued beyond:
 - i. Retroactive Date but ceased before Retroactive Date will be treated as having commenced after Retroactive Date and will be subject to Limit of indemnity
 - ii. Retroactive Date will be treated as having commenced after Retroactive Date and will be subject to Limit of indemnity
 - b) Retroactive Date and which is proven to have continued beyond Retroactive Date will be treated as having commenced after Retroactive Date and will be subject to Limit of indemnity

Abuser means the individual who committed or is alleged to have committed any **Abuse** or attempt at **Abuse**.

Exclusions

The Insurer will not:

1. **Indemnify You** for any liability for which **You** are entitled to **indemnity** under any other insurance.
2. **Indemnify You** for any liability arising from **Abuse** or attempt at **Abuse** which occurred or is alleged to have occurred before the applicable **Retroactive Date** specified in this Extension.
3. **Indemnify You** for any liability arising from any facts and/or circumstances, of which **You** had become aware before the commencement of the **Period of Insurance**, which a reasonable person in **Your** position would have considered as facts and/or circumstances which may give rise to a **Claim** or **Claims** under this **Policy**.
4. **Indemnify** any **Abuser**.

5. **Indemnify You** against.
 - a) any fines or penalties or the costs of defending criminal proceedings
 - b) punitive, exemplary, aggravated and/or multiple damages.
6. **Indemnify You** for any liability arising out of any failure to comply with procedural guidelines established by **You** concerning **Abuse**.
7. **Indemnify** any person who has or has been alleged to have:
 - a) authorised or permitted **Abuse**;
 - b) disregarded knowledge of **Abuse**;
 - c) had actual or constructive knowledge of **Abuse** and failed to notify a person with specific responsibility for the protection of children or vulnerable adults from **Abuse**;
 - d) aided or contributed to or supported **Abuse**; or
 - e) intentionally or wilfully failed to comply with any procedure, regulation or licence designed to protect children or vulnerable adults from **Abuse**.

Conditions

1. **You** must bear the Excess (inclusive of costs and expenses in the defence or settlement of each claim) stated in this Extension
2. For the purpose of determining the Excess applicable to any **Indemnity** provided under this Extension, it is expressly agreed that all acts of **Abuse** or attempt(s) at **Abuse** suffered by any individual bringing a claim against **You** will be deemed to have arisen out of one originating cause. If there is more than one victim of **Abuse** by the same **Abuser(s)**:
 - a) claims brought against **You** by each individual who suffered **Abuse** or attempt(s) at **Abuse** by the same **Abuser(s)** will be treated as separate claims and be deemed to have arisen out of separate original causes; but
 - b) all acts of **Abuse** or attempt(s) at **Abuse** by the same **Abuser(s)** suffered by any individual bringing a claim against **You** will be deemed to have arisen out of one originating cause.
3. You must give notice in writing to the **Insurer** as soon as is reasonably practicable after becoming aware of any circumstances that may give rise to a **Claim** or **Claims**. Please see How to make a claim on page 25 of this **Policy**.

The following are conditions of this insurance that **You** need to meet as **Your** part of this contract. If **You** do not meet these conditions, the **Insurer** may reject a claim payment or a claim payment could be reduced. In some circumstances **Your** insurance may not be valid.

4. **You** must ensure that **You, Your Employees, Members** and anyone acting under **Your** control in the course of **Your Business** comply with all statutory legislation and requirements for dealing with children and vulnerable adults.
5. **You** must provide a written claims declaration to the **Insurer** upon each renewal negotiation of the **Policy**.
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 - b) aided or contributed to or supported **Abuse**; or
 - c) intentionally or wilfully failed to comply with any procedure, regulation or licence designed to protect children or vulnerable adults from **Abuse**.

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SUB-CONTRACTORS CONDITION

All sub contractors engaged by You shall have in force and effect Public Liability Insurance for third party Bodily Injury or Damage to Property with a minimum limit of indemnity limit of &#pound;5,000,000 throughout the duration of their contract with You.

You shall undertake to obtain and retain documentary evidence of the said Insurances, prior to the commencement of any contract.

COACHING CONDITION

In respect of sports coaching; all coaches must be suitably qualified to coach the sport in question in accordance with the relevant recognised national governing body requirements, or where such a formal qualification does not exist, coaches must possess a minimum of three years; practical coaching experience for the sport in question.

COMMUNICABLE DISEASE EXCLUSION

This exclusion is applicable to the Public & Products Liability Section only.

It is understood and agreed that this Policy does not cover any loss caused directly or indirectly, contributed to, by, or attributable to a Communicable Disease or fear or threat of a Communicable Disease.

Communicable Disease means any disease capable of being transmitted from an infected person or species to a susceptible host, either directly or indirectly.

NOTED

Minimum & Deposit Premium. Policy to be adjusted as per End of Year Declaration.

Issued subject to the terms of the attached Policy Wording and signed by the authorised Representative of Sportscover Europe on behalf of the Underwriter/s detailed above.

PL Premium
EL Premium
Combined Premium
IPT
Underwriter Fee

SIGNATURE

22/09/2020
DATE

Total



Printed by: T.W.