

**THE WELSH RUGBY UNION LIMITED
&/OR PRINCIPALITY STADIUM LIMITED**



**Group Personal Accident Policy
Policy Number 100741528GPA**

Community Game

Policy Wording 2024/245

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Introduction

Welcome to Aviva. **We** are committed to providing a first-class service. Aviva is the UK's largest insurer with over 200 years' experience in the insurance industry.

This Personal Accident insurance policy sets out the insurance protection in detail.

Your premium has been calculated on the basis of the extent of cover **You** have selected which is specified in the Schedule, the information **You** have provided and the declaration **You** have made. Please read the policy and the Schedule carefully to ensure that the cover meets the requirements of the **Insured Person(s)** and **You**.

Please contact **Your** insurance adviser if **You** have any questions or if **You** wish to make adjustments.

This policy consists of individual sections. **You** should read this policy in conjunction with the Schedule which confirms the sections **You** are insured under and gives precise details of the extent of **Your** insurance protection.

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The Contract of Insurance

The policy, the information the **Insured Person** or **You** have provided and/or the application form, the declaration made by **You** and the Schedule should be read together and form the contract of insurance between **You**, the **Policyholder** and **Us**, Aviva.

In return for the **Insured Person** or **You** having paid or agreed to pay the premium for the **Period of Insurance**, **We** will indemnify the **Insured Person** by payment or, at **Our** option, by reinstatement or repair, in respect of loss, liability, destruction, damage, accident or injury, to the extent of and subject to the terms contained in or endorsed on the policy.

Important

This policy is a legal contract. **You** must tell **Us** about any facts or changes which affect this insurance and which have occurred either since the policy started or since the last renewal date.

If **You** are not sure whether certain facts are relevant, please ask **Your** insurance adviser or local Aviva office. If **You** do not tell **Us** about relevant changes, the policy may not be valid or the policy may not cover the **Insured Person(s)** fully.

You should keep a written record (including copies of letters) of any information **You** give **Us** or **Your** insurance adviser when **You** renew this policy.

Important Information

Choice of Law

The appropriate law as set out below will apply unless **We** agree with **You** otherwise.

1. The law applying in that part of the United Kingdom, Channel Islands or Isle of Man in which **You** normally live
or
2. In the case of a business, the law applying in that part of the United Kingdom, Channel Islands or Isle of Man where **You** have **Your** principal place of business
or
3. Should neither of the above be applicable, the law of England and Wales.

Financial Services Compensation Scheme

We are members of the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from this scheme if **We** cannot meet **Our** obligations, depending on the type of insurance and the circumstances of **Your** claim.

Further information about the scheme is available from the FSCS website www.fscs.org.uk, or write to

Financial Services Compensation Scheme
7th floor Lloyds Chambers
Portsoken Street
London
E1 8BN

Use of Language

Unless otherwise agreed, the contractual terms and conditions and other information relating to this contract will be in English.

Customers with Disabilities

This policy and associated documentation are available in large print, audio and Braille. If **You** require any of these formats, please contact **Your** insurance adviser.

Important Information

Data Protection Act – Information Uses

For the purposes of the Data Protection Act 1998, the Data Controllers in relation to any personal data **You** supply is Aviva Insurance Limited.

Insurance Administration

Information **You** or the **Insured Person** supplied may be used for the purposes of insurance administration by **Us**, its associated companies and agents, by reinsurers and **Your** intermediary. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing of **Our** compliance with any regulatory rules/codes. **Your** and the **Insured Person(s)** information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. In assessing any claims made, **We** or **Our** agents may undertake checks against publicly available information (such as electoral roll, county court judgements, bankruptcy orders or repossessions). Information may also be shared with other insurers either directly or via those acting for the **Us** (such as loss adjusters or investigators).

With limited exceptions, and on payment of the appropriate fee, **You** or the **Insured Person** have the right to access and if necessary rectify information held.

Sensitive Data

In order to assess the terms of the insurance contract or administer claims that arise, **We** may need to collect data that the Data Protection Act defines as sensitive (such as medical history or criminal convictions). By proceeding with this application **You** will signify **Your** consent to such information being processed by **Us** or its agents. **You** must also ensure that **You** make this fact known to the **Insured Person(s)** and obtain their consent to pass this information to **Us** for these purposes.

Fraud Prevention and Detection

In order to prevent and detect fraud **We** may at any time:

- Share information about **You** or the **Insured Person(s)** with other organisations and public bodies including the Police;
- Check and/or file **Your** or the **Insured Person(s)** details with fraud prevention agencies and databases, and if **You** or the **Insured Person** give **Us** false or inaccurate information and **We** suspect fraud, **We** will record this. **We** and other organisations may also search these agencies and databases to:
 - Help make decisions about the provision and administration of insurance, credit and related services for **You** or the **Insured Person** and members of **Your** or their household;
 - Trace debtors or beneficiaries, recover debt, prevent fraud and to manage **Your** or the **Insured Person(s)** accounts or insurance policies;
 - Check **Your** or the **Insured Person(s)** identity to prevent money laundering, unless **You** or the **Insured Person(s)** furnish **Us** with other satisfactory proof of identity;
- Undertake credit searches and additional fraud searches.

We can supply on request further details of the databases **We** access or contribute to.

Complaints Procedure

Our promise of Service

Our goal is to give excellent service to all **Our** customers but **We** recognise that things do go wrong occasionally. **We** take all complaints we receive seriously and aim to resolve all **Our** customers' problems promptly. To ensure that **We** provide the kind of service **You** expect **We** welcome **Your** feedback. We will record and analyse **Your** comments to make sure **We** continually improve the service **We** offer

What will happen if **You** complain?

- **We** will acknowledge **Your** complaint promptly.
- **We** aim to resolve all complaints as quickly as possible.

Most of **Our** customers' concerns can be resolved quickly but occasionally more detailed enquiries are needed. If this is likely, **We** will contact **You** with an update within 10 working days of receipt and give **You** an expected date of response.

What to do if **You** are unhappy

If **You** are unhappy with any aspect of the handling of **Your** insurance **We** would encourage **You**, in the first instance, to seek resolution by contacting **Your** Insurance advisor

If **You** are unhappy with the outcome of **Your** complaint **You** may refer the matter to the Financial Ombudsman Service (FOS) at:

The Financial Ombudsman Service

Exchange Tower
Exchange Square
London
E14 9SR

Telephone:
0800 023 4567
0300 123 9123

Or simply log on to their website at www.financial-ombudsman.org.uk.

Whilst **We** are bound by the decision of the Financial Ombudsman Service **You** are not. Following the complaints procedure does not affect **Your** right to take legal action.

Contact details for claims and help

Services

As an Aviva customer, the **Insured Person(s)** can access additional services To help them at a time of need. For **Our** joint protection telephone calls may be recorded and/or monitored.

Claims Service

0800 051 6583

Postal Address:

Aviva Insurance,
4th Floor,
The Observatory,
Chapel Walks,
Manchester
M2 1HL

Tel 0161-931-8486
Fax 0161-931-8024

Email Mailbox: gpaclaims@aviva.co.uk

Our line operates 9am to 5pm, Monday to Friday.

Please have your policy number to hand when calling. For **Our** joint protection telephone calls may be recorded and/or monitored. When **We** know about the problem, **We** will start to put the solutions in place.

Policy Definitions

Each time **We** use one of the words or phrases listed below, it will have the same meaning wherever it appears in the policy, **Schedule** or endorsements. A defined word or phrase will appear **bold** each time it appears.

Accident/Accidental

A sudden external unforeseen and identifiable event

Accidental Bodily Injury

Accidental Bodily Injury caused by **Accidental** and or violent means which solely and independently of any other cause (except illness directly resulting from medical or surgical treatment rendered necessary as a result of such injury) occasions the death or disablement of the **Insured Person** within 24 months from the date of the **Accident** by which such injury is caused and shall include Bodily Injury as a result of unavoidable **Exposure** to the elements

Benefit Period

The total period, after the expiry of any **Excess Period** stated in the Schedule, for which **We** will pay benefits for Temporary Total Disablement in respect of any one **Accident** to any **Insured Person**.

Capital Sums

Capital Sums benefits shall include **Loss of Hearing**, Loss of Limb, Loss of Sight, **Loss of Speech**, and Permanent Total Disablement.

Dependant Children

The spouse/partner/offspring or legally adopted children of the claimant living at the same address who are no older than 18 years of age or no older than 23 years of age if in full time education at the time of the **Accidental Bodily Injury** giving rise to a loss

Excess Period

The number of calendar days at the commencement of each and every period of Temporary Total Disablement for which benefit is not payable.

Exposure

Death and/or injury to an **Insured Person** as a direct result of Exposure to the elements shall be deemed to have been caused by **Accidental Bodily Injury**.

Gross Salary

The Insured Person's basic annual salary paid by their Primary Employer at the date of the **Accident** prior to all deductions excluding overtime bonuses match fees and expenses including wage increases during the period of a claim

Hospital

Any establishment which is registered or licensed as a full time facility for surgical and medical diagnosis and treatment of injured and sick persons by and under the supervision of a **Qualified Medical Practitioner** continuously providing a 24 hours a day nursing service supervised by State Registered Nurses or nurses with equivalent qualifications and is not primarily a mental institution or a place of rest for the aged, for drug addicts or alcoholics.

Hospitalisation

The **Insured Person** being admitted to any **Hospital** as a result of **Accidental Bodily Injury** during the Operative Time as an in-patient on the recommendation of the Insured Person's own General Practitioner or an appropriate Doctor attached to the **Hospital**

Insured Club

Insured Club shall mean any member club of the Welsh Rugby Union

Insured Person(s)

Any person or category of persons shown in the Schedule.

Insured Team

An Insured Team will be deemed to comprise not more than 15 players 7 replacement players, 1 touch judge, 1 trainer and 1 coach.

Loss of Hearing

Total and permanent Loss of Hearing in one or both ears to the extent that the hearing loss is greater than 95 decibels across all frequencies using a pure tone audiogram.

Loss of Limb

Shall mean in respect of

- (1) an arm – physical severance of all four fingers at or above the metacarpal phalangeal joints (where the fingers join the palm of the hand) and/or
 - (2) a leg – physical severance at or above the level of the ankle (talo-tibial joint)
- and shall also mean permanent total loss of use of an entire hand or arm at or above the metacarpal phalangeal joints (where the fingers join the palm of the hand), or leg at or above the level of the ankle (talo-tibial joint).

Loss of Sight / Eyes

Loss of Sight shall mean total and permanent Loss of Sight,

which shall be deemed to have occurred

- (1) in both eyes when the **Insured Person(s)** name has been added to the register of Blind Persons on the authority of a fully qualified ophthalmic specialist.
- (2) in one eye when the degree of sight remaining after correction is 3/60 or less on the Snellen Scale (which means the **Insured Person** is only able to see at 3 feet that which they should normally be able to see at 60 feet) and **We** are satisfied that the condition is permanent and without expectation of recovery.

Loss of Speech

Total and permanent Loss of Speech.

Operative Time

The period of time for which **We** will cover the Insured Person as specified in the Schedule.

Paraplegia

The total and permanent paralysis of both lower limbs, bladder and rectum as a result of **Accidental Bodily Injury**, which in all probability shall continue for the remainder of the Insured Person's life. The term Paraplegic shall be interpreted accordingly.

Hemiplegia

The total and permanent paralysis of one side of the body as a result of **Accidental Bodily Injury**, which in all probability shall continue for the remainder of the **Insured Person's** life. The term **Hemiplegic** shall be interpreted accordingly.

Quadriplegia or Tetraplegia

The total and permanent paralysis of all four limbs and torso as a result of **Accidental Bodily Injury**, which in all probability shall continue for the remainder of the **Insured Person's** life. The term **Quadriplegic or Tetraplegic** shall be interpreted accordingly.

Period of Insurance

From the effective date until the expiry date shown in the Schedule and any subsequent period for which **We** accept payment for renewal of this policy.

Permanent Total Disablement (Any and Every Occupation)

Means irrecoverable disablement arising from Bodily Injury during the **Period of Insurance** caused by an **Accident** which permanently and totally incapacitates the **Insured Person** from carrying out at least three of the following activities of daily living

Transfer and Mobility - The ability to move from one room to an adjoining room or from one side of a room to another or to get in and out of a bed or chair

Dressing - Putting on and taking off all necessary items of clothing

Toileting - Means getting to and from the toilet transferring on and off the toilet and associated personal hygiene

Eating - All tasks of getting food into the body once it has been prepared

And that as a result of the Bodily Injury the **Insured Person** is medically determined to have no likely hope of improvement sufficient to carrying out at least three of the previously described activities of daily living

Policyholder/You/Yours

Welsh Rugby Union for and on behalf of the Insured Persons

Qualified Medical Practitioner

A doctor or specialist who is registered or licensed to practise medicine under the laws of the country they practise in other than an **Insured Person**, Insured Person's partner, a member of the immediate family of the **Policyholder** or **Insured Person** or an employee of the **Policyholder**

Scratch Team

A team from a club who are affiliated to the Insured comprising of players from more than one club who are members and non members of the Welsh Rugby Union coming together to play under the auspices of the club for a one off match

Temporary Total Disablement

Disablement which entirely prevents the **Insured Person** from engaging in or attending to their Usual Occupation.

Territorial Limits

Worldwide

The Schedule

The document which specifies details of the **Policyholder**, **Insured Person(s)** and **Operative Time**, Endorsements and Conditions applying to the policy.

Travel

Travel shall mean travel to and from matches organised practices and/or training sessions which shall mean at any time after setting out from the Insured Person's residence on the journey until arrival at the ground where the match practice or training session is to take place and any time after leaving the ground following such match practice or training session until arrival back at the Insured Person's residence providing the return journey is direct to the Insured Person's residence.

Travel shall be further interpreted to mean direct journey both geographically and in terms of time and shall not include stops or visits en route which are not considered by the Company to be necessary to the usual journey.

Travelling shall be interpreted accordingly.

In respect of all Categories of Insured Persons Travel shall be extended to include whilst at properly organised sightseeing or after match gatherings as part of an **Insured Club**.

War

War, invasion, act of a foreign enemy, hostilities or a warlike operation or operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power.

Weekly Salary

The average gross weekly wage normally paid to the **Insured Person** as a wage or salary for services (excluding overtime, commission or bonus payments) prior to all deductions paid in the 12 week period (or any shorter period if the **Insured Person** has been employed for less than 12 weeks) before the date of commencement of the period of Temporary Total Disablement

We/Us/Our/The Company

Aviva Insurance Limited.

You/Your/Policyholder

The persons companies partnerships or unincorporated associations, named in the Schedule as the **Policyholder**

Personal Accident Section

Cover

We will pay the sum insured shown in the Schedule In the event of the **Insured Person** sustaining **Accidental Bodily Injury** during the **Period of Insurance** and during the **Operative Time** of Cover, within the Territorial Limits which within 24 months of the date of the **Accident** solely directly and independently of any other cause results in any of the benefits listed below

- **Accidental Death**
- **Permanent Total Disablement (Usual Occupation)**
- **Permanent Total Disablement (Any and Every Occupation)**
- **Temporary Total Disablement**
- **Hospitalisation**
- **Paraplegia**
- **Hemiplegia**
- **Quadriplegia or Tetraplegia**

The amount payable to the **Insured Person** shall be the amount as stated in the Schedule for that category of **Insured Person**.

Extensions

The following Extensions are applicable to Categories
A B D H I & J

ON FIELD DENTAL TRAUMA - EMERGENCY EXPENSES

If an Insured Person suffers a direct external blow causing damage to their teeth or supporting structures on the field of play We will pay a maximum of £100 towards essential emergency dental treatment incurred within 48 hours of the injury.

DEPENDANT CHILDREN BENEFIT

In the event of an **Accidental** Death claim We will pay to the Insured Persons representative £10,000 for each Dependant Child up to a maximum of £30,000 any one claim

COMA EXPENSES

In the event that an **Insured Person** sustains **Accidental Bodily Injury** during the **Operative Time** of Cover which results in a continuous unconscious state We will pay You on behalf of the **Insured Person** an additional sum of £100 per day for each complete day of continuous unconsciousness up to a maximum of 180 days.

FUNERAL EXPENSES

In the event of the **Accidental** death of the **Insured Person** during the **Operative Time** of Cover and the payment of a death benefit under this policy We will indemnify the Insured Person's estate for the reasonable costs of a funeral up to a maximum payment of £5,000

REHABILITATION & RETRAINING

In the event of a valid claim being paid for Permanent Total Disablement (Any and Every Occupation) and/or Paraplegia, Hemiplegia, Tetraplegia and/or Quadriplegia, during the **Operative Time** of Cover We will indemnify You for all reasonable expenses incurred in retraining the **Insured Person** for either an alternative occupation or in order to improve the quality of their life up to a maximum payment of £50,000

HOME ADAPTATIONS

In the event of a valid claim being paid for Permanent Total Disablement (Any and Every Occupation) and/or Paraplegia, Hemiplegia, Tetraplegia and/or Quadriplegia, during the **Operative Time** of Cover We will indemnify You for all reasonable expenses incurred to make physical changes necessary to the Insured Persons normal place of residence required up to a maximum payment of £50,000

The following Extension is applicable to Category A TEMPORARY TOTAL DISABLEMENT

Temporary Total Disablement benefits are payable in respect of Insured Persons who suffer **Accidental Bodily Injury** whilst playing for either a County or District team

Benefit payable per week	£250
Excess Period	14 Days
Benefit Period	39 Weeks

The following Extension is applicable to Categories A B C D H I & J

SPECTATORS AT PRINCIPALITY STADIUM

If an **Insured Person** sustains **Accidental Bodily Injury** whilst attending as a non-participating spectator at Principality Stadium or any stadium in Wales for any Rugby Union International commencing from the time of entering the grounds until the time of leaving the grounds We will pay the following benefits

Death	£5,000
Loss of one or more Limbs	£5,000
Loss of Speech or Hearing in both Ears	£5,000
Loss of Sight in both Eyes	£5,000
Loss of Hearing in one Ear	£2,500
Loss of Sight in one Eye	£2,500

Policy Conditions

(1) CLAIMS NOTIFICATION

i. it is a condition precedent to liability under this policy that written notice of a claim or potential claim shall be given to Aviva no later than 60 days after the date of occurrence of the **Accidental Bodily Injury** giving rise to the claim

Failure to provide written notice within the 60 day period following the date of the **Accidental Bodily Injury** will result in the claim being repudiated

ii All certificates, information and evidence reasonably required by the Company shall be furnished at no expense to **The Company** and shall be in the form and of such nature as **The Company** may prescribe.

(2) PAYMENT OF BENEFITS

All benefits shall be payable to the **Policyholder**

The **Insured Person** or the Insured Person's personal representative shall have no right to claim from or sue **The Company**.

If the **Policyholder** represents more than one party having an interest in the **Insured Person**, the benefit shall represent the total amount payable in respect of that **Insured Person** for all interests covered.

We will not pay more than one of the following benefits listed below in connection with the same **Accident** for the same **Insured Person**

Death

Capital Benefits

Paraplegia, Hemiplegia, Quadriplegia or Tetraplegia

After payment has been made for any of the above benefits no further payments will be made by **Us** in respect of that **Insured Person** during the current **Period of Insurance**

(3) INTEREST

We will not pay interest on any claim

(4) TEMPORARY TOTAL DISABLEMENT

(i) This benefit will only be paid to Insured Persons who at the time of the **Accident** giving rise to the claim are in gainful employment or self employed and suffer actual financial loss resulting directly from the **Accidental Bodily Injury** sustained

(ii) The benefit payable in respect of Temporary Total Disablement shall not exceed the Insured Person's Weekly Salary

(iii) Payment of Temporary Total Disablement will be made at 4 weekly intervals in arrears commencing after the expiry of the **Excess Period** unless specifically requested otherwise in writing by the Insured and agreed to by **Us**

(iv) Medical certificates in respect of Temporary Total Disablement shall be submitted at fortnightly intervals throughout the period of such disablement

(v) When required, the **Insured Person** shall submit to a medical examination, **The Company** paying only the fee of the medical examination

(5) MEDICAL ADVICE

The **Insured Person** shall as soon as possible after the occurrence of any **Accidental Bodily Injury** obtain and follow the advice of a Qualified Medical Practitioner. **The Company** shall not be liable for any consequences arising by reason of the Insured Person's failure to obtain and follow such advice and use such appliances or remedies as may be prescribed

(6) POST MORTEM

The Company shall in case of death of the **Insured Person** be entitled to have a post-mortem examination at its own expense

(7) RESTRICTION IN COVER

In respect of Insured Persons aged 76 and over cover is restricted to death only

(8) HOSPITALISATION

This benefit shall only be payable where there is an admissible claim in respect of Loss of Sight Speech Hearing or Limbs PTD or Temporary Total Disablement.

(9) MAXIMUM BENEFIT ANY ONE PERSON

i. Benefit shall not be payable in respect of the **Insured Person** under more than one of the benefits for Death and **Capital Sums** in connection with the same **Accident**.

ii. Payment of Temporary Total Disablement shall be paid in addition to Death and **Capital Sums** but will cease immediately following a payment for Death or **Capital Sums** when no further liability in respect of that **Accident** shall attach to **The Company** in respect of such **Insured Person**.

iii. The maximum benefit for any one **Insured Person** under this Policy shall not exceed the amount stated in the Schedule

(10) MAXIMUM ACCUMULATION LIMIT ANY ONE ACCIDENT

The maximum liability of **The Company** in respect of all benefits under this Policy shall not exceed the Maximum Accumulation Limit stated in the Schedule

If the aggregate amounts of all the individual benefits payable exceeds the Maximum Accumulation Limits the benefit payable to each **Insured Person** shall be proportionately reduced until the total aggregate of individual benefits does not exceed the appropriate Accumulation Limit

(11) PREVIOUS POLICY CLAUSE

It is agreed that any cover included in the previous Aviva policy in force which:

Has been inadvertently omitted from this policy and is not an express limitation, exclusion or policy term appearing in the Schedule to this policy

Is deemed to be included in this policy for the same limits, and on the same terms and conditions as the previous policy

General Conditions

(1) ADJUSTMENT

If any part of the premium is calculated on estimates furnished by the **Policyholder**, the **Policyholder** shall keep an accurate record containing all relative particulars and shall allow **The Company** to inspect such record.

The **Policyholder** shall within one month after the expiry of each **Period of Insurance** furnish such information as **The Company** may require and the premium shall thereupon be adjusted.

Such adjustment premium shall be payable forthwith on demand by **The Company**

(2) CHANGE OF BUSINESS / OCCUPATION

If the business of the Insured or the occupation or pursuits of any **Insured Person** shall change from that initially advised to **The Company** no claim resulting shall be payable unless such change shall have been agreed by **The Company** and any additional premium required is paid.

(3) FRAUD

Any fraud affecting this insurance or in connection with the making of any claim hereunder shall render this Policy null and void and all claims hereunder shall be forfeited.

(4) MISDESCRIPTION

This Policy shall be voidable in the event of misrepresentation, misdescription or non-disclosure in any material particular by or on behalf of the **Policyholder**.

(5) CANCELLATION

a) **You** may cancel this policy at any time after the date **We** have received the premium, by providing 30 days' notice in writing to **Us**

b) **We** may cancel this policy, by providing notice in writing to **You** at **Your** last known address, if there is a default under any relevant instalment agreement. In such case, **Your** policy will end with effect from the beginning of the period in respect of which the instalment has not been paid

If **Your** policy is cancelled under (a) or (b) above, at **Our** discretion, **We** may refund part of the premium for the unexpired period, which will be calculated on the short period rating basis, and provided that there have been no

(i) Claim(s) made under the policy for which **We** have made a payment

(ii) Claim(s) made under the policy which are still under consideration

(ii) Incident(s) which **You** are aware of and which are likely to give rise to a claim which has yet to be reported to **Us** during the current Period of Insurance

c) **We** will cancel this policy from the inception date if the premium has not been paid and no return premium will be allowed. Such cancellation will be confirmed in writing by **Us** to **Your** last known address

d) **We** may also cancel this policy at any time by sending not less than 30 days' notice in writing to **Your** last known address, in which case **We** will refund a proportionate part of the premium for the unexpired period

(6) THE CONTRACTS (RIGHTS OF THIRD PARTIES) ACT 1999

We will not provide compensation in respect of any claim relating to any non-contracting party's rights to enforce all or any part of this Section. The Contracts (Rights of Third Parties) Act 1999 does not apply to this Policy

(7) ASSIGNMENT

The Insured Person may not assign the benefits under this policy. We shall not be bound to accept or be affected by any notice of any trust charge lien purported assignment or other dealing with or relating to this policy.

Policy Exclusions

This Part of the policy provides details of all Exclusions applicable to all sections of the policy are listed first, followed by Exclusions applicable to each individual Schedules and Categories of the policy.

This policy does not cover

- (1) any consequence whatsoever resulting directly or indirectly from or in connection with any of the following regardless of any other contributory cause or event.
 - a. War in the **Insured Person(s)** country of residence or secondment
 - b. any action taken in controlling, preventing, suppressing or in any way relating to 1a above
- (2) The **Insured Person** having knowingly taken a drug unless the Insured proves to the reasonable satisfaction of **The Company** that the drug was taken in accordance with proper medical prescription or directions (other than for the treatment of drug addiction).
- (3) Death directly resulting from heart failure or collapse including on field collapse unless such heart failure results from the **Accidental Bodily Injury**
- (4) Death by natural causes
- (5) The **Insured Person** engaging in or taking part in naval military or air force service or operations or whilst hunting on horseback or riding or driving in any kind of race or flying other than as a passenger by recognised airlines or any fully licensed standard type multi-engine aircraft operated by a recognised air charter company
- (6) The **Insured Person** committing or attempting to commit suicide
- (7) Wilful exposure to needless peril except in an attempt to save human life
- (8) Any losses involving any player who has a professional contract with the Welsh Regions Cardiff Blues Ospreys Scarlets Newport Gwent Dragons

Aviva Insurance Limited. Registered in Scotland, No. 2116. Registered Office: Pitheavlis, Perth PH2 0NH

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Aviva Insurance Ireland Designated Activity Company, trading as Aviva, is regulated by the Central Bank of Ireland. A private company limited by shares. Registered in Ireland, No. 605769. Registered Office: Cherrywood Business Park, Dublin, Ireland, D18 W2P5. UK Branch Address: 80 Fenchurch Street, London EC3M 4BY. UK branch deemed authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority