

WRU PERSONAL ACCIDENT INSURANCE OPTIONAL WEEKLY BENEFIT COVER

Period of Cover: Date of inception to 30 June 2026

To Insure your Team/Player (s) for Personal Injury Weekly Benefit Cover:

1. Refer to the Premium Tables below to decide the level of cover you require for each Individual Player or each Team you wish to protect.
2. When you have decided on the cover you require, simply fill in the attached instructions form and return to Howden via WRU@howdengroup.com by 30 November 2025.
3. On receipt of the application, you will be issued with an invoice and details of how to make payment. Cover will be inceptioned from the date of the application but will not be effective until payment is received.
4. An Insured Team consists of 15 starting players, 7 reserves, 1 touch judge, 1 trainer and 1 coach

Weekly Benefit Per Player	Premium Per Individual Player	Premium per Team
£25.00	£18.23	£422.81
£50.00	£36.49	£851.34
£75.00	£66.86	£1,565.54
£100.00	£91.94	£2,107.20
£125.00	£109.41	£2,559.74
£150.00	£133.73	£3,131.11
£200.00	£182.35	£4,273.86
£250.00	£218.83	£5,130.90
£300.00	£275.24	£6,468.35
£400.00	£389.93	£8,840.08

Important Notes

- Cover excludes the first seven days of disablement (the excess)
- Cover does not apply when income is derived from the playing of Rugby Union
- Insurance Premium Tax (at 12.0%) is included in all premiums
- All claims must be notified to Aviva no later than 28 days after the injury
- Claims are subject to:
 - Payments being made no less than at four weekly intervals
 - Excludes all pre-existing injuries
 - 39-week benefit period for knee injuries



INSTRUCTIONS FORM

Name of Club: _____

Address: _____

Period of Cover: Date of inception to 30 June 2026

I CONFIRM THAT MY CLUB WISHES TO PARTICIPATE IN THE WRU GROUP PERSONAL ACCIDENT INSURANCE SCHEME

Individual Player Cover (continue on a separate sheet if required)

Name of Player	Age	Weekly Benefit	Premium Due
<u>TOTAL</u>			

Team Cover (continue on a separate sheet if required)

Name of team to be covered (1 st , 2 nd etc)	Weekly Benefit	Premium Due
<u>TOTAL</u>		

Total Premium Due: £ _____

Declaration

Signed: _____

Name: _____

Position in Club : _____

Date: _____

