

## SCHEDULE

Policy Number 1937165

### INSURANCE DETAILS

**Period of insurance :** Continuous cover from 1<sup>st</sup> October 2015 until the policy is cancelled  
**Date issued to insured:** [1<sup>st</sup> September 2015]  
**Underwritten by :** Hiscox Underwriting Ltd on behalf of the insurers listed for each section of the policy  
**Payment method :** Payment by Broker's Account

### INSURED DETAILS

**Insured :** Standard members of Equity  
**Address :** Equity,  
Guild House  
Upper St Martin's Lane,  
London  
WC2H 9EG

**Artist description :** Standard member of Equity  
**General terms and conditions wording :** 12135 WD-HSP-UK-HEQ-Standard GTC-(2)  
The General terms and conditions apply to this policy in conjunction with the specific wording detailed in each section below

Hencilla Equity scheme



BIA Customer Care Award  
2012



Personal & Commercial Claims  
Team of the Year 2011

**Policy Number** | 1937165 |

**PERSONAL ACCIDENT**

**Section wording**                      12137 WD-HSP-UK-HEQ-Standard PA-(4)  
**Insurer**                                      Hiscox Insurance Company Limited

**Personal accident**

**Insured persons**                                      Standard members of Equity

**Special limits**                                      (included within and not in addition to the overall limit above)

|                                    |   |
|------------------------------------|---|
| <b>Death</b>                       | £20,000 capital benefit amount per standard member of Equity                                |
| <b>Loss of one or more limbs</b>   | £20,000 capital benefit amount per standard member of Equity                                |
| <b>Loss of one or both eyes</b>    | £20,000 capital benefit amount per standard member of Equity                                |
| <b>Permanent total disablement</b> | £20,000 capital benefit amount per standard member of Equity                                |
| <b>Temporary total disablement</b> | £150 per week up to a maximum of 52 weeks – excluding the first 2 weeks                     |
| <b>Accumulation per conveyance</b> | £5,000,000 any one loss in the aggregate  |
| <b>Disfigurement</b>               | Up to £5,000 per individual standard member   |
| <b>Hospital benefit</b>            | £50 per day up to a maximum of 52 weeks   |
| <b>Medical expenses</b>            | 25% of the benefits paid whichever up to a maximum of £6,625 per individual standard member |
| <b>Coma benefit</b>                | £50 per day up to a maximum of 52 weeks   |
| <b>Disability assistance</b>       | Up to a maximum of £20,000 per standard member of Equity                                    |
| <b>Funeral benefit</b>             | Up to a maximum of £10,000 per standard member of Equity                                    |
| <b>Dental benefit</b>              | Up to a maximum of £500 per standard member of Equity                                       |
| <b>Optical benefit</b>             | Up to a maximum of £500 per standard member of Equity                                       |

**Policy Number** | 1937165 |

The General Terms of this policy and the terms, conditions and exclusions of the relevant sections all apply to this endorsement except as modified below:

**Endorsements- applicable to the whole policy****Clause****Data Protection Act**

By accepting **your policy**, you consent to **us** and the Hiscox group of companies (collectively referred to as Hiscox) using the information **we** may hold about **you** or others related to **your policy** for the purposes of providing insurance and handling claims, if any, and to process sensitive personal information about **you** or others related to **your policy** where this is necessary (for example health information or criminal convictions). This may mean Hiscox has to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, third party service providers, reinsurance companies, insurer tracing offices and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than **you**, **you** must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to **us** and its use by Hiscox as set out above. The information provided will be treated in confidence and in compliance with all relevant regulation and legislation. **You** or others related to **your policy** may have the right to apply for a copy of this information (for which Hiscox may charge a small fee) and to have any inaccuracies corrected.

For training and quality control purposes, telephone calls may be monitored or recorded.

**INFORMATION ABOUT US**

This policy is underwritten by Hiscox Underwriting Limited on behalf of the insurers listed below.

|                      |   |
|----------------------|---|
| Name                 | <b>Hiscox Underwriting Limited</b>                          |
| Registered address   | 1 Great St. Helens<br>London<br>EC3A 6HX<br>United Kingdom  |
| Company registration | Registered in England number 02372789                       |
| Status               | Authorised and regulated by the Financial Conduct Authority |

**Insurers**

These insurers provide cover as specified in each section of the schedule.

|                      |  |
|----------------------|--|
| Name                 | <b>Hiscox Insurance Company Limited</b>  |
| Registered address   | 1 Great St. Helens<br>London<br>EC3A 6HX<br>United Kingdom   |
| Company registration | Registered in England number 00070234  |
| Status               | Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority |



## Equity standard members insurance portfolio

### Policy wording

#### A seamless integrated insurance solution for Equity standard members.

Please read this wording, together with any **endorsements** and the schedule, very carefully. If anything is not correct, please notify **us** immediately.

This wording is fully protected by the laws of copyright. No unauthorized use or reproduction is permitted.

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### Our promise to you

In return for the premium **you** have paid, **we** agree to insure **you** in accordance with the terms and conditions of the **policy**.

**Steve Langan**  
Managing Director, Hiscox UK

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### Complaints procedure

Hiscox aims to ensure that all aspects of **your** insurance are dealt with promptly, efficiently and fairly. At all times Hiscox are committed to providing **you** with the highest standard of service. If **you** have any concerns about **your policy** or **you** are dissatisfied about the handling of a claim and wish to complain **you** should, in the first instance, contact Hiscox customer relations in writing at:

Hiscox Customer Relations  
Hiscox House  
Sheepen Place  
Colchester  
CO3 3XL

or by telephone on 01206 773705  
or by email at [customer.relations@hiscox.com](mailto:customer.relations@hiscox.com).

Where **you** are not satisfied with the final response from Hiscox, **you** also have the right to refer **your** complaint to the Financial Ombudsman Service. For more information regarding the scope of the Financial Ombudsman Service, please refer to [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk).

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|                            |   |
|----------------------------|---|
| <b>General definitions</b> | Words shown in <b>bold</b> type have the same meaning wherever they appear in this <b>policy</b> .<br>The words defined below are used throughout this <b>policy</b> . Any other definitions are shown in the section to which they apply.  |
| <b>Artist</b>              | Any individual person or their personal service limited company where that person is the sole director and employee who: <ul style="list-style-type: none"><li>a. exercises professional skill in the provision of entertainment including as part of the performance face painting, body painting including the use of glitter and temporary tattoos that can be removed the same day by soap and water; or</li><li>b. exercises professional skill in carrying out their duty of stage manager, choreographer, theatre designer or theatre director in the provision of entertainment and corporate events; or</li><li>c. is a teacher or voice coach engaged in the teaching of performing arts; or</li><li>d. exercises professional skill in modeling.</li></ul> |
| <b>Asbestos risks</b>      | <ul style="list-style-type: none"><li>a. The mining, processing, manufacturing, use, testing, ownership, sale or removal of asbestos, asbestos fibres or material containing asbestos; or</li><li>b. exposure to asbestos, asbestos fibres or materials containing asbestos; or</li><li>c. the provision of instructions, recommendations, notices, warnings, supervision or advice given, or which should have been given, in connection with asbestos, asbestos fibres or structures or materials containing asbestos.</li></ul>  |
| <b>Confiscation</b>        | Confiscation, nationalisation, requisition, expropriation, deprivation, destruction of or damage to property by or under the order of any government or public or local authority.  |
| <b>Date recognition</b>    | Any failure by any equipment (including any hardware or software) to correctly recognise any given date or to process any data or to operate properly due to any failure to correctly recognise any given date.   |
| <b>Endorsement</b>         | A change to the terms of the <b>policy</b> .  |
| <b>Excess</b>              | The amount <b>you</b> must bear as the first part of each agreed claim or loss.   |
| <b>Geographical limits</b> | The geographical area shown in the schedule.  |
| <b>Nuclear risks</b>       | <ul style="list-style-type: none"><li>a. Any sort of nuclear material, nuclear reaction, nuclear radiation or radioactive contamination;</li><li>b. any products or services which include, involve or relate in any way to anything in a. above, or the storage, handling or disposal of anything in a. above;</li><li>c. all operations carried out on any site or premises on which anything in a. or b. above is located.</li></ul>   |
| <b>Period of insurance</b> | The time for which this <b>policy</b> is in force as shown in the schedule.   |
| <b>Policy</b>              | This insurance document and the schedule, including any <b>endorsements</b> .   |
| <b>Programme</b>           | A set of instructions written in a computer language which tells a computer how to process data or interact with ancillary equipment.   |
| <b>Standard member</b>     | A member of Equity who is in benefit in accordance with the rules of Equity who is not a <b>student member</b> , who is a permanent resident of England, Scotland, Wales, Northern Ireland, the Isle of Man or the Channel Islands or any overseas <b>artist</b> visiting the United Kingdom, the Isle of Man or the Channel Islands to whom Equity have granted membership of Equity.  |
| <b>Student member</b>      | An Equity student who participates in self-produced productions, rehearsals, profit share performances and occasional professional performances.  |
| <b>Stunt performer</b>     | A <b>standard member</b> who performs or directs stunts and is: <ul style="list-style-type: none"><li>a. registered on the Equity stunt register; and</li><li>b. a permanent resident of England, Scotland, Wales, Northern Ireland, the Isle of Man or the Channel Islands.</li></ul>  |

## General terms and conditions

|                  |   |
|------------------|---|
| <b>Terrorism</b> | An act, or the threat of an act, by any person or group of persons, whether acting alone or on behalf of or in connection with any organisation or government, that: <ol style="list-style-type: none"> <li>a. is committed for political, religious, ideological or similar purposes; and</li> <li>b. is intended to influence any government or to put the public, or any section of the public, in fear; and</li> <li>c.           <ol style="list-style-type: none"> <li>i. involves violence against one or more persons; or</li> <li>ii. involves damage to property; or</li> <li>iii. endangers life other than that of the person committing the action; or</li> <li>iv. creates a risk to health or safety of the public or a section of the public; or</li> <li>v. is designed to interfere with or to disrupt an electronic system.</li> </ol> </li> </ol> |
| <b>Virus</b>     | <b>Programmes</b> that are secretly introduced without <b>your</b> permission or knowledge including, but not limited to, malware, worms, trojans, rootkits, spyware, dishonest adware, crimeware and other malicious unwanted software.  |
| <b>War</b>       | War, invasion, act of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power.   |
| <b>We/us/our</b> | The insurers named in the schedule.   |
| <b>You/your</b>  | The <b>standard members</b> shown in the schedule.  |

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|                             |   |
|-----------------------------|---|
| <b>Conditions precedent</b> | General conditions 3, 4 and 5 below, General claims condition 1 and the conditions shown in each section under the heading <b>Your obligations</b> are all conditions precedent to <b>our</b> liability. <b>We</b> will not make any payment under this insurance unless <b>you</b> comply with all the requirements of those conditions. |
|-----------------------------|---|

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|                           |  |
|---------------------------|--|
| <b>General conditions</b> | The following conditions apply to the whole of this <b>policy</b> . Any other conditions are shown in the section to which they apply.   |
| Information               | <p>1. In deciding to accept this insurance and in setting the terms and premium, <b>we</b> have relied on the information <b>you</b> have given <b>us</b>. <b>You</b> must take care when answering any questions <b>we</b> ask by ensuring that all information provided is accurate and complete.</p> <p><b>You</b> must tell <b>us</b>, as soon as possible, if there are any changes to the information <b>you</b> have given <b>us</b>. If <b>you</b> are in any doubt, please contact <b>us</b>.</p> <p>When <b>we</b> are notified of a change <b>we</b> will tell <b>you</b> if this affects <b>your policy</b>. For example <b>we</b> may cancel <b>your policy</b> in accordance with the cancellation condition, amend the terms of <b>your policy</b> or require <b>you</b> to pay more for <b>your</b> insurance.</p> <p>If <b>you</b> do not inform <b>us</b> about a change it may affect any claim <b>you</b> make or could result in <b>your</b> insurance being invalid.</p>   |
| Misrepresentation         | <p>2. If <b>we</b> establish that <b>you</b> deliberately or recklessly provided <b>us</b> with false information <b>we</b> will treat this insurance as if it never existed and decline all claims.</p> <p>If <b>we</b> establish that <b>you</b> were careless in providing <b>us</b> with the information <b>we</b> have relied upon in accepting this insurance and setting its terms and premium <b>we</b> may:</p> <ol style="list-style-type: none"> <li>a. treat this insurance as if it had never existed and refuse to pay all claims and return the premium paid. <b>We</b> will only do this if <b>we</b> provided <b>you</b> with insurance cover which <b>we</b> would not otherwise have offered;</li> <li>b. amend the terms of <b>your</b> insurance. <b>We</b> may apply these amended terms as if they were already in place if a claim has been adversely impacted by <b>your</b> carelessness;</li> <li>c. charge <b>you</b> more for <b>your</b> insurance or reduce the amount <b>we</b> pay on a claim in the proportion that the premium <b>you</b> have paid bears to the premium <b>we</b> would have charged <b>you</b>;</li> <li>d. cancel <b>your policy</b> in accordance with the cancellation condition.</li> </ol> |

## General terms and conditions

- We** will write to **you** if **we**:
- a. intend to treat this insurance as if it never existed;
  - b. need to amend the terms of **your policy**; or
  - c. require **you** to pay more for **your** insurance.
- Due diligence 3. **You** must take reasonable steps to prevent accident or injury and to protect **your** property against loss or damage. **You** must keep any property insured under this **policy** in good condition and repair.
- In benefit 4. **We** will not make any payment under this **policy** unless **you**:
- a. have been accepted into membership of Equity and are no more than 13 weeks in arrears with Equity for their subscription levies, dues, loans or fines; or
  - b. have applied for membership of Equity and **your** application is pending at the time of the incident giving rise to a claim, subject to the following:
    - i. **you** are eligible for membership of Equity; and
    - ii. **you** have submitted an Equity application form; and
    - iii. **you** have paid the entrance fee and subscription to Equity.
- Premium payment 5. **We** will not make any payment under this **policy** unless **you** have paid the premium.
- Cancellation 6. **You** or **we** can cancel the **policy** by giving 30 days' written notice. **We** will give **you** a pro-rata refund of the premium for the remaining portion of the **period of insurance** after the effective date of cancellation for which **you** have already paid. However, **we** will not refund any premium under £10.
- If **we** have agreed that **you** can pay **us** the premium by instalments and **we** have not received an instalment 14 days after the due date, **we** may cancel the **policy**. In this event, the **period of insurance** will equate to the period for which premium instalments have been paid to **us**. **We** will confirm the cancellation and amended **period of insurance** to **you** in writing.
- Multiple insureds 7. The most **we** will pay is the relevant amount shown in the schedule.
- If more than one insured is named in the schedule, the total amount **we** will pay will not exceed the amount **we** would be liable to pay to any one of **you**.
- You** agree that the insured named in the schedule, or if there is more than one insured named in the schedule the first of them, is authorised to receive all notices and agree any amendments to the **policy**.
- Aggregate limit 8. Where this **policy** specifies an aggregate limit, this means **our** maximum payment for all relevant claims or losses covered under the **policy** during the **period of insurance**.
- If the **period of insurance** is continuous, the aggregate limit will apply to all relevant claims or losses covered under the **policy** during the 12 months from the date the continuous cover starts. Each aggregate limit will be reinstated to the level shown in the schedule at each anniversary.
- Rights of third parties 9. **You** and **we** are the only parties to this **policy**. Nothing in this **policy** is intended to give any person any right to enforce any term of this **policy** which that person would not have had but for the Contracts (Rights of Third Parties) Act 1999.
- Other insurance 10. **We** will not make any payment under this **policy** where **you** would be entitled to be paid under any other insurance if this **policy** did not exist except in respect of any amount in excess of the amount that would have been payable under such other insurance had this **policy** not been effected. If such other insurance is provided by **us** the most **we** will pay under this **policy** will be reduced by the amount payable under such other insurance.
- Governing law 11. Unless some other law is agreed in writing, this **policy** will be governed by the laws of England.
- Arbitration 12. Any dispute arising out of or relating to this insurance, including over its construction, application and validity, will be referred to a single arbitrator in accordance with the Arbitration Act then in force.

**General claims conditions**

The following claims conditions apply to the whole of this **policy**. Any other claims conditions and procedures are shown in the section to which they apply.

## Your obligations

1. **We** will not make any payment under this **policy** unless **you**:
  - a. give **us** prompt notice of anything which is likely to give rise to a claim under this **policy**, in accordance with the terms of each section;
  - b. give **us**, at **your** expense, any information which **we** may reasonably require and co-operate fully in the investigation of any claim under this **policy**;
  - c. make every reasonable effort to minimise any loss, damage or liability and take appropriate emergency measures immediately if they are required to reduce any claim;
  - d. give **us** all assistance which **we** may reasonably require to pursue recovery of amounts **we** may become liable to pay under this **policy**, in **your** name but at **our** expense.

## False claims

2. If **you** have made a false claim, **we** can refuse to pay a claim or **we** can treat this insurance as though it had never existed.



# Equity standard and enhanced member's personal accident

## Policy wording

The General terms and conditions and the following terms and conditions all apply to this section.

### Special definitions for this section

| <b>Accidental bodily injury</b>    | An identifiable physical injury, including illness solely and directly resulting from the injury, which is caused by an accident occurring at an identifiable time and place during the <b>operative time</b> and which results in <b>your</b> death, <b>disablement</b> or <b>disfigurement</b> within 24 calendar-months of the date of the accident.  |                        |                |                        |  |                        |             |                                   |   |              |              |
|------------------------------------|--|------------------------|----------------|------------------------|--|------------------------|-------------|-----------------------------------|---|--------------|--------------|
| <b>Dancer and physical artist</b>  | A <b>standard member</b> who has registered and paid for the performers' accident MRI/RIB cover.   |                        |                |                        |  |                        |             |                                   |   |              |              |
| <b>Disablement</b>                 | <b>Loss of sight, loss of limb, permanent total disablement</b> or <b>temporary total disablement</b> .  |                        |                |                        |  |                        |             |                                   |   |              |              |
| <b>Disfigurement</b>               | A permanent facial disfigurement more than 20mm long which is ordinarily visible for a period beyond 12 months following the date of the accident in the area forward of the ears from the hairline down to and including the lower jaw. In the event of any dispute arising <b>you</b> and <b>us</b> shall each appoint a separate medical consultant with a third jointly-appointed consultant as arbitrator whose decision will be final.   |                        |                |                        |  |                        |             |                                   |   |              |              |
| <b>Enhanced member</b>             | A <b>standard member</b> other than a <b>stunt performer</b> , over 18 years and under 75 yrs, who has written evidence of either, a) employment as an <b>artist</b> within the past eight weeks or b) future employment as an <b>artist</b> within the next eight weeks, who has registered for the 24 hour cover and paid the £5 annual premium.   |                        |                |                        |  |                        |             |                                   |   |              |              |
| <b>Hand model</b>                  | A <b>model</b> who has registered with Equity as a hand model.   |                        |                |                        |  |                        |             |                                   |   |              |              |
| <b>Inception</b>                   | Start date of the <b>period of insurance</b> as shown in the schedule.   |                        |                |                        |  |                        |             |                                   |   |              |              |
| <b>Loss of sight</b>               | Permanent and total loss of sight in an eye.   |                        |                |                        |  |                        |             |                                   |   |              |              |
| <b>Loss of limb</b>                | Loss by physical separation of an arm, hand, foot or leg at or above the wrist or at or above the ankle, or permanent and total loss of use of a complete arm, hand, foot or leg.  |                        |                |                        |  |                        |             |                                   |   |              |              |
| <b>Medical expenses</b>            | The cost of medical, surgical or other remedial attention or treatment given or prescribed by a suitably qualified medical practitioner and all hospital, nursing home and ambulance charges connected with a valid claim under this section.  |                        |                |                        |  |                        |             |                                   |   |              |              |
| <b>Model</b>                       | Any <b>standard member</b> whose activities as an <b>artist</b> include modelling.   |                        |                |                        |  |                        |             |                                   |   |              |              |
| <b>Operative time</b>              | The time during the <b>period of insurance</b> when <b>you</b> are covered under this section as shown below: <table border="0" style="margin-left: 20px;"> <thead> <tr> <th style="text-align: left;">Category of membership</th> <th style="text-align: left;">Operative time</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"><b>Standard member</b></td> <td>Whilst performing as an <b>artist</b> or where <b>you</b> are rehearsing, practising, auditioning or training in connection with a contract of employment and travelling to and from the location of the above</td> </tr> <tr> <td style="vertical-align: top;"><b>Enhanced member</b></td> <td>At any time</td> </tr> <tr> <td style="vertical-align: top;"><b>Dancer and physical artist</b></td> <td>Whilst performing as an <b>artist</b> or where <b>you</b> are rehearsing, practising, auditioning or training in connection with a contract of employment</td> </tr> <tr> <td style="vertical-align: top;"><b>Model</b></td> <td>At any time.</td> </tr> </tbody> </table> | Category of membership | Operative time | <b>Standard member</b> | Whilst performing as an <b>artist</b> or where <b>you</b> are rehearsing, practising, auditioning or training in connection with a contract of employment and travelling to and from the location of the above | <b>Enhanced member</b> | At any time | <b>Dancer and physical artist</b> | Whilst performing as an <b>artist</b> or where <b>you</b> are rehearsing, practising, auditioning or training in connection with a contract of employment | <b>Model</b> | At any time. |
| Category of membership             | Operative time   |                        |                |                        |  |                        |             |                                   |   |              |              |
| <b>Standard member</b>             | Whilst performing as an <b>artist</b> or where <b>you</b> are rehearsing, practising, auditioning or training in connection with a contract of employment and travelling to and from the location of the above   |                        |                |                        |  |                        |             |                                   |   |              |              |
| <b>Enhanced member</b>             | At any time  |                        |                |                        |  |                        |             |                                   |   |              |              |
| <b>Dancer and physical artist</b>  | Whilst performing as an <b>artist</b> or where <b>you</b> are rehearsing, practising, auditioning or training in connection with a contract of employment  |                        |                |                        |  |                        |             |                                   |   |              |              |
| <b>Model</b>                       | At any time.   |                        |                |                        |  |                        |             |                                   |   |              |              |
| <b>Permanent total disablement</b> | Disablement which totally prevents <b>you</b> from working as an <b>artist</b> , which lasts continuously for 12 calendar-months and which at the end of that period is without prospect of improvement.   |                        |                |                        |  |                        |             |                                   |   |              |              |
| <b>Temporary total disablement</b> | Disablement which totally prevents <b>you</b> from carrying out all parts of <b>your</b> occupation as an <b>artist</b> .  |                        |                |                        |  |                        |             |                                   |   |              |              |

## What is covered

We will pay **you** or the beneficiary of **your policy** the appropriate benefit shown in the schedule if:

- a. **you**, suffer **accidental bodily injury**;
- b. **you** incur **medical expenses** in connection with **accidental bodily injury**.

## Additional cover

### Coma benefit

If **you** suffer **accidental bodily injury** which within 90 days is the sole and independent cause of **you** being in a continuous unconscious state then **we** will pay £50 for each full 24-hour period up to a maximum of 52 weeks while **you** remain in a continuous unconscious state.

### Dental treatment

If **you** suffer loss or damage to **your** teeth or any dental prostheses which is caused by an unforeseen and unexpected incident by means of direct extra-oral impact occurring at an identifiable time and place during the **operative time**, **we** will pay **you** the necessary and reasonable cost of treatment by a suitably licensed and qualified dentist. However, **we** will not make any payment for:

- a. the treatment of a dental injury caused by the consumption of food and drink;
- b. the treatment of a dental injury caused by **you** participating in any sport;
- c. the treatment of a dental injury caused by any oral hygiene activity;
- d. the treatment of a dental injury for which **you** have not sought treatment within seven days of the incident;
- e. treatment of a dental injury caused by damage to dental prostheses while **you** are not wearing them.

### Disability assistance

The necessary and reasonable costs incurred with **our** prior consent to make alterations to **your** main home or car as a direct and necessary result of **permanent total disablement** if during the **operative time** **you** suffer an **accidental bodily injury** which within 24 months of the date of the accident is the sole and independent cause of **permanent total disablement** and for which a payment has been made as a result of **loss of sight, loss of limb or permanent total disablement**.

### Funeral expenses

The necessary and reasonable costs incurred with **our** prior consent for funeral expenses if during the **operative time** **you** suffer **accidental bodily injury** which within 24 months of the date of the accident is the sole and independent cause of **your** death.

### In-patient benefit

If **you** suffer an **accidental bodily injury** which on the recommendation of a medical practitioner results in hospital admission then **we** will pay £50 for each full 24-hour period up to a maximum of 52 weeks while **you** remain a hospital in-patient as a direct result of the **accidental bodily injury**.

### Optical treatment

If **you** suffer loss or damage to **your** eyes which is caused by an unforeseen and unexpected incident by means of direct extra-optical impact occurring at an identifiable time and place during the **operative time**, **we** will pay **you** the necessary and reasonable cost of treatment by a suitably licensed and qualified optician or ophthalmologist. However, **we** will not make any payment for:

- a. the treatment of an optical injury caused by the insertion or removal of **your** contact lenses;
- b. the treatment of an optical injury caused by **you** participating in any sport;
- c. the treatment of an optical injury directly or indirectly arising out of or contributed to by **you** having previously undergone laser eye surgery;
- d. the treatment of an optical injury for which **you** have not sought treatment within seven days of the incident.

## Additional cover

### Dancer and physical artists

#### Performers' accident MRI/ RIB cover

The necessary and reasonable costs incurred by a **dancer and physical artist** for the cost of a magnetic resonance imaging scan or a radio isotope bone scan and associated **medical expenses** if while performing or rehearsing the **dancer and physical artist** suffers **accidental bodily injury** which within 24 calendar-months is the sole and independent cause for the scan to be required.

### Additional cover

#### Models

#### Hand disfigurement

An identifiable physical injury occurring during the **operative time** to the hand of a **hand model** resulting in a permanent hand disfigurement more than 20mm long which is ordinarily visible for a period beyond 12 months following the date of the accident. In the event of any dispute arising the **hand model** and **us** shall each appoint a separate medical consultant with a third jointly-appointed consultant as arbitrator whose decision will be final.

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### What is not covered

**We** will not make any payment for **disablement, disfigurement**, hand disfigurement, coma benefit, dental treatment, disability assistance, performers' accident MRI/RIB cover, funeral expenses, **medical expenses**, in-patient benefit or optical treatment for:

#### Stunt performers

1. **stunt performers.**

#### Hazardous pursuits

2. any injury sustained while taking part in:
- a. any aerial activity including but not limited to hang-gliding, parachuting, parascending, paragliding, kite surfing or bungee jumping but this clause does not apply to acrobatics;
  - b. armed forces activities including operations, exercises or training other than as a volunteer or reserve.
3. any injury sustained while taking part in any of the following unless the activity was undertaken as an **artist**:
- a. mountaineering or rock-climbing for which **you** would normally need to use ropes or guides;
  - b. any activity taking place underground, including but not limited to caving or potholing;
  - c. any kind of race or endurance test which is known to carry an increased risk of personal injury;
  - d. any combat sport including but not limited to boxing, wrestling or martial arts;
  - e. flying other than travel by commercial airlines as a passenger.

#### Other exclusions

4. any injury to **you** directly or indirectly arising out of or contributed to by:
- a. any emotional or psychiatric disorder or condition;
  - b. **you** taking or using drugs or controlled substances (other than drugs prescribed by **your** doctor and used properly);
  - c. **you** committing suicide or attempting to commit suicide;
  - d. any injury **you** sustain deliberately;
  - e. **you** being deliberately placed in danger by **your** actions;
  - f. any criminal act by **you**;
  - g. HIV (Human Immune Deficiency Virus), AIDS (Acquired Immune Deficiency Syndrome), AIDS-related complex (ARC) or any related virus or illness, or any sexually-transmitted disease;
  - h. pregnancy or any condition connected with pregnancy or childbirth;
  - i. any physical or mental defect, infirmity or medical condition known to **you** at **inception**, unless the defect, infirmity or condition has been without the need of any medical advice or treatment during the 24 months before **inception**;
  - j. **war, terrorism or nuclear risks**;
  - k. any illness or disease other than illness solely and directly resulting from **accidental bodily injury**;
  - l. any business or commercial activity other than as an **artist**;
  - m. **you** visiting countries or areas against any recommendation or advice issued by the Foreign and Commonwealth Office or the Department of Health prior to **your** departure unless **we** give **our** prior written permission.

## Equity standard and enhanced member's personal accident

### Policy wording

Temporary benefits  
(Standard)

5. **temporary total disablement** whilst **you** are not in paid employment for **your** activities as an **artist** at the time of the **accidental bodily injury** except where **you** are rehearsing, practicing, auditioning or training in connection with a contract of employment.

Temporary benefits  
(Enhanced)

6. **temporary total disablement** where **you** do not have written evidence of either;

- a. employment as an **artist** within the past eight weeks, or
- b. future employment as an **artist** within the next eight weeks

## How much we will pay

Payment of benefit

**We** will pay the appropriate benefit shown below, but **we** will not pay more than one of the **disablement** benefits in respect of the same accident. However, **we** will pay for **temporary total disablement** prior to making any payment under the death or **permanent total disablement** benefits.

Death and disablement

For death, **permanent total disablement, loss of sight or loss of limb** other than where **you** are under the age of 18 and in full time education we will pay £20,000.

For death, **permanent total disablement, loss of sight, loss of hearing, loss of limb or loss of speech** where **you** are under the age of 18 and in full time education **we** will pay £2,000.

We will only pay for **permanent total disablement** when it has lasted for 12 calendar-months and at the end of that time is without prospect of improvement.

However, **we** will pay for **temporary total disablement** prior to making any payment under the death or **permanent total disablement** benefit in the sum of £150 per week up to a maximum of 52 weeks.

If **you** are **over** 80 years old at **inception**, the most **we** will pay under the death or **permanent total disablement** benefits is £5,000.

For **temporary total disablement** benefits, **we** will pay:

- a. when the total amount on termination of any one period of disablement has been agreed; or
- b. at **your** request on completion of at least four weeks' disablement subject to satisfactory medical and other evidence that **we** may require.

**We** will not pay **temporary total disablement** benefits for more than 52 weeks in connection with one injury.

Disfigurement

**We** will pay **you** the following benefit for **disfigurement** as shown in the scale below:

Scar from 20mm to 25mm in length    £1,000 any one incident

Scar from 25mm to 50mm in length    £2,000 any one incident

Scar from 50mm to 75mm in length    £3,000 any one incident

Scar from 75mm to 100mm in length    £4,000 any one incident

Scar exceeding 100mm in length    £5,000 any one incident

Where **you** are a **model** **we** will pay the following benefit following **disfigurement** or hand disfigurement as shown in the scale below:

Scar from 20mm to 25mm in length    £2,000 any one incident

Scar from 25mm to 50mm in length    £4,000 any one incident

Scar from 50mm to 75mm in length    £6,000 any one incident

Scar from 75mm to 100mm in length    £8,000 any one incident

Scar exceeding 100mm in length    £10,000 any one incident

Payment of medical expenses

**We** will also pay **medical expenses** incurred in connection with the **accidental bodily injury** up to but not exceeding 25% of the benefit paid, subject to a maximum amount of £6,950 for **you** during the **period of insurance**.



## Equity standard and enhanced member's personal accident

### Policy wording

#### Additional benefits

|  |  |
|--|--|
| Dental benefit                           | The most <b>we</b> will pay <b>you</b> during the <b>period of insurance</b> is £500.  |
| Disability assistance benefit            | The most <b>we</b> will pay <b>you</b> during the <b>period of insurance</b> is £20,000.   |
| Funeral benefit                          | The most <b>we</b> will pay <b>you</b> during the <b>period of insurance</b> is £10,000.   |
| Optical benefit                          | The most <b>we</b> will pay <b>you</b> during the <b>period of insurance</b> is £500.  |
| Performers' accident MRI/<br>RIB cover   | The most <b>we</b> will pay <b>you</b> during the <b>period of insurance</b> is £1,000.  |
| Maximum accumulation any<br>one incident | The maximum amount <b>we</b> will pay in all under this and any other personal accident insurance issued by <b>us</b> in <b>your</b> name in respect of any one incident involving more than one <b>standard member</b> insured under this <b>policy</b> is £5,000,000. If a claim exceeds £5,000,000, <b>we</b> will pay an amount under this <b>policy</b> which is proportionately reduced so that the total under this and any other <b>applicable</b> personal accident insurance does not exceed £5,000,000. |

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#### Your obligations

##### If a problem arises

**We** will not make any payment under this section unless:

1. **you** notify First Act Insurance promptly of any injury or illness which might be covered under this section;
2. **you** see a suitably qualified medical practitioner as soon as possible after suffering injury and follow any medical advice **you** are given.

If **we** consider it necessary, **you** must allow a medical adviser chosen by **us** to examine **you** and to see all of **your** medical records.

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#### Claims

##### Procedural conditions for claims

1. Written notice must be given to First Act Insurance as soon as practicable of any accident which causes or may cause a claim to be made under this insurance. If **disablement, disfigurement** or hand disfigurement results or may result, **you** must be placed under the care of a suitably qualified medical practitioner as early as possible.
2. **First Act Insurance, Simpson House, 6 Cherry Orchard Road, Croydon CR9 6AZ.**  
Tel: 0208 686 5050  
Email: mail@hencilla.co.uk