Liberty Specialty Markets

SPORTSCOVER EUROPE

# SPORTS ACCIDENT INSURANCE

## POLICY WORDING

July 2025




www.sportscovereurope.com

The company's head office and registered address is: Sportscover Europe Limited, 6th Floor, Sackville House, 143-149 Fenchurch St. London, EC3M 6BN. Registered in England and Wales No. 3726678. Authorised and regulated by the financial conduct authority. Registration number: 308 372.

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# WELCOME TO SPORTSCOVER

Sportscover Europe is one of the world's leading sports insurance underwriters, with an accredited broker network stretching across the globe and dealing in accident, liability, property, and contingency insurances for sport.

Led by Martin Crannis, Chief Executive Officer, Sportscover Europe has been trading in Europe since 1999 and has developed into a world-renowned specialist that boasts more than a million clients spanning a diverse range of sporting activities.

**Our** services include risk management, marketing support, information, and educational services as well as exceptional customer service and an unrivalled knowledge and expertise in sports and leisure insurance.

### Sports Accident for Individuals Insurance

This contract of insurance – **Your Policy** - is underwritten by Sportscover Europe Limited under a delegation of authority issued by Liberty Mutual Insurance Europe SE UK Branch.

## INFORMATION ABOUT THE INSURER

Liberty Mutual Insurance Europe SE UK Branch (LMIE UK) is the insurer of **Your Policy**.

LMIE UK is a branch of Liberty Mutual Insurance Europe SE. Liberty Mutual Insurance Europe SE is supervised by the Commissariat aux Assurances and licensed by the Luxembourg Minister of Finance as an insurance and reinsurance company. LMIE UK is authorised by the Prudential Regulation Authority (registered number 829959) and regulated by the Financial Conduct Authority.

The address of LMIE UK is 20 Fenchurch Street, London EC3M 3AW

**www.libertyspecialtymarkets.com**

## INFORMATION ABOUT SPORTS COVER EUROPE LIMITED

**Your Policy** has been arranged through Sportscover Europe Limited, a limited company registered in England under company number 3726678.

The registered office of Sportscover Europe Limited is 6th Floor, Sackville House, 143-149 Fenchurch St. London EC3M 6BL.

Sportscover Europe Limited is authorised and regulated by the Financial Conduct Authority Registration No. 308 372.

This document and schedule are issued to **You** by Sportscover Europe Limited in its capacity as agent for the **Insurer**, under the contract reference shown in the **Policy Schedule**.

## CONFORMITY

When **You** read the **Policy**, **You** will find that some items can be singular or plural. This clause is designed to correct this. Words in the singular include the plural and vice versa.

References to a statute will be construed to include all its amendments or replacements.

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# SPORTS ACCIDENT POLICY

## Insuring Agreement

1.1 This **Policy** is a legal contract between **You** and **Us**. **You** pay **Us** the premium, and **We** provide **You** with the cover **You** have chosen as set out in the **Policy Schedule** and the **Policy** for events occurring during the **Period of Insurance** shown on **Your Schedule**

## General Definitions

In this **Policy** the following words/expressions have the following meanings when capitalised and in coloured font:

2.1. **Accident** means a sudden, unexpected, and specific event, which occurs at a definable time and place.

2.2. **Bodily Injury** means a physical injury which:

2.2.1. Is sustained by **You** having an **Accident** during the **Operative Time**; and

2.2.2. Solely and independently of any other cause results in **Your Death**, **Permanent Total Disablement**, **Temporary Total Disablement** and /or medical treatment within 12 calendar months from the date of the Accident.

2.3. **Excess** means the amount of money that **You** will be required to contribute to any claim. The amount is shown in the **Policy Schedule**.

2.4. **Excess Period** means the number of consecutive days commencing on the date of commencement of the **Temporary Total Disablement** during which **You** must continuously suffer **Temporary Total Disablement** before any **Loss of Income** benefits payable under this **Policy** are due.

2.5. **Insurance Premium Tax** means any taxes that may be payable at the rate applicable from time to time.

2.6. **Insurance Intermediary** means the **Broker** who arranged and concluded this contract of insurance for **You**.

2.7. **Medical Expenses** means any reasonable expense incurred by **You** from a **Medical Practitioner** where the expense is directly as a result of a **Bodily Injury** received whilst playing the sport nominated in the **Policy Schedule**.

2.8. **Medical Practitioner** means a duly qualified and United Kingdom registered medical practitioner who is not employed by **You** or **Your** relative or family member.

2.9. **Occupation** means the employment, profession, or occupation of or the business carried out by **You** at the time of the **Bodily Injury**.

2.10. **Operative Time** means either:

a) Only whilst playing, practicing, and training for the sport nominated in the **Policy Schedule** during the **Policy Period**. This should always be under the auspices, control, or direction of the sports club for whom you are playing the sport. Cover is also included travelling to or from any such venue for the purposes of the above.

This will appear as 'Playing, Practicing and Training' on the **Policy Schedule**.

Or

b) At any time during the **Policy Period**.

This will appear as '24 hour' on the **Policy Schedule**.

2.11. **Permanent Total Disablement** means total disablement (caused other than disablement resulting from events referred to in Capital Benefits 4.1.2., 4.1.3. and 4.1.4.) which prevents **You** from engaging in any **Occupation** for a period of twelve (12) consecutive months, and at the end of that period being without prospect of improvement.

2.12. **Policy** means this document, the **Policy Schedule**, any endorsement(s), application form or proposal, that together are to be considered as one document.

2.13. **Policy Period** means the time for which this insurance is in place.

2.14. **Policy Schedule** means the **Policy Schedule** attaching to this wording confirming currency of the

**Policy** or the **Policy Schedule** subsequently issued on renewal or variation or by way of endorsement.

2.15. **Premium** means the amount payable by **You** to **Us** as specified in the **Policy Schedule**.

2.16. **Temporary Total Disablement** means disablement which entirely prevents **You** from engaging in, attending to, and performing each and every duty of **Your Occupation**.

2.17. **The Insurer** means Liberty Mutual Insurance Europe SE UK Branch. See the 'About The Insurer' section above for more details about Liberty Mutual Insurance Europe SE UK Branch

2.18. **We/Us/Our** means Sportscover Europe Limited under an authority from **The Insurer** and where the context provides includes **The Insurer**.

2.19. **You/Your** means the person named in the **Policy Schedule**.

## General Conditions

These conditions apply throughout **Your Policy**.

3.1. **You** must take care when answering any questions asked when taking out or varying this **Policy**. **You** have a duty to take reasonable care not to make a misrepresentation to **Us**. A misrepresentation is where **You** have provided incorrect, incomplete, or misleading information. This includes non-disclosure, where You have failed to include relevant information **You** were asked about.

If **You** deliberately or recklessly made a misrepresentation, **We** will:

- treat this insurance as if it never existed;
- decline all claims; and

keep the premium paid.

If **You** carelessly made a misrepresentation, and **We** relied upon that to offer this insurance or set the terms and premium, **We** may:

- treat this insurance as if it had never existed and refuse to pay all claims and return the premium paid; or
- amend the terms of this policy; or
- request more premium for this policy or reduce the amount paid on a claim.

Both ii. and iii. can apply at the same time.

**We** will write to **You** or **Your Insurance Intermediary** if **We**:

- intend to treat this policy as if it never existed; or
- needs to amend the terms of this policy.

3.2. Unless otherwise agreed in writing, this **Policy** will be governed by and construed in accordance with the laws of England and Wales. **We** and the Policyholder agree to submit to the exclusive jurisdiction of the courts of England and Wales.

3.3. **You** must be permanently resident in the United Kingdom, unless specifically agreed otherwise in writing by **Us**.

3.4. **You** must be 65 or under at the start of the Policy Period, unless specifically agreed otherwise in writing by **Us**.

3.5. **Cyber Clarification Clause**

We will pay for any otherwise covered loss, damage, liability, cost, or expense caused by a **Cyber Act** or **Cyber Incident**, subject always to the **Policy's** full terms, conditions, limitations, and exclusions.

For the purpose of this Cyber Clarification Clause, the following definitions apply:

**Cyber Act** means an unauthorised, malicious, or criminal act or series of related unauthorised, malicious, or criminal acts, regardless of time and place, or the threat or hoax thereof involving access to, processing of, use of or operation of any **Computer System**.

**Cyber Incident** means any error or omission or series of related errors or omissions involving access to, processing of, use of or operation of any **Computer System** or any partial or total unavailability or failure or series of related partial or total unavailability or failures to access, process, use or operate any **Computer System**.

**Computer System** means any computer, hardware, software, communications system, electronic device (including, but not limited to, smart phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility, owned or operated by the **You** or any other party.

## Policy Benefits

If whilst this **Policy** is in force, **You** suffer **Bodily Injury** during the **Operative Time**, which is the sole, direct, and independent cause of **Your** injury, then subject to the terms and conditions set out in this **Policy**, including in particular the exclusions and receipt by **Us** of the **Premium(s)**. **We** will pay the benefits as stated in **Your Policy Schedule** and within this Section.

4.1. **Capital Benefits**

The benefits payable will be the following percentage of the capital benefits specified in the **Policy Schedule**.

| **Bodily Injury** which within 12 calendar months results in: | | Percentage |
|---|---|---|
| 4.1.1. | Death, where **You** are aged 18 years and over | 100% |
| | Death, where **You** are aged less than 18 years. | 20% |
| 4.1.2. | Total and irrecoverable loss of use of:<br>- all sight in both eyes<br>- both hands or both feet<br>- one hand and one foot. | 100% |
| 4.1.3. | Total and irrecoverable loss of use of one hand or one foot together with total and irrecoverable loss of all sight in one eye. | 50% |
| 4.1.4. | Total and irrecoverable loss of:<br>- all sight in one eye or<br>- one hand or one foot. | 25% |
| 4.1.5. | **Permanent Total Disablement** provided always that the benefits will not be payable until such **Permanent Total Disablement** has continued for a period of 12 calendar months. | 100% |
| 4.1.6. | Please note, this benefit 4.1.6 only applies if Operative Time a) 'Playing, Practicing and Training' is specified on the Policy Schedule.<br>If **You** become totally and permanently disabled as a result of **Bodily Injury** sustained whilst travelling to or from an event in which **You** are engaged to play, practice or train for the sport nominated in the **Policy Schedule**, **We** will pay 20% of the applicable capital benefits shown on the **Policy Schedule**. | |

4.2. **Medical Benefits**

**We** will pay the percentage specified in the **Policy Schedule** towards the following expenses incurred as a result of **Bodily Injury**:

4.2.1. Hospital accommodation.

4.2.2. Ancillary Medical Expenses.

4.2.3. Physiotherapy and chiropractic.

4.2.4. Dental services to sound whole teeth only.

This benefit covers only amounts which are not covered by the public health system of where **You** are domiciled. Further, it only applies to the difference between any private health insurance rebate and the actual cost incurred by **You**.

This benefit is subject to deduction of the **Excess** specified in the **Policy Schedule** and a maximum payment per claim as specified in the **Policy Schedule**.

4.3. **Loss of Income** (only applicable where stated in the **Policy Schedule**)

Bodily Injury resulting in the following:

4.3.1. **Temporary Total Disablement Benefit**

This benefit is payable if **You** suffer **Temporary Total Disablement**. Cover is only provided if **You** were engaged full time in that activity up to the time of the **Bodily Injury**. **Your** entitlement to benefits under this Section does not commence until after the expiry of the **Excess Period**.

The amount of the benefit is the lesser of 75% of **Net Income Lost** or the weekly benefit amount in the **Policy Schedule**. This benefit is payable up to the **Maximum Claim Period** noted in the **Policy Schedule**.

For the purposes of this benefit, the following definitions apply:

**Maximum Claim Period** means the total period for which **Loss** of Income benefit 4.3.1. will be payable under this **Policy** in respect of all **Temporary Total Disablement**.

**Net Income Lost** means average weekly income, wage, or salary (including overtime) earned by **You** during the twelve months immediately preceding the commencement of the **Temporary Total Disablement** multiplied by the number of benefit weeks. Any amount to which **You** are legally entitled by way of sick leave or compensation from any Motor or Transport **Accident** or Social Welfare Services legislation of any kind or any other **Policy** of insurance will be deducted, and the net figure will be the '**Net Income Lost**'.

4.3.2. **Inconvenience Benefit**

**We** will reimburse **You** with the percentage specified in the **Policy Schedule** of non-**Medical Expenses** directly relating to the **Bodily Injury** for each complete twenty-four-hour period that You are hospitalised. There is no claim unless the period of **Bodily Injury** continues for more than the period specified in the **Policy Schedule**. We will not pay more than the maximum limit specified in the **Policy Schedule** for this benefit.

# GENERAL EXTENSIONS

A. **If you fracture (break) a bone**

**You** can claim for multiple injuries across section 4 up to the maximum amount specified on the schedule.

If **You** suffer a single or multiple fracture of a bone in an accident, we'll cover **You** up to the percentage shown in the table below. This is a percentage of the maximum amount for fractures detailed on the **Policy Schedule**.

| Description | Percentage |
|---|---|
| Single or multiple fractures of: | |
| **Your** leg, hip, pelvis, ankle, foot or one or more vertebrae in your spine. | 5% |
| **Your** shoulder, collar bone, breastbone, elbow, wrist or arm, hand, skull or jaw. | 2.5% |
| **Your** ribs, finger, toes. | 1.25% |
| If **You** fracture another bone that we haven't mentioned. | 1.25% |

B. **Facial scarring**

If **You** suffer permanent scarring to the face due to **Your** accident, we'll cover **You** up to the amounts shown in the table below.

| Description | Amount |
|---|---|
| Scarring of 20 centimetres or more | £500 |
| Scarring of over 10 centimetres but less than 20 centimetres | £250 |
| Scarring of over 5 centimetres but less than 10 centimetres | £125 |

# GENERAL EXCLUSIONS

We will not be liable for any claim in any way caused or contributed by:

5.1. **Your** Suicide or attempted suicide, intentional self-injury, or deliberate exposure to unusual danger (except in an attempt to save life),

5.2. **Your** own criminal act,

5.3. **You** being under the influence of alcohol or drugs,

5.4. **You** suffering from mental sickness, nervous anxiety, depression, emotional disorders or stress related conditions or complaints (even if the mental sickness, nervous anxiety, depression or stress related conditions or complaints arose out of a physical **Accident** or **Bodily Injury**).

5.5. **You** are engaging in or taking part in any sport/s other than the sport/s nominated in the **Policy Schedule**.

5.6. **You** being a professional in the sport/s nominated in the **Policy Schedule**. Under this **Policy**, **You** are a professional if the majority of **Your** income comes from **Your** direct involvement in playing, competing or training in a sport.

5.7. Driving or riding in any kind of race, or **You** are taking part in hazardous sports, pursuits or pastimes not declared to **Us**, or engaging in naval, military or air force services or operations.

5.8. Any of the following:

a) war, hostilities or any act of war (whether war is declared or not),

b) invasion,

c) act of an enemy foreign to your nationality, or enemy foreign to the country in, or over, which the act occurs,

d) civil war,

e) riot or civil commotion,

f) rebellion, insurrection, revolution or overthrow of any Government,

g) use of nuclear, chemical or biological weapons of mass destruction

h) radioactive contamination,

i) terrorist activity (or threat, hoax or preparation of terrorist activity). For the purpose of this exclusion terrorist activity means an 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. Terrorist activity can include for example:

- actual harm to **You**;
- damage to your property;
- use of any application, software or programme in connection with any electronic equipment (for example a computer, laptop, smartphone, tablet or internet capable electronic device) or computer virus;

j) any action taken by **You**, or anyone else, in controlling, preventing, or responding to any, or all, of 1 to 9 above.

5.9. Any pre-existing defect, infirmity, or sickness at the time of **Your Bodily Injury** that **You** knew about or should have known about.

5.10. **You** are engaging in air travel except as a passenger in a properly licensed multi-engine aircraft being operated by a licensed commercial air carrier or owned and operated by a commercial concern.

5.11. All claims arising out of unreasonable failure to seek or follow medical advice.

5.12. Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), regardless of how this syndrome has been acquired or may be named.

5.13. Ionising radiation or radioactive contamination.

5.14. Contracting a sexually transmitted disease, pregnancy, childbirth, miscarriage, abortion or infertility treatment and also medical operations or treatments which are not medically necessary, including cosmetic or beauty treatments.

5.15. Any medical or surgical procedure performed on You for any gradually developing bodily deterioration whatever the cause of that deterioration.

5.16. Sickness, disease, or disorder of any kind howsoever caused.

# CLAIMS

## How To Make A Claim

If an event giving rise to a claim under this Policy occurs, please provide details as soon as possible by contacting Our claims representatives Davies Group:

Davies Group Limited
P.O Box 2801
Stoke-on-Trent
ST4 9DN

Telephone: +44 (0) 1782 656626

Email: **newclaims.pa@davies-group.com**

**You** must give **Your Policy** reference. Please note that if medical treatment has been received **You** must obtain medical certificates showing the nature of the **Bodily Injury**.

## Claims Conditions

These conditions apply when you make a claim. If **You** do not meet these conditions, **We** may need to reject **Your** claim or a claim payment could be reduced. In some circumstances, **Your Policy** may not be valid.

6.1. Notice must be given to **Us** within 30 days of becoming aware of any **Accident** which causes or may have caused **Bodily Injury**. If applicable, **You** must as early as possible, place yourself under the care of a **Medical Practitioner**. **You** must follow proper medical advice from the **Medical Practitioner**.

6.2. Notice must be given to **Us** as soon as possible in the event of **Your** death resulting, or alleged to have resulted, from an **Accident**.

6.3. No claim will be accepted under this **Policy** by **Us** until **We** have received a completed claim form together with satisfactory medical evidence, proof of age and Occupation, , and such other documents **We** may reasonably require.

6.4. In respect of **Medical Benefits**, **We** will pay benefits at the completion of **Your** treatment and up to a maximum of 12 months from the date that the **Bodily Injury** occurred.

6.5. **We** will take into account any illnesses or injuries **You** already have when calculating the amount of any benefits under **Your Policy**.

6.6. **We**, and any medical adviser appointed by **Us**, will at **Our** own expense have the right and opportunity to examine:
a) all of **Your** medical records, notes and correspondence referring to the claim or related pre-existing conditions:

b) **You** as often as **We** may reasonably require during the period of a claim;

c) **You** for an autopsy in case of death, where it is not forbidden by law.

6.7. Once **We** have accepted a claim under this **Policy**, **We** will pay benefits, at the completion of **Your**:
a) treatment and upon receipt of satisfactory evidence of **Your Medical Expenses**; or

b) return to work after **Temporary Total Disablement**.

6.8. All **Temporary Total Disablement** benefits will end on **Your** death.

6.9. Proof of **Your** net income may be required from an independent and qualified third party.

6.10. Odd days of benefit will be payable at one seventh of the weekly benefit. Weekly benefit will only be payable in respect of complete days of **Temporary Total Disablement**.

6.11. During any claim process, **You** must continue to pay any relevant **Premiums** and **Insurance Premium Tax** as originally stated in the **Policy Schedule** if and when they fall due.

6.12. Benefits will not be payable for more than one of the events in the policy benefits sections 4.1. and 4.3. in respect of the same occurrence.

6.13. Benefits payable for policy benefits section 4.1. Capital Benefits will be reduced by any sum already paid under section 4.2. Medical Benefits and 4.3. Loss of Income in respect of the same occurrence. After the happening of any one of the events in section 4.1. Capital Benefits , there will be NO further liability under the Policy.

6.14. In the event of a claim for more than one benefit as a result of a single **Accident**, the total benefit payable will not exceed 100% of the sum insured under 4.1.5

6.15. Benefits under 4.3.1 **Temporary Total Disablement** Benefit will only be paid up for one Maximum Claim Period at any time.

For example, if you are claiming under 4.3.1 **Temporary Total Disablement** Benefit, and **You** then suffer a second accident, the Maximum Claim Period does not restart from the date of the second accident. **You** will not receive further **Temporary Total Disablement** Benefit for the second accident, while **You** are receiving benefit for the first claim.

6.16. Benefits will NOT be payable for any period after **You** have resumed playing, training, or practicing for the sport nominated in the **Policy Schedule** except for subsequent unrelated occurrences.

6.17. Benefits will NOT be payable for that part of the benefit payable under 4.3 Loss of Income for which state welfare benefits or other benefits can be claimed.

# CANCELLATION PROCEDURE

## How to Cancel

Please send written notice that You would like to cancel Your Policy to:

**Sportscover Europe Limited**
6th Floor, Sackville House,
143-149 Fenchurch St.
London EC3M 6BL

## Cooling-off

This insurance has a cooling off period of fourteen (14) days. You have a statutory right to cancel Your Policy for any reason within fourteen (14) days from the later of:

- the start of the Policy Period; or
- the day on which You receive Your Policy or the renewal documentation.

We will provide a full refund of the premium paid, but You will not receive any refund of premium if You have made a claim on this insurance.

## Cancellation by You

You may cancel this insurance after the cooling off period by giving Us 30 days' notice in writing to the address given above.

Any return premium due to You will depend on how long this insurance has been in force and whether You have made a claim, less £25 GBP administration fee.

However, if We have paid any claim, in whole or in part, You will not receive any refund of premium.

You will be responsible for cancelling any Direct Debit Mandate, if applicable.

## Cancellation by Us

We may cancel this insurance where there is a valid reason by giving You 30 days' notice in writing to Your last known address. Examples of valid reasons are as follows:

Non-payment of premium;

1. A change in risk occurring which means that We can no longer provide You with insurance cover;
2. Non-cooperation or failure to supply any information or documentation We request;
3. Failure to inform Us of changes to information provided by You or that have been requested by Us.

Any return premium due to You will depend on how long this insurance has been in force and whether You have made a claim.

However, if We paid any claim, in whole or in part, You will not receive any refund of premium.

You will be responsible for cancelling any Direct Debit Mandate, if applicable.

## Transactional Fees

8.1. In addition to the Premium due to Us, We may charge You a transactional fee for the issue of this Policy, any subsequent renewal and any adjustment to the cover which requires Us to issue an endorsement to reflect the changes requested by You. The amount of this fee is specified in the Policy Schedule and will be non-refundable in the event of cancellation.

# HOW TO COMPLAIN

## Complaints to Sportscover

If there is an occasion when service does not meet **Your** expectations, please contact **Your Insurance Broker**.

**You** may also complain to us by forwarding **Your** complaint to the following details. to:

**Sportscover Europe Limited**
6th Floor, Sackville House,
143-149 Fenchurch St.
London EC3M 6BL

Telephone: 0207 444 1770
Email: **info@active-risk.com**

**We** will review **Your** complaint and hope to resolve the matter. **We** will investigate the circumstances regarding **Your** complaint and write to **You** within two weeks with Our response.

## Complaints to Liberty

Liberty Mutual Insurance Europe SE aims to provide a high-quality service to all its customers. In the event that **You** are dissatisfied please contact **Us** so **We** can do what **We** can to help. **We** take complaints very seriously and aim to address all concerns fairly and efficiently. If You feel that **We** have not offered **You** this standard or **You** have any questions about **Your** contract or the handling of a claim, then in first instance **You** should contact **Your Insurance Broker** or intermediary who arranged this insurance for **You** or the branch that issued the **Policy**.

If **You** are still not satisfied with the service and wish to make a complaint **You** may do so in writing or verbally using the contact details below, quoting **Your Policy** and/or claim number:

Compliance Officer
**Liberty Mutual Insurance Europe SE**
20 Fenchurch Street,
London EC3M 3AW,

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

or

Compliance Officer
**Liberty Mutual Insurance Europe SE**
5-7 rue Leon Laval L-3372 Leudelange,
the Grand Duchy of Luxembourg

Telephone: +352 28 99 13 00
Email: **complaints@libertyglobalgroup.com**

Alternatively, as Liberty Mutual Insurance Europe SE is a Luxembourg insurance company, **You** are also entitled to refer the dispute to any of the following dispute resolution bodies:

Commissariat aux Assurances,
7, boulevard Joseph II,
L-1840 Luxembourg

Telephone: (+352) 22 69 11 – 1
Email: **caa@caa.lu**

**www.caa.lu**

or

Médiateur en AssurancesACA,
12, rue Erasme,
L-1468 Luxembourg

Telephone: (+352) 44 21 44 1
Email: **mediateur@aca.lu**

**www.ulc.lu/fr/organes/detail.asp?T=2&D=descr&ID=6**

## Financial Ombudsman Service (FOS)

**You** also have the right to refer **Your** complaint to the Financial Ombudsman free of charge, but **You** must do so within six (6) months of the date of the final response letter.

If **You** do not refer **Your** complaint in time, the Ombudsman will not have Our permission to consider **Your** complaint and so will only be able to do so in very limited circumstances. For example, if the Ombudsman believes that the delay was as a result of exceptional circumstances.

**The Financial Ombudsman**
Service Exchange Tower
London E14 9SR

Telephone: 0800 023 4567 or 0300 123 9123
Email: **complaint.info@financial-ombudsman.org.uk**

**www.financial-ombudsman.org.uk**

Using **Our** complaints procedure or contacting the FOS does not affect **Your** legal rights.

The European Commission has an online dispute resolution service for consumers who have a complaint about a product or service bought online. If **You** choose to submit Your complaint this way it will be forwarded to the Financial Ombudsman Service.

Visit **https://ec.europa.eu/odr to access the Online Dispute Resolution Service**.

Alternatively, **You** can contact the Financial Ombudsman Service directly.

## Financial Services Compensation Scheme

Liberty Mutual Insurance Europe SE UK Branch, as insurers under this policy, are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from FSCS if Liberty Mutual Insurance Europe SE UK Branch are unable to meet their obligations to **You** under this insurance.

If **You** are entitled to compensation from FSCS, the level and extent of compensation will depend on the nature of this insurance. Further information about FSCS is available on their website: **www.fscs.org.uk** or **You** can write to them at PO Box 300, Mitcheldean, GL17 1DY.

# DATA PROTECTION NOTICE

**We** and the **Insurer**, Liberty Specialty Markets, takes the protection of **Your** personal data seriously and is committed to protecting **Your** privacy. There are a number of different companies within the Insurer's group. The specific company within Liberty Specialty Markets 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 **Us** at any time by e-mailing **Us** at:

**dataprotectionofficer@libertyglobalgroup.com** or by post at Data Protection Officer, Liberty Specialty Markets, 20 Fenchurch Street, London EC3M 3AW, UK.

In order for **Us** to deliver **Our** insurance services, deal with any claims or complaints that might arise and prevent and detect fraud, **We** need to collect and process personal data. The type of personal data that **We** collect will depend on our relationship with **You**: for example, as a named **Insured**, 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, claims handlers and loss adjusters, professional advisors, **Our** regulators, or fraud prevention agencies. **We** also collect personal data about **Our** suppliers and business partners (such as brokers) for the purposes of business management and relationship development.

For further information on how **Your** information is used and the rights that **You** have please see privacy notice available at **www.libertyspecialtymarkets.com/privacy-cookies**. Please contact **Us** using the details above if **You** wish to see the privacy notice in hard copy.

A copy of Sportscover's full Data Privacy Notice can also be found on **www.sportscovereurope.com** or can be obtained by contacting the Data Protection Officer by emailing **dataenquiries@active-risk.com.com** or by post at the address below:

Data Protection Officer Sportscover Europe Limited, 6th Floor, Sackville House, 143-149 Fenchurch St. London, EC3M 6BL.

## SANCTIONS SUSPENSION NOTICE

**We** shall not provide any benefit under this contract of insurance to the extent of providing cover, payment of any claim or the provision of any benefit where doing so would breach any sanction, prohibition or restriction imposed by law or regulation.

## TAXES

There may be circumstances where taxes may be due that are not paid via **Us**. If this occurs, then it is **Your** responsibility to ensure that these are paid direct to the appropriate authority.

## PROVIDING INSURANCE SOLUTIONS FOR

## ADVENTURE SPORTS

## AMUSEMENT CATERERS

## EVENTS

## HEALTH & FITNESS SPORTS

## VISITOR ATTRACTIONS

# CONTACT US

You can contact us in the following ways:


**Sportscover Europe Ltd**

**By phone**

+ 44 (0) 207 444  1770

Our lines are open Monday to Friday
9:00am – 5:00pm, except on public holidays.

**By email**

**enquries@active-risk.com**

**By post**

6th Floor, Sackville House
143-149 Fenchurch St
London
EC3M 6BL


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