



**British Parachute Association Wording
Personal Accident Group Policy**

Policy Number: 0010628473



SPECIALTY MARKETS Group Personal Accident Policy

Policy Schedule

Policy Wording Applicable – AHSU0801 Policy Wording 0221] FEB21

American International Group UK Limited		Policy Number: 0010628473	
Group policyholder:	British Parachute Association		
Group policyholder's address:	Wharf Way, Glen Parva, Leicester		
	Post Code: LE2 9TF		
Business description:	National Governing Body for Sports Parachuting		
Insurance Intermediary:	Romeros Insurance Brokers	Code: DR	
Period of insurance:		Premium & Insurance Premium Tax (IPT) @ 12%	
Start date of cover: 1 st April 2026		Premium:	£250.00
To: 31 st March 2027	And for any subsequent period for which a premium is paid and accepted.	IPT:	£ 30.00
Renewal date: 1 st April 2027		Total:	£280.00
Premium Adjustment Clause	Operative		
Insured persons:			
Section A: Personal Accident			
1. Any Member of the group policyholder who has paid an annual membership fee to be a member of the group policyholder or any persons who has purchased a temporary or provisional student membership			
Section B: Virtual Medical Care			
Any person shown under Section A who has paid an annual membership to be a member of the group policyholder			
Operative time Section A:			
Categories of insured persons 1:			
From the time of leaving the aircraft with the intention of completing a parachute jump until such time as the landing is complete as confirmed by BPA in accordance with BPA Operational Manual supplemented by local club/airfield standard operating procedures.			
Operative time Section B:			
24 hours a day anywhere in the world			

Table of Benefits

Section A:		Personal Accident	
Item	Benefit Description		Sum insured
1	Death		£17,500
2	Loss of sight in one eye or loss of limb (one)		£17,500
3a	Loss of sight in both eyes or loss of limb (two or more), or loss of sight in one eye and loss of limb (one)		£17,500
3b	Loss of speech		£17,500
3c(i)	Loss of hearing in both ears		£17,500
3c(ii)	Loss of hearing in one ear		£4,375
4a	Permanent total disability		£17,500
4b	Permanent partial disability		NOT INSURED
5	Temporary total disability Deferment period Not insured Benefit period Not insured		NOT INSURED
6	Out of pocket expenses Deferment period Not insured Benefit period Not insured		NOT INSURED
7	Medical expenses incurred in connection with a valid claim under items 1- 6 of Section A not exceeding 15% of the compensation paid under items 1 - 4b or 30% under items 5 and 6 whichever is the greater but subject to a maximum of £10,000 per person.		

Section B:		Virtual Medical Care
Item		
1	A GP Consultation and Expert Case Management provided; 24 hours a day, 7 days a week.	
2	Virtual Physiotherapy Service (age 18 and over only)	

This Insurance is underwritten by American International Group UK Limited. American International Group UK Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (FRN 781109). This can be checked by visiting the FS Register (<https://register.fca.org.uk/>). American International Group UK Limited is a member of the Association of British Insurers. Registered in England: Company number 10737370. Registered address: The AIG Building, 58 Fenchurch Street, London EC3M 4AB, United Kingdom.

Memorandum attaching to policy number :

Memorandum 1 – Excess

It is hereby noted and agreed that **we** will not be liable for the first £15,000 of the first claim during each and every policy period.

Memorandum 2 – Quarterly Declaration

At the end of each Quarterly Review Date, the **group policyholder** shall declare to **us** the number of insured members during that review period and the premium already paid shall be adjusted on the basis of this declaration by an additional premium payable to **us** or a refund to the **group policyholder** as appropriate subject to a minimum retained deposit of £250.00

Quarterly review dates shall be unless otherwise stated:

1st July 2026

1st October 2026

1st January 2027

28th February 2027

Declaration rate based on the following :

£1.00 plus IPT per person for a full member

£0.35 plus IPT for a temporary or student member.

Memorandum 3 – Claims

It is noted and agreed that subject to the overall loss ratio on this account being under 40% for the prior period of insurance, renewal will be invited on the basis of the following rates to be charged on the declaration:

Standard Rates charged at renewal if loss ratio over 40%:

£1.00 plus IPT per person for a full member

£0.35 plus IPT per person for a temporary or student member.

If the loss ratio is under 40%, the rate charged for the declaration will be as follows for the next period of insurance:

£0.90 plus IPT per person for a full member

£0.315 plus IPT per person for a temporary or student member.
