# Secondary School

**Pupil Personal Accident Insurance 2024/2025**

**Option B – Specified Pupils Only**

AIG Europe S.A. is pleased to relaunch Pupil Protector, a new and

innovative Personal Accident Plan designed to provide financial support and assistance in the event of an accident to a child.

Every year many children require hospital treatment following an

accident and the consequences can be very serious, often leading to permanent disability. Our Pupil Protector Personal Accident Plan is designed to provide financial support for parents to meet some of the medical, dental and other bills that arise when serious accidents happen.

Our plan provides a wide range of insurance benefits, some of which are not available on similar schemes with competitors.

All you need to do is complete the form below and return it to your school.

Europe S.A. before **30th September 2024** with the appropriate premium based on the number of pupils on the school register and whether you have opted for School Activities only or 24 Hour cover. All staff can also be insured for school activities only. You can choose to take a Voluntary Claims Excess and avail of the discounts outlined below. This excess is per accident.

**PRE-CONTRACTUAL DUTY OF DISCLOSURE**

**You must answer all questions contained in this application form honestly and with reasonable care.** Failure to do so may result in your policy being cancelled or we may refuse to deal with any claims or reduce the amount of a claim payment, as detailed under the **Impact of Misrepresentation** section, which you should read carefully.

The answers you provide are the basis upon which an insurance cover quotation will be offered or refused. **If any of the answers or information in this Completed Application Form is or becomes incorrect or inaccurate you must notify us immediately and obtain a revised quotation and complete a new Application Form.**

**WARNING**

If you are not in a position to answer all of the questions asked of you in this cover application process, honestly and with reasonable care, then you should not proceed with your insurance quotation request.

**COMPLETED APPLICATION FORM**

Once your contract of insurance has been concluded with AIG Europe S.A., you will be provided with a copy of your completed insurance cover by email.

Your completed application form should be read in conjunction with your insurance policy cover schedule and your insurance policy wording.

**COVER**

The following is a summary of the benefits payable should any insured pupil sustain accidental bodily injury resulting in medical expenses, disablement or death.

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| --- | --- |
| **SUMMARY OF BENEFITS** |  |
| * **Paralysis from the neck down** | **€200,000** |
| * **Brain damage** | **€200,000** |
| * **Permanent total disability** | **€150,000** |
| * **Loss of sight in both eyes** | **€150,000** |
| * **Loss of both hands or both feet** | **€150,000** |
| * **Loss of sight in one eye** | **€100,000** |
| * **Loss of one hand or one foot** | **€100,000** |
| * **Loss of hearing:** |  |
| * **both ears** | **€100,000** |
| * **one ear** | **€40,000** |
| * **Loss of speech** | **€40,000** |
| * **Death by accident** | **€25,000** |
| * **Full thickness burns…. up to** | **€20,000** |
| * **Facial scarring up to** | **€2,000** |
| * **Hospitalisation €20 for each 24 hours - up to** | **€1,800** |
| * **Medical or Dental expenses not recoverable from any other source - up to** | **€40,000** |

**INSURED PERSONS** All pupils of the school for whom premium has been paid.

**AGE LIMITS** Lower Age Limit – 3 years. Upper Age Limit – 22 years.

**OPERATIVE TIME** (in accordance with the option selected) While the insured person is participating in school related activities authorised by the school, including direct travel to and from such activities **OR** 24 Hours a day.

**PERIOD OF INSURANCE** As shown on the Policy Schedule.

**WHAT IS NOT COVERED** We will not cover bodily injury to an insured person due to or caused by;

1. A direct consequence of war.
2. Flying unless as a fare-paying passenger.
3. Committing or attempting to commit suicide or a crime.
4. Resulting in a diagnosis of fibromyalgia, myalgic encephalomyelitis, chronic fatigue syndrome, post-traumatic stress disorder or any mental or nervous disorder.
5. Resulting from a gradually operating cause.
6. Taking a drug or drugs other than according to the manufacturer’s instructions or as prescribed by a doctor.
7. Taking a drug or drugs to treat drug addiction or under the influence of alcohol or solvents.
8. In respect of medical expenses or hospital confinement arising from any physical or mental condition, or disability of a recurring or chronic nature, from which the insured person suffered or was known to suffer before the period of insurance. This exclusion shall not apply where insurance has been effected on a compulsory basis for all students or staff of a school.
9. Occasioned during the course of employment of any kind other than an authorised school work experience programme or, in respect of staff, other than work on behalf of the school.

This summary is a guide to policy covers and exclusions. The policy document is issued to the school and contains all terms, conditions and exclusions applicable to this insurance. You can get a copy of the policy document (which contains information on how to make a claim) on our website: <https://www.aig.ie/policy-documents>

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| --- | --- | --- | --- |
| **APPLICATION FORM FOR SCHOOL GROUP POLICY - SECONDARY SCHOOL** | | | |
| I wish to have my child included on the Schools Group Personal Accident Cover | | Yes/No | |
| If Yes please complete as required | **24 Hour Basis (12.00 per pupil) Yes/No Yes/No** | | |
| Name of Pupil (in full) |  | | |
| School class/year |  | | |
| Name of school |  | | |
| Signature of parent/guardian |  | | Date DD / MM / YYYY |

**Suitability of Personal Accident Plan based upon your Demands and Needs**

Having read the Personal Accident Plan and all Policy Documents, I **CONFIRM** and **AGREE** that I consider this Personal Accident Plan provides me with adequate financial protection based on my demands and needs and all other persons insured on the policy. (Please tick if you agree)

**Alteration of Risk**

I confirm and accept that I will contact AIG Europe S.A. immediately or as soon as reasonably possible, if any of the answers or information provided becomes inaccurate, incorrect or has changed beyond what was reasonably contemplated when the insurance quotation or contract of insurance was concluded as this may affect the cover provided and any claims made by you on your policy (see Impact of Misrepresentation section). (Please tick if you agree)

**DATA PROTECTION NOTICE:**

Please note that Personal Information about someone else should only be provided with that individual’s express permission to share his/her Personal Information with us. Therefore, before providing us with Personal Information about someone else, you must (unless we agree otherwise) tell that individual about the content of this notice and our Privacy Policy and obtain their permission (where possible) to share his/her Personal Information with us. Our full privacy policy is available at https://www.aig.ie/privacy-policy or you may request a copy from dataprotectionofficer.ie@aig.com or by writing to Data Protection Officer, AIG Europe S.A., Ireland Branch, 30 North Wall Quay, International Financial Services Centre, Dublin 1.

**IMPACT OF MISREPRESENTATION**

The Impact of any Misrepresentation by you, is as follows:

1. **Innocent Misrepresentation:**

Where you have answered all questions in your application form honestly and with reasonable care but where you made an innocent misrepresentation (that is, one that is neither negligent nor fraudulent) we will pay any covered claim event subject to the terms and conditions of your policy.

1. **Negligent Misrepresentation:**

If you make a negligent misrepresentation or fail to take reasonable care in completing your application form your cover may not fully operate and in the event of a claim we will exercise one of the following remedies:

* 1. If knowing the full details we would not have entered into the insurance contract, we may avoid the contract, refuse all claims and return any premiums paid by you.
  2. If we would have entered into the insurance contract, but

on different terms (excluding terms relating to the premium), the contract may be treated as if it had been entered into on those terms.

* 1. If we would have entered into the insurance contract but have charged a higher premium, we may reduce proportionately the amount to be paid on your claim.
  2. Where there is no outstanding claim under the insurance contract, we may either:
     1. give notice to you that in the event of a claim we will exercise the remedies in paragraphs (a) to (c), or
     2. terminate the contract by giving reasonable notice to you.

1. Fraudulent Misrepresentation:

If you make a fraudulent misrepresentation or where any conduct by you involves fraud of any kind we shall be entitled to avoid the contract of insurance and refuse any claims.