HARRY HALL
oneclub

Your One Club

Enhanced Member Benefit

harryhallinsurance.com 01274 711011

equario
INSURANCE (GUERNSEY) LTD

HARRY HALL ONE CLUB MEMBERS' SUMMARY OF ENHANCED PERSONAL ACCIDENT COVER

This document is provided to Harry Hall One Club Members for information only as a guide to cover provided to Harry Hall International Ltd ("Harry Hall") by Equario Insurance (Guernsey) Limited ("the Insurer") for the benefit of Enhanced Members of the Harry Hall One Club.

It does not contain the full terms and conditions and does not constitute a legal contract of insurance.

Whilst You hold an Enhanced membership of the Harry Hall One Club You receive the benefit of the Cover described.

COVER DETAILS

Your Period of Cover:	The period for which You are an Enhanced member of the Harry Hall One Club ; **Starting**: when your membership begins between 1 July 2026 and 30 April 2027 (both days inclusive Local Standard Time at the address of Harry Hall); and **Ending:** at the sooner of either your membership expiring after no more than 12 months or being cancelled.
Geographical Limits:	United Kingdom of Great Britain & Northern Ireland and the Isle of Man
Age Limit:	Under 76 years at the start of the Period of Cover
Gold Member Equine Activities:	Recreational riding and ownership or control for a Horse or a Horse Drawn Vehicle and Your direct participation in local gymkhanas, hunting, unaffiliated dressage and jumping shows.
Gold Plus and Platinum Member Equine Activities:	Recreational riding and ownership or control for a Horse or a Horse Drawn Vehicle and Your direct participation in local gymkhanas, hunting, unaffiliated dressage and jumping shows, and events organised by or affiliated to those organisations agreed between the Master Insured and Insurer in writing, as published on the Harry Hall One Club website.
Gold Member Equine Excluded Activities:	All activities other than those stated in Gold Member Equine Activities above are **excluded** unless specifically agreed by the Insurers
Gold Plus and Platinum Member Equine Excluded Activities:	All activities other than those stated in Gold Plus and Platinum Member Equine Activities above are **excluded** unless specifically agreed by the Insurers

COMPLAINTS

We are dedicated to providing **You** with a high-quality service and **We** want to ensure that **We** maintain this at all times. If **You** feel that **We** have not offered **You** a first-class service please write and tell **Us** and **We** will do **Our** best to resolve the problem.

In the first instance, **You** should bring any questions or concerns regarding this document, **Your** cover or **Our** service to the attention of Harry Hall at the address below:

Customer Relations Team
Harry Hall International Limited
Hope Park Business Centre
4 Coop Place
Rooley Lane
Bradford
BD5 8JX
Email: contact@harryhallinsurance.com

If **Your** complaint is about the way in which **We** provide or administer **Your** cover (but not anything to do with any administration carried out for **You**) and **You** are not satisfied with the response, **You** should contact **Us** at:

Compliance Officer
Equario Insurance (Guernsey) Limited
Level 5, Mill Court
La Charroterie
St Peter Port
Guernsey GY1 1EJ.
Email: equario@howdencaptives.com

We will acknowledge **Your** complaint within 3 working days and do everything **We** can to put the matter right within 10 working days. If **We** cannot do this, **We** will let **You** know how long **We** think it will take **Us** to fully investigate and who will be responsible for **Your** complaint. Once **We** have completed **Our** investigations, **We** will let **You** know the outcome.

Please note that Equario Insurance (Guernsey) Limited is regulated by the Guernsey Financial Services Commission (GFSC). If **You** remain dissatisfied, then **You** may refer **Your** complaint to the Channel Islands Financial Ombudsman (CIFO) at:

Channel Islands Financial Ombudsman ("CIFO")
P O Box 114
Jersey, Channel Islands
JE4 9QG
Email: enquiries@ci-fo.org
Website: www.ci-fo.org
Phone: +44 1534 748610

If **Your** complaint is about any administration carried out for **You** by Harry Hall and **You** disagree with any reply from their Customer Relations Team regarding the cover, **You** may ask the Financial Ombudsman Service to review **Your** complaint. Their contact details are:

Financial Ombudsman Service
Exchange Tower
London
E14 9SR

Telephone: 0800 023 4567 – calls to this number are now free on mobile phones and landlines
0300 123 9123 – calls to this number cost no more than calls to 01 and 02 numbers
Complete the online form at:
www.financial-ombudsman.org.uk/contact

Please note that the Financial Ombudsman Service may not be approached in respect of the cover, or any services provided by the **Insurer**.

This will not affect **Your** right to take legal proceedings.

TABLE OF BENEFITS

Equario Insurance (Guernsey) Limited will pay the **Sum Insured** to the **Covered Member**, in accordance with the following Table of Benefits in the event of a **Covered Member** sustaining a **Fracture**, subject to the details of the Master Policy.

		A	B **
Item	**Bone Structure**	**Sum Insured**	**Sum Insured**
1	Skull (Cranium)	£1,500	£750
2	Jaw (Mandible)	£1,000	£500
3	Collar bone (Clavicle)	£1,000	£500
4	Shoulder blade (Scapula)	£1,000	£500
5	Sternum	£1,000	£500
6	Rib Cage	£1,000	£500
7	Vertebrae	£1,000	£500
8	Humerus	£1,000	£500
9	Radius	£1,000	£500
10	Ulna	£1,000	£500
11	Wrist/Hand (excludes fingers)	£1,000	£500
12	Pelvis (including Sacrum and Coccyx)	£1,000	£500
13	Femur	£1,000	£500
14	Knee (Patella)	£1,000	£500
15	Tibia	£1,000	£500
16	Fibula	£1,000	£500
17	Ankle	£1,000	£500
18	Foot (excludes toes)	£1,000	£500

	A	B **
Maximum Sum Insured Any One Occurrence*	£3,500	£1,750

* Note: Occurrence means an equine accident that results in bodily injury and a bone fracture.

** Please see Condition 4 on page 11 of this document for full details.

Important

1. Please refer to the Conditions on page 8 as certain types of fracture such as comminuted fractures and multiple rib fractures are classed as one fracture.

2. Please refer to Condition 4 on page 8 of this document for details of those whose benefit will be found in column B above. In all cases where Condition 4 is not applicable Column A benefits will apply.

*

CONTENTS

HOW TO MAKE A CLAIM

If **You** think **You** may have a claim, then please contact Harry Hall as soon as feasible and within 30 days of the **Accident** with as much information as possible and **We** will tell **You** what to do next.

You must place yourself under the care of a duly qualified **Medical Practitioner** as soon as is reasonably possible and notice of any incident what may give rise to a claim must be made as soon as is feasibly possible.

Claim Notifications should be sent to:

Harry Hall International Limited
Claim Department
Hope Park Business Centre
4 Coop Place
Rooley Lane
Bradford
BD5 8JX

Telephone: 01274 711 011 – Option 5 (new claims)
Email: fractureclaims@harryhallinsurance.com

Claims are administered by Harry Hall which is authorised and regulated by the FCA, firm reference number 968047.

GENERAL INFORMATION

Cover has been provided by the **Insurer** to Harry Hall as a Master Insured for the benefit of Enhanced Members of the Harry Hall One Club ("Covered Members").

Covered Members receive the benefit of enhanced personal accident cover as part of enhanced membership and this document provides details of that cover. The Insurer will pay a valid claim to **You** whilst a **Covered Member** subject to the details of the Master Policy.

Please take care to review all documentation carefully. You should pay particular attention to any terms, conditions, limits and exclusions which may require **You** to take action.

The language of this document and all related communications will be in English.

If **You** have any queries relating to this document, the cover provided, or would like details about the Master Policy please contact Harry Hall at the address shown above or by emailing contact@harryhallinsurance.com.

Harry Hall International Limited and Equario Insurance (Guernsey) Limited are entities which both have the same ultimate beneficial owner.

Eligibility Criteria
You are eligible for cover for the duration of the **Period of Cover** for which **You** are an **Enhanced Member** of the Harry Hall One Club. Your eligibility will cease in accordance with the Harry Hall One Club Membership condition on page 12.

Please contact Harry Hall immediately if You would like to ask any questions.

DATA PROTECTION AND PRIVACY

The **Insurer** and its intermediaries record and hold personal data in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017 and the UK Data Protection Act 2018 ("the Law") and follows strict security procedures in the storage and disclosure of information provided to prevent unauthorised access or loss of such information.

The **Insurer** may find it necessary to pass data to other firms or businesses that supply products and services associated with the cover. The **Insurer** will particularly share information with Harry Hall in the UK who assist with the administration of the cover and any questions around the use of **Covered Members'** personal data. The **Insurer** will also share information with Rokstone Underwriting on behalf of reinsurers.

In order to comply with the Law, the **Insure**r is committed to processing personal information fairly and transparently. Any information and data provided to the **Insurer** is for the purposes of the provision of insurance services and will be processed fairly and securely in accordance with these purposes.

a. The **Insurer** collects non-public personal information about any party covered from the information the **Insurer** receives on applications or other forms;

b. The **Insurer** does not disclose any non-public personal information relating to any party covered to anyone except as is necessary in order to provide its products or services or otherwise as it is required or permitted by law (e.g. a subpoena, fraud investigation, regulatory reporting, or the like.)

c. The **Insurer** will take all reasonable precautions to preserve the integrity and prevent any corruption, loss, destruction of, or damage to all data and information.

d. The **Insurer** undertakes to comply, and to have adequate measures in place to ensure that its staff comply, at all times with the provisions and obligations contained in (as amended from time to time) any relevant data protection law and regulation.

e. The **Insurer** restricts access to non-public personal information relating to any party covered to its employees, its subsidiary, parent and or other group companies, their employees or others who need to know that information to service the cover.

f. **Covered Members** have the following rights in relation to the handling of their personal data:

- They are entitled to access the personal data which the **Insurer** is holding about them;
- They are entitled to have any inaccuracies in their personal data corrected;
- They are entitled to request that the **Insurer** restrict the processing of their personal data, under certain conditions;
- They have the right to object to the **Insurer** processing their data, under certain circumstances;
- They are entitled to have the personal data the **Insurer** holds about them erased, except where its retention is required by law or contract.

g. **Covered Members** should make any requests or questions regarding their personal data in writing to Harry Hall who will administers such requests or questions on the **Insurer**'s behalf using the details below:

FAO: The Data Protection Officer
Harry Hall International Limited
Hope Park Business Centre
4 Coop Place
Rooley Lane
Bradford
BD5 8JX
Or by email to dpo@harryhallinsurance.com

Harry Hall will respond within one month.

If dissatisfied with the response, **Covered Members** may contact the **Insurer** at this address:

The Compliance Director
Equario Insurance (Guernsey) Limited
Level 5, Mill Court
La Charroterie
St Peter Port
Guernsey GY1 1EJ

The Insurer will respond within one month.

If **Covered Members** are not satisfied with how their personal data has been processed, they have the right to apply directly to the Office of the relevant Data Protection Authority.

Information Commissioners Office
Wycliffe House
Water Lane
Wilmslow
Cheshire, SK9 5AF
Telephone: 0303 123 1113

Office of the Data Protection Commissioner
St Martin's House,
Le Bordage,
St Peter Port
Guernsey GY1 1BR
Email: enquiries@odpc.gg
Telephone: +44 (0)1481 74207

COVERAGE

Cover

If, during the **Period of Cover**, whilst taking part in **Equine Activities** within the **Geographical Limits**, a **Covered Member** suffers a **Fracture** then **We** will pay the appropriate **Sum Insured** as per the Table of Benefits described within this document.

Conditions Applicable

The following conditions should be read in conjunction with the General Conditions:

1. Multiple **Fractures** from one occurrence will be treated as a single claim.

2. More than one **Fracture** to the same bone structure, including **Comminuted Fractures**, will be entitled once only per occurrence to the **Sum Insured** established for the affected bone structure, as outlined in the Table of Benefits.

3. Where a **Covered Member Fractures** more than one bone structure as outlined in the Table of Benefits, **We** will pay up to a maximum of three **Sums Insured** per any one occurrence and up to a maximum of three occurrences per **Period of Cover**.

4. Where a **Covered Member:**
   - Is over 65 years of age or under 14 years of age
     or
   - Has a pre-existing condition such as Osteoporosis or **Brittle bone disease**
     at the start of their **Period of Cover**, as shown in this document**;** the appropriate **Sum Insured** shall be that shown in column 'B' of the Table of Benefits.

GENERAL DEFINITIONS

Wherever one of the words or phrases listed below is used in this document, it will have the same meaning wherever it appears unless stated otherwise. A defined word or phrase will start with a capital letter each time it appears in this document, and is printed in bold type e.g. **Accident**, except for headings and titles.

Throughout this document, words in the singular include the plural and vice versa. The male gender includes the female and neuter. References to legislation include such legislation as amended and to any statutory re-enactment thereof.

Accident/Accidental
A sudden, unexpected, unusual, specific event which occurs at an identifiable time and place.

Act of Terrorism
Any 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. An Act of Terrorism can include but not be limited to the actual use of force or violence and/or the threat of use. Furthermore, the perpetrators of an Act of Terrorism can either be acting alone, or on behalf of or in connection with any organisation or government.

Bowing fracture
Bowing fractures or plastic deformities are incomplete fractures of tubular long bones and occur as a plastic response to longitudinal stress.

Brittle bone disease
Brittle bone disease is a genetic or heritable disease in which bones fracture (break) easily, often with no obvious cause or minimal injury.

Comminuted fracture
A fracture in which the bone is broken into more than two pieces.

Covered Member/You/Your
Any person who is an Enhanced Member of the Harry Hall One Club as detailed in this document.

Enhanced Member
A person holding any category of 'Enhanced' Membership of the Harry Hall One Club.

Equine Activities

The **Covered Member's** recreational riding and ownership or control of a **Horse** or a **Horse Drawn Vehicle** and their direct participation in local gymkhanas, hunting, unaffiliated dressage and jumping shows.

Where a **Covered Member** is either a 'Gold Plus' or 'Platinum' **Enhanced Member**, **Equine Activities** is extended as described in the Cover Details within this document.

Equine Excluded Activities

All activities other than those stated in **Equine Activities.**

Family

All grandparent(s), parent(s), any spouse or civil partner, dependent children (including foster children), step-children, and any other household members permanently residing at the same address.

Fracture

For the purpose of the cover, a **Fracture** is defined as a discontinuity in the bone caused solely by **Accidental** means and independently of **Illness**, previous injury or any other cause, resulting from mechanical forces that exceed the bone's ability to withstand them. **Fractures** must be evidenced by radiological imaging tests.

Horse

Any horse, pony, donkey, mule, ass or jennet.

Horse Drawn Vehicle

Any non-motorised carriage, cart, wagon or wheeled attachment which is designed to be pulled behind a **Horse** excluding caravans, trailer tents, catering trailers, exhibition trailers or items of machinery.

Illness

A disease or sickness of the **Covered Member**.

Insurer / We / Us / Our

Equario Insurance (Guernsey) Limited

Medical Practitioner

A suitably qualified Medical Practitioner registered by the General Medical Council in the **United Kingdom** other than:

1. An **Insured** or;
2. A member of the immediate **Family** of the **Insured.**

Pathological Fracture

A pathological fracture is one in which breaks in the bone are caused by, or directly related to an underlying disease. Examples of pathological fractures include those caused by osteoporosis, or other bone diseases or cancer.

Period of Cover

The period stated herein or any subsequent period **We** agree with Harry Hall.

Sum Insured

The **Sum Insured** noted in the Table of Benefits for the item against which the **Covered Member** has claimed.

United Kingdom

England, Scotland, Wales, Northern Ireland, and the Isle of Man.

War

Any activity or conflict where military force is used and includes one of the following:

1. Hostilities or warlike operations (whether War be declared or not)
2. Invasion, civil War, rebellion, insurrection, revolution
3. Act of an enemy foreign to the nationality of the **Covered Member** or the country in or over which the act occurs
4. Civil commotion assuming the proportions of, or amounting to, an uprising
5. Overthrow of the legally constituted government
6. Military or usurped power
7. Explosions of War weapons
8. An Act of Terrorism
9. Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the **Covered Member** whether War be declared with that state or not.

GENERAL CONDITIONS

The following General Conditions apply to this document and all clauses, extensions and endorsements unless otherwise stated.

Sanction Limitation

We will not provide any cover, or be liable to pay any claim, or provide any benefit to the extent that this would expose **Us** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, Bailiwick of Guernsey, United Kingdom or United States of America.

Interest on Benefit Payable

We will not pay interest on any benefit payable.

Trust Assignment

We will not automatically accept or be affected by notice of any trust assignment or the like which relates to the cover provided.

Harry Hall One Club Membership

It is a condition precedent to any liability of the **Insurer** to make any payment under the cover that **You** comply with such Terms and Conditions and any Requirements of the Harry Hall One Club as may be amended from time to time including but not limited to selecting the correct level of membership based on the number of **Horses You** own.

CLAIMS CONDITIONS

The following claims conditions apply to this cover:

Claims Co-operation

The **Covered Member** shall provide assistance and co-operate with **Us** or **Our** representatives in obtaining any other records **We** deem necessary to evaluate the claim.

In no event will **We** be liable to pay any claim hereunder unless the **Covered Member** co-operates with **Us** and/or **Our** representatives in the investigation of a claim.

Claim Notification

All claims should be notified to Harry Hall, in accordance with the details under 'How to Make a Claim' on Page 5, as soon as feasible and within 30 days of any **Accident** to a **Covered Member** and the **Covered Member** must as early as possible place themselves under the care of a duly qualified **Medical Practitioner.**

In order to consider a **Covered Member**'s claim, **We** will require either a Radiology/X Ray report or a report from a **Medical Practitioner** with the specifications of the location and **Fracture** type and description of any underlying bone defect or disorder.

When a **Fracture** affects growth plate(s) in paediatric population, and it is not obvious on radiology images, a suitable clinical diagnosis and treatment plan must be reported by a **Medical Practitioner** appropriately specialized in orthopaedics or trauma medicine and submitted to the **Insurer**.

Right to Medical Records and Medical examination

Following notice of a claim, the **Covered Member** shall provide, when requested by **Us**;

(a) all authorisations necessary to obtain their medical records.
(b) additional medical evidence such as Radiology/X Ray or **Medical Practitioner** reports should evidence provided already be insufficiently detailed.

We have the right to have a C**overed Member** examined by a physician or vocational expert of **Our** choice and at **Our** expense when and as often as **We** may reasonably request.

GENERAL EXCLUSIONS

The following Exclusions apply to this cover and all clauses, extensions and endorsements unless otherwise stated.

We will not cover any **Fracture**:-

1. Whilst the **Covered Member** is engaged or taking part in military, air force or naval service or operations.
2. Arising out of **Equine Excluded Activities**.
3. Directly or indirectly caused or contributed to by the **Covered Member**'s
   (a) Intentional self-injury
   (b) Suicide or attempted suicide
   (c) Provoked assault or fighting except in bona fide self-defence
   (d) Own criminal act
   (e) Engagement or participation in civil commotions or riots of any kind
   (f) Deliberate exposure to exceptional danger (except in an attempt to save human life).
4. Any claim arising from or attributable to **Illness** or natural cause.
5. For claims where medical or other suitable evidence is not provided.
6. Whilst the **Covered Member** is under the influence of alcohol (which exceeds the prescribed limit under the Road Traffic Acts 1988 and would render the **Covered Member** unfit to drive (regardless of whether the **Covered Member** is driving or not), drugs or solvents (other than drugs taken under medical supervision but not for the treatment of drug addiction).
7. Occasioned by or occurring whilst the **Covered Member** is in a state of insanity temporary or otherwise.
8. Arising from or attributable to **War** (whether declared or not), whilst the **Covered Member** is in the United Kingdom or is travelling to any country or area that, at the commencement of travel, was publicly known to be in a state of, or faced with the threat of **War.**

   This exclusion shall automatically be deemed inoperative if the **Covered Member**'s presence in such country or area is attributable to:
   (a) The scheduled transit or stopover not exceeding 24 hours of an aircraft or sea vessel in which he is travelling, or
   (b) Involuntary diversion or transit due to force majeure or to hijack, kidnap or the like, an **Act of Terrorism** or criminal act, provided always that at the time of the original occurrence or act the **Covered Member** was not within the confines of any country or area to which this exclusion was applicable, nor travelling to or from such country or area other than as provided for under (a).

9. Regardless of any contributory cause(s), any claim(s) in any way caused or contributed to by an **Act of Terrorism** involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent. If **We** allege that, by reason of this exclusion, any claim is not covered, the burden of proving the contrary shall be upon **You**.
10. Arising from a disability or condition of the **Covered Member** for which medical advice or treatment has been given prior to the **Period of Cover**.
11. Arising out of any condition caused by, prolonged by, or aggravated by any psychiatric, mental or nervous disorder of the **Covered Member**, including anxiety and/or depression.
12. Cover is included for riding but excludes racing at any racecourse or point-to-point course from time of weigh-out for the race until time of weigh-in thereafter.
13. This cover excludes all claims arising from any **Covered Member** who is a member of RIABS at the time of the **Accident.**
14. The following fracture types are not covered:
    a. Stress or hairline fractures
    b. **Bowing fractures**
    c. **Pathological fractures** (such as, as a result of Osteoporosis, **Brittle bone disease**, or other degenerative bone disorder(s)
    d. **Fractures** where an imaging test hasn't been obtained.
    e. **Fractures** of fingers or toes.