

HARRY HALL
oneclub

One Club Member

Evidence of Personal Accident

harryhallinsurance.com 01274 711011

equario
INSURANCE (GUERNSEY) LTD

HARRY HALL ONE CLUB MEMBERS' SUMMARY OF 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 Gold and Platinum 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 a Gold, Gold Plus or Platinum 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 a Gold, Gold Plus or Platinum member of the Harry Hall One Club ; **Starting**: when your membership begins between 1 May 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 of a Horse or 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 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@arm.co.gg

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
Telephone: 01534 669 800
International: +44 1534 669 800

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 insurance, 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 **Bodily Injury**, subject to the details of the Master Policy.

Item	Benefits Payable in Respect of Accident	Sum Insured (Each Covered Member)
1	Death	£10,000
2	Permanent Total Loss of Sight of One Eye	£10,000
3	Permanent Total Loss of Sight of Both Eyes	£10,000
4	Loss of One or More Limb(s)	£10,000
5	Permanent Total Loss of Speech	£10,000
6	Permanent Total Loss of Hearing	
	(a) In One Ear	£2,500
	(b) In Both Ears	£10,000
7	Permanent Total Disablement (other than loss of sight of one or both eyes or loss of limb(s), or loss of Speech and Hearing in one or both ears)	£10,000

Maximum Sum Insured Any One Occurrence	£10,000
Maximum total **Sum Insured** payable to any one **Covered Member** in any **Period of Cover** in respect of items 1,2, 3,4,5,6(b) & 7	£10,000
Maximum **Sum Insured** in respect of item 6 (a)	£2,500

Please note the **Sum Insured** applicable can vary depending on **Your** circumstances. Please refer to the Conditions on page 12 for additional details.

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HOW TO MAKE A CLAIM

If **You** think **You** may have a claim, then please contact Harry Hall as soon as feasible with as much information as possible.

You must place yourself under the care of a duly qualified **Medical Practitioner** as soon as is reasonably possible and notice of any incident that 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: claims@harryhallinsurance.com

Claims are administered by Harry Hall and Equus Claims Management Ltd.

GENERAL INFORMATION

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

Covered Members receive the benefit of personal accident insurance as part of 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 a Gold or Platinum member of the Harry Hall One Club. Your eligibility will cease in accordance with the Harry Hall One Club Membership condition on page 17.

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 Equus Claims Management for the purpose of claims administration.

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 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 742074

COVERAGE

Cover

If, during the **Period of Cover**, whilst taking part in **Equine Activities** within the **Geographical Limits**, a **Covered Member** suffers **Bodily Injury,** which is the sole cause of their death or disablement, then **We** will pay the appropriate sum insured as per the Table of Benefits described within this document.

Extensions

The cover provided is extended to include the following, subject to all other terms, conditions, limitations and exceptions of this document.

1. Disappearance Extension

If the **Covered Member** disappears during the **Period of Cover**, and their body is not found within 90 days after their disappearance. **We** will pay the appropriate sum insured indicated under Item 1 of the Table of Benefits provided that the person(s) to whom such sum is paid shall sign an undertaking to refund such sum to **Us** if the **Covered Member** is subsequently found to be living. Before any payment is made, sufficient evidence must be produced that leads **Us** inevitably to the conclusion that the **Covered Member** sustained **Bodily Injury** and that such injury caused their death.

2. Medical Expenses

We will pay the cost for medical expenses incurred following **Bodily Injury**, which results in a valid claim under items 1- 7 of the Table of Benefits. **We** will pay up to, but not exceeding, 20% of any claim amount paid under such item(s), up to a maximum total **Sum Insured**, including medical expenses, of £10,000 per **Covered Member**.

Exclusions applicable to Medical Expenses

We will not pay for any claim where the benefit payable is recoverable under any cover that a **Covered Member** may have in force.

Conditions Applicable

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

1. Where a **Covered Member** is a **Dependant Child**:
   (a) The **Sum Insured** for **Accidental** death shall be limited to £5,000
   (b) The definition for **Permanent Total Disablement** shall be amended to read as follows:
   "Disablement which entirely prevents the **Covered Member** from attending to full time education for a period of twelve consecutive months and at the end of that period is beyond hope of improvement and without prospect of being able to undertake any gainful occupation or of being able to support him/herself financially"

2. Where a **Covered Member** is over the age of 65 years at the start of the **Period of Cover**, as shown in this document:
   (a) The **Sum Insured** for Items 1-7 on the Table of Benefits shall be reduced to 10% of the **Sum Insured** as shown on the Table of Benefits **.**
   (b) Medical expenses shall not be covered

3. If an **Accident** causes the **Covered Member's** death within twelve months of the date of that **Accident,** and prior to the definite settlement of the benefit for disablement provided for under Items 2-7 of the Table of Benefits, **We** will only pay the **Sum Insured** as stated under Item 1 of the **Table of Benefits**.

4. In respect of Items 1-7, the total sum payable for any one or more **Accidents** to any one **Covered Member** shall not exceed in all during the **Period of Cover** the largest amount of benefit payable under any one of such Items.

5. We will not pay for more than one of the benefits covered under Items 1-7 in respect of the same **Accident**.

6. Claims for medical expenses will only be payable to the extent of the difference between the total cost of the expense thus incurred and any amount covered by other insurance.

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.

Bodily Injury

Identifiable physical injury which:-

1. Is sustained by a **Covered Member** , and
2. Is caused by an **Accident** during the **Period of Cover**, and
3. Solely and independently of any other cause, except **Illness** directly resulting from or medical or surgical treatment rendered necessary by such injury, occasions the death or disablement of the **Covered Member** within twelve months from the date of the **Accident**.

Covered Member/You/Your

Any person who is a Gold, Gold Plus, or Platinum Member of the Harry Hall One Club as detailed in this document.

Dependant Child

A child under the age of 18 years or under the age of 23 years if in full time education.

Equine Activities

The **Covered Member's** use, 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 Member** or **Platinum 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.** For the avoidance of doubt, such list of excluded activities includes but is not limited to rodeo, trick riding and lassoing of cattle unless stationary.

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

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

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**.

Loss of Limb
Permanent loss by physical separation of a hand at or above the wrist, or of a foot at or above the ankle, and includes permanent total and irrecoverable loss of use of a hand, arm, foot or leg.

Medical Practitioner
A suitably qualified **Medical Practitioner** registered by the General Medical Council in the **United Kingdom** other than:
1. A **Covered Member** or;
2. A member of the immediate family of the **Covered Member.**

Our, Us, We, Insurer
Equario Insurance (Guernsey) Limited

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

Permanent Total Disablement
Disablement which entirely prevents the **Covered Member** from attending to any business or occupation of any and every kind and which lasts twelve consecutive months and at the expiry of that period is beyond hope of improvement.

Permanent Total Loss of Hearing
Permanent total and irrecoverable loss of hearing which lasts twelve consecutive months and at the expiry of that period is beyond hope of improvement.

Permanent Total Loss of Sight
Permanent total and irrecoverable loss of sight which lasts twelve consecutive months and at the expiry of that period is beyond hope of improvement.

Permanent Total Loss of Speech
Permanent total and irrecoverable loss of speech which lasts twelve consecutive months and at the expiry of that period is beyond hope of improvement.

Platinum Member
Any person holding any category of 'Platinum' Membership of the Harry Hall One Club.

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

Radiation
The emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death.

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.

Other Insurances

If at the time of a claim there is any other valid insurance which entitles **You** to an indemnity, or would have entitled **You** to an indemnity if this cover did not exist, then the cover afforded herein will be in excess of and will not contribute with such other insurance**.**

Trust Assignment

We will not automatically accept or be affected by notice of any trust assignment or the like which relate 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

Notice must be sent to Harry Hall, in accordance with the details under 'How to Make a Claim' on page four, as soon as practicable, 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.**

Notice must be sent to Harry Hall, in accordance with the details under 'How to Make a Claim' on page four, as soon as practicable in the event of the death of an **Covered Member** resulting or alleged to result from an **Accident**.

Under no circumstances will the **Insurer** be liable to pay benefit, unless the medical adviser(s) appointed by the **Insurer,** for the purpose of assessing the claim, shall be allowed, as often as may be deemed necessary, to make an examination of the **Covered Member**. Failure to comply with this condition may prejudice any claim made.

Right to Medical Records and Medical examination

Following notice of a claim, the **Covered Member** shall provide, when requested by **Us,** all authorisations necessary to obtain an **Covered Member**'s medical records. **We** have the right to have a **Covered 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 death, disablement or loss:-

1. Whilst the **Covered Member** is engaged or taking part in military, air force or naval service or operations.
2. Whilst the **Covered Member** is engaged or taking part in aeronautics or aviation, other than as a passenger.
3. Arising out of **Equine Excluded Activities**
4. 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).
5. Any claim arising from or attributable to **Illness** or natural cause
6. For claims where medical or other suitable evidence is not provided.
7. 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).
8. Occasioned by or occurring whilst the **Covered Member** is in a state of insanity temporary or otherwise.
9. 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).
10. 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**.

11. Arising out of or consequent upon or contributed to **Radiation**.
12. 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**.
13. 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.
14. 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.
15. This cover excludes all claims arising from any **Covered Member** who is a member of RIABS at the time of the **Accident.**