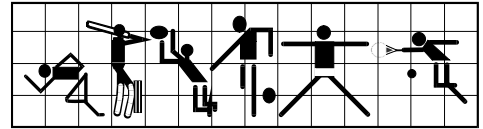


Policy Schedule



SPORTSCOVER

Registered in England and Wales No. 37266780

You will only be entitled to insurance cover under the section or sections which you have selected and for which you have paid the required premium.

Policy Number

PLON99/0093866

The Insured	BRITISH WEIGHT LIFTERS ASSOCIATION LTD
Address	1. 3RD FLOOR CHANCERY HOUSE, ST NICHOLAS WAY, SUTTON, SURREY SM1 1JB 2. FARSLEY TRANSPORT LIMITED UNIT 4 GELDERED LANE HOLBECK LEEDS, LS12 6AL 3. BIG YELLOW SELF STORAGE, 20 LENTON LANE, NOTTINGHAM NG7 2NR 4. NOTTINGHAM UNIVERSITY, NOTTINGHAM, NG7 2RD 5. BRUNEL UNIVERSITY, CAMPUS, KINGSTON LANE, UXBRIDGE, UB8 3PH 6. SBD SHEFFIELD, UNIT 2B, LANCASTER WAY, CATCLIFFE, ROTHERHAM, S60 5FX 7. PARA EQUIPMENT AT LOUGHBOROUGH UNIVERSITY, EPINAL WAY, LOUGHBOROUGH, LE11 3TU
Broker	MARSH SPORT
Brokers Address	CASTLEMEAD 13TH FLOOR BRISTOL BN12 5JL UNITED KINGDOM
Sport / Activities	NGB OF WEIGHTLIFTING
Teams / Members	3,802 PLAYERS
Period of Insurance	From 1/11/2025 to 31/10/2026. Both days inclusive and any subsequent period for which the insured shall have paid and The Underwriter(s) shall have accepted the new premium

SPORTS INJURY

UNDERWRITTEN BY American International Group UK Limited (AIG UK)

Territorial Limit United Kingdom

Sections A to C are percentages of the overall maximum amount covered (unless otherwise stated)

SECTION A

Limit of Indemnity £50,000

Description	Amount of Cover
Senior Death	100%

SECTION B

Limit of Indemnity £50,000

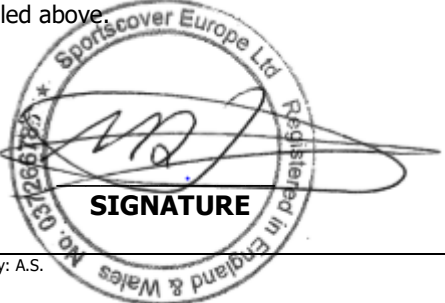
Description	Amount of Cover
Paralysis; Legs, Arms, Torso	100%
Paralysis; One side of your body	100%
Paralysis; Waist down	100%
Loss of two or more Limbs	100%
Loss of Both Eyes	100%
Permanent Injuries (from 17 years old)	100%

SECTION C

Limit of Indemnity £50,000

Description	Amount of Cover
Permanent Loss of Hearing	25%
Permanent Loss of Whole Limb (Leg, Arm, Hand and/or Foot)	50%
Permanent Loss of sight in One Eye	50%
Permanent Loss of Whole Shoulder, Elbow, Hip, Knee, Wrist and/or Ankle	25%
Permanent Loss of:	
Whole Thumb	10%
Whole Index or Middle Finger	5%
Whole Ring or Little Finger	5%
Whole Big Toe	10%
Any other Toe	5%
If you're permanently disabled in a way other than those listed above.	100%

SECTION D	
Description Condition	Amount of Cover
If you break a bone Up to	5%
SECTION E	
Not Covered	
SECTION F	
Description	Indemnity Period
Additional Expenses Up to	£500
The Excess amount is	£50
SECTION G	
Description	Indemnity Period
Hospital accommodation (max 180 nights	£50 per day
Excess waiting period is	1 Night
SECTION H	
Description	Indemnity Period
Physiotherapy and Chiropractic (Max 6 Sessions)	£50 per session
SECTION I	
Description	Indemnity Period
Dental services to whole natural teeth only)	£500
SECTION J	
Description	Indemnity Period
Facial Scarring	£500
CONDITIONS AND/OR ENDORSEMENTS	
There are no Conditions and/or Endorsements attached to this policy	

Issued subject to the terms of the attached Policy Wording and signed by the authorised Representative of Sportscover Europe on behalf of the Underwriter/s detailed above.	
 <p>SIGNATURE</p>	Premium £ 5,852.04
	IPT £ 702.24
	Total £ 6,554.28
<p><u>29/10/2025</u></p> <p>DATE</p>	

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