



Schedule

Insurer: AXA XL Insurance Company UK Limited

Details:

Policy Number:

2069873/0

Name of Policyholder:

The British Water Ski & Wakeboard Federation Limited t/as British Water Ski & Wakeboard

Insured’s Address:

Unit 3 The Forum, Hanworth Lane Chertsey Surrey

Postcode:

KT16 9JX

Business (Activities):

Sport governing body for Water Ski and Wakeboard

Risk Categorisation:

Sports - Amateur

Governance

Period of Insurance:

From:

01 April 2025

To:

31 March 2026

Both dates Inclusive local standard time at the Insured's address stated above

This policy will not automatically renew: notice is hereby given that cover will terminate and not be renewed at the expiry date unless a new agreement is reached between the Insurer and the Insured.

Premises:

(1)

Unit 3 The Forum, Hanworth Lane Chertsey Surrey

Postcode:

KT16 9JX

(2)

Postcode:

(3)

Postcode:

(4)

Postcode:

(5)

Postcode:

Personal Accident

Operative

Wording Applicable:

Personal Accident - SL-PA 0223 - POLICY

Currency

GBP

Insured Persons:	Category	Number
	Category A - Individual Members and Coaches	5,170
	Category B	-
	Category C	-
	Category D	-

Geographical Limits:

Worldwide

Permanent Partial Disability Scale:

Standard

Claim Time Limit:

12 months

Event Aggregate Limit:

1,000,000

Travel Accumulation Limit:

1,000,000

Age Limit:

Applicable for Ages 16 to 80 only

Reduced Benefits apply for:

Ages 5 to 16

- 20% of Death Benefit otherwise full Benefits Schedule applies

Ages 71 to 80

- 25% of Death and Permanent Total Disablement and Permanent Partial Disablement Benefit otherwise full Benefits Schedule applies

Benefits Schedule:	Benefit Type	Benefit Amount (Categories)				Max Period	Excess
		A	B	C	D		
	Accidental Death	50,000	N/A	N/A	N/A	N/A	N/A
	Permanent Total Disablement	50,000	N/A	N/A	N/A	N/A	N/A
	Paraplegia	50,000	N/A	N/A	N/A	N/A	N/A
	Quadriplegia	50,000	N/A	N/A	N/A	N/A	N/A
	Permanent Partial Disablement (Standard Scale)	30,000	N/A	N/A	N/A	N/A	N/A
	Temporary Total Disablement	200	N/A	N/A	N/A	26 Weeks	28 Days
	Broken Bones (Subject to Endorsement 2)	500	N/A	N/A	N/A	N/A	N/A
	Physiotherapy (Subject to Endorsement 3)	500	N/A	N/A	N/A	N/A	50
	Dental	750	N/A	N/A	N/A	N/A	50
	Hospitalisation	50	N/A	N/A	N/A	14 Days	1 Day
	Convalescence	100	N/A	N/A	N/A	25 Days	N/A

**Permanent Total Disablement Basis:** Any Occupation

**Permanent Partial Disablement - Standard Scale:**

Condition	Percentage of Capital Sum Payable
Loss of Limb (one limb)	100%
Loss of Limb (two or more)	100%
Loss of Sight (one eye)	50%
Loss of Sight (both eyes)	100%
Loss of Limb & Loss of Sight	100%
Loss of Hearing (one ear)	25%
Loss of Hearing (both ears)	100%
Loss of Speech	100%

**Important Notes:** The insurer shall not pay more than the **Capital Sum** stated in the **Benefit Schedule** for **Permanent Partial Disablement** arising out of any on **Accident** regardless of the number of conditions diagnosed in the **Insured Person**

Premium

Amounts		Basis		Adjustment Factor
Property		N/A		N/A
Employers Liability		N/A		N/A
Public/Products Liability		N/A		N/A
Management Liability		N/A		N/A
Personal Accident	GBP	Minimum & Deposit	Adjustable at the expiration of the Period of Insurance on Final:	Membership
Total ex. Tax		GBP		
Insurance Premium Tax @	12.00%	GBP		

Total GBP

Notification of Claims and Circumstances to:

AXA XL Insurance Company UK Limited  
20 Gracechurch Street  
London  
EC3V 0BG  
United Kingdom

E-mail: james.good@axaxl.com  
jonathan.m.kelly@axaxl.com

Insurer Regulatory Information:

AXA XL Insurance Company UK Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Firm Reference No. 423308).

Registered Office 20 Gracechurch Street, London, EC3V 0BG, United Kingdom.

Registered in England Number 5328622.

You can check this out on the FCA’s website at [www.fca.org.uk](http://www.fca.org.uk) which includes a register of all the firms they regulate or by calling the FCA on 0800 111 6768.

Date of Issue: 26 March 2025



## Endorsements

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The following are applicable to this insurance:

### 01 Broken Bones

The **Insurer** will pay the applicable **Benefit** to an **Insured Person** who suffers a broken bone caused by an **Accident** during the **Period of Insurance** at the **Operative Time** and within the **Geographical Limits**.

The **Insurer** will pay the **Insured Person** up to but not exceeding the **Benefit** stated in the **Schedule** provided that the **Insured Person** has a written referral from a **Medical Practitioner** for physiotherapy arising from such **Bodily Injury**.

The Broken Bones benefit will only be payable in respect of fractures to arms and legs only which require hospital attention.

### 02 Injury Occurrence

This insurance does not cover any **Injury** where it is not possible to determine how the **Injury** occurred, e.g. torn ligaments, strains and sprains as the player may have contributed to the **Injury** by not warming up properly or playing whilst they had a pre-existing injury.

### 03 Physiotherapy Extension

Subject to all the terms and conditions of this insurance, if specified in the Schedule coverage is extended to include:

Reimbursement of expenses incurred by an **Insured Person** for physiotherapy following an **Accident** which occurs during the **Period of Insurance** and causes **Bodily Injury** to an **Insured Person** that directly results in a valid claim under this policy.

The **Insurer** will pay the **Insured Person** up to but not exceeding the **Benefit** stated in the **Schedule**.

It is a condition of the cover provided by this extension that the **Insured Person** has a written referral from a **Medical Practitioner** for physiotherapy arising from such **Bodily Injury**.

This cover does not apply if physiotherapy treatment has been:

- a. received by the NHS,
- b. claimed for under a current private medical insurance; or,
- c. claimed for under any other insurance policy.

Exclusion 5.12 shall not apply to this extension.



## 04 Convalescence

**Convalescence** shall mean an **Insured Person** who has been subject to **Hospital** admission and for whom a period of time for convalescence rehabilitation, rest or extended care is necessarily prescribed by a **Medical Practitioner** to aid recovery following **Bodily Injury** caused by an **Accident** during the **Period of Insurance** at the **Operative Time** and within the **Geographical Limits**.

The most the **Insurer** will pay to any one **Insured Person** in respect of this extension is specified in the Schedule per full 24-hour period up to a maximum of twenty five (25) twenty four (24) hour periods.

All other terms and conditions remain unaltered.