



INSURANCE BOOKLET

Thank you for choosing Gunplan.

Gunplan is a trading name of JRW Group Services Ltd which is authorised and regulated by the Financial Conduct Authority.

We have tried to make this document easy to read. However, we have still had to use some words that have a special meaning these are listed and explained in 'definitions'. From now on wherever a word with a definition is used it will be printed in bold type.

The next few pages give **You** a summary of the main policy benefits and terms and conditions, known as the **Policy** Summary (KeyFacts®) and therefore does not contain the full terms which can be found further in this insurance booklet.

keyfacts

GUNPLAN SUMMARY

NAME OF THE UNDERWRITER

Accelerate Underwriting Ltd on behalf of Royal & Sun Alliance Insurance PLC.

TYPE OF INSURANCE AND COVER

This Insurance can provide cover for the following. Please refer to **Your Insurance Schedule** for details of the cover applicable to **You** as the insured person:

- Section 1 - Personal Liability (optional)
- Section 2 - Third Party Property Damage (only available if section 1 – Personal Liability is selected)
- Section 3 - Shooting Equipment (optional)
- Section 4 - Equipment Hire (only available if section 3 – Shooting Equipment is selected)
- Section 5 - Personal Accident (optional)
- Section 6 - Dental Treatment (only available if section 4 – Personal Accident is selected)
- Section 7 - Event Fee Reimbursement (only available if section 4 – Personal Accident is selected)

STANDARD FEATURES AND BENEFITS

Section	Significant Features & Benefits	Significant or Unusual Exclusions or Limitations
Section 1 Personal Liability	<ul style="list-style-type: none"> • Indemnity for third party Bodily Injury and third party Property Damage up to the limit defined in Your Insurance Schedule • Legal advisors fees and court costs involved in defending any Claims against the Insured. 	<ul style="list-style-type: none"> • Please see 'What is not covered' in the policy wording • Bodily Injury to Your employees or members of Your immediate family • Liability arising out the use, ownership, or possessions of Vehicles, aircraft or watercraft.
Section 2 Third Party Property Damage	<ul style="list-style-type: none"> • Indemnity for accidental third party property damage up to the limit defined in Your Insurance Schedule • Legal advisors fees and court costs involved in defending any Claims against the Insured. 	<ul style="list-style-type: none"> • Please see 'What is not covered' in the policy wording • Bodily Injury to any persons • Liability arising out the use, ownership, or possessions of Vehicles, aircraft or watercraft



Section	Significant Features & Benefits	Significant or Unusual Exclusions or Limitations
Section 3 Shooting Equipment	<ul style="list-style-type: none"> Provides cover for theft, loss and damage to Shooting Equipment up to the limit defined in Your Insurance Schedule. 	<ul style="list-style-type: none"> Please see 'What is not covered' in the policy wording The amount of the Excess Any loss, theft or damage to equipment which is hired, loaned or entrusted to You Loss or theft of any Shooting Equipment left unattended unless the loss or theft shows evidence of forcible and violent entry/exit to or from any premises, security controlled club house, changing room or any securely locked locker or other similar place of storage Shooting Equipment more specifically insured elsewhere
Section 4 Equipment Hire	<ul style="list-style-type: none"> Provides indemnity for hire of Shooting Equipment following a loss under section 3 up to the limit defined in Your Insurance Schedule. 	<ul style="list-style-type: none"> Please see 'What is not covered' in the policy wording Any claims where there is not a valid claim under section 3 - Shooting Equipment. Any claim where evidence of hire cannot be obtained this must be one or more of the following: <ul style="list-style-type: none"> Original sales purchase receipt Bank or credit card statement.
Section 5 Personal Accident	<ul style="list-style-type: none"> Provides cover for accidental death, loss of limbs, permanent loss of sight, partial loss of sight and permanent total disability up to the limit defined in Your Insurance Schedule. 	<ul style="list-style-type: none"> Please see 'What is not covered' in the policy wording Claims arising directly or indirectly from any activities other than Shooting activities Reduced benefits apply to persons aged under 18 and over 80 Any pre-existing defect, infirmity, sickness or disease at the time of the Accident.
Section 6 Dental Treatment	<ul style="list-style-type: none"> Provides cover in respect of accidental dental injury up to the limit defined in Your Insurance Schedule. 	<ul style="list-style-type: none"> Please see 'What is not covered' in the policy wording Self-inflicted injury Any Excess detailed in the Insurance Schedule.
Section 7 Event Fee Reimbursement	<ul style="list-style-type: none"> Provides reimbursement of event fees up to the limit defined in Your Insurance Schedule. 	<ul style="list-style-type: none"> Please see 'What is not covered' in the Policy wording. Any claim where satisfactory written medical evidence isn't provided.

PERIOD OF INSURANCE

The **Period of Insurance** as stated in **Your Insurance Schedule**.

YOUR RIGHT TO CANCEL

If **You** decide that for any reason, this policy does not meet **Your** insurance needs then please return it to Gunplan within 14 days of issue. On condition that no claims have been made or are pending a full refund will be available.

There after **You** may cancel the **Policy** at any time by informing Gunplan however no refund of premium will be payable.

OUR RIGHT TO CANCEL

We may at any time cancel any insurance document by sending 14 days notice to **You** at **Your** last known address. Provided the premium has been paid in full **You** shall be entitled to a proportionate rebate of premium in respect of the unexpired period showing on the insurance.

MAKING A CLAIM

Should **You** wish to make a claim or report an incident that could give rise to a claim under this insurance please contact:

- **Telephone: +44 (0)800 112 4079**
- PostGunplan Claims Department, Davies Group, PO BOX 2801, Hanley, Stoke on Trent, ST4 5DN
- Email: newclaim.gunplan@davies-group.com

OUR COMPLAINTS PROCEDURE

We are proud of the service that **We** provide and of **Our** careful selection of intermediaries **We** trust to service the **Policy**. Occasionally, things may go wrong and if this happens **We** have a procedure in place to fully investigate **Your** complaint and where appropriate, to make changes to prevent a recurrence.

- If **You** are unhappy with any element of the cover **We** provide or any aspect of **Our** service or have a cause for complaint, please, in the first instance, contact Gunplan.
- If **You** still have cause for complaint then contact The Managing Director, Accelerate Underwriting Limited, 3rd Floor, News Building, 3 London Bridge Street, London, SE1 9SG.
- If in the unlikely event that **Your** concerns have not been resolved, **Your** complaint will be referred to **Our** customer relations team who will arrange for an investigation on behalf of **Our** Chief Executive. Their contact details are as follows: RSA Customer Relations Team, P O Box 255, Wymondham, NR18 8DP or email crt.halifax@uk.rsagroup.com
- Complaints that still cannot be resolved may be referred to the Financial Ombudsmen Service: Financial Ombudsmen Service, Exchange Tower, Harbour, Exchange Square, London, E14 9SR.

YOUR RIGHTS

Your rights as a customer to take legal action remain unaffected by the existence or use of any complaint procedures referred to above. However, the Financial Ombudsman Service will not adjudicate on any cases where litigation has commenced.

COMPENSATION

We are covered by the FSCS. If **We** are unable to meet **Our** financial obligations **You** may be entitled to Compensation from the scheme, depending on the type of insurance and the circumstances of the Claim.

For this type of insurance 90% of **Your** Claim is covered, without any upper limit. Further information about Compensation scheme arrangements is available at www.fscs.org.uk, and on 020 7741 4100, or 0800 678 1100.

GUNPLAN POLICY WORDING

Effected with Accelerate Underwriting Ltd on behalf of Royal and Sun Alliance PLC by JRW Group Services Ltd, The Royals, Altrincham Road, Manchester M22 4BJ.

If the Insured shall make any claim knowing the same to be false or fraudulent, as regards amount or otherwise, this policy shall become void and all claim hereunder shall be forfeited.

We must draw **Your** attention to a number of important features of this Insurance:

- This part of the document provides details of **Your Policy** and the terms and conditions that apply. The **Policy** is a legal contract between **You** and **Us**.

The **Policy** wording and **Insurance Schedule** make one document and must be read together. Please keep them together

- The contract is based on the information **You** gave **Us** when **You** applied for the insurance
- **Your Policy** is in two parts – this **Policy** wording and the **Insurance Schedule**:

Policy	Schedule
<ul style="list-style-type: none"> • Exactly what is covered and what isn't • How to make a claim and how We will settle that claim • Our obligations to You • The terms and conditions You must comply with 	<ul style="list-style-type: none"> • The sections of the Policy that apply to you and the dates from which cover is in force • The various limits and sums insured that apply to Your cover • Any special terms that apply to Your Policy • Your Premium • Your Policy number

Our part of the contract is that **We** will provide the cover set out in this **Policy** wording:

- for those sections which are shown on **Your Insurance Schedule**
- for the insurance period set out on the same **Insurance Schedule**.

Your part of the contract is:

- **You** must pay the Premium as shown on **Your Insurance Schedule** for each insurance period
- **You** must comply with all the terms and conditions set out in this **Policy**.

If **You** do not meet **Your** part of the contract, **We** may turn down a Claim, increase the Premium or **You** may find that **You** do not have any cover.

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IMPORTANT FEATURES:

- **Insurance Booklet:** You should read this document carefully in conjunction with the **Insurance Schedule**. It gives details of what is and is not covered by the Insurance and the Conditions and Exclusions of the cover.
- **Conditions and Exclusions:** Conditions and exclusions will apply to individual sections of the Insurance while general exclusions and conditions will apply to the whole Insurance.
- **Limits:** All sections have limits on the amount **We** will pay under that section. Some sections also include inner limits for example for one item.
- **Excesses:** Claims under certain sections will be subject to an **Excess**. Where there is an **Excess**, **You** will be responsible for paying the first part of a claim.
- **Reasonable Care:** You are required to take all reasonable care to protect yourself and **Your Shooting Equipment** and to act as though **You** are not insured.
- **Complaints:** This insurance includes a complaints procedure which tells **You** what steps **You** can take if **You** wish to make a complaint.
- **'Cooling Off' Period:** This insurance booklet contains a 'cooling off' period as detailed in '**Your** right to cancel'.

PLEASE READ THESE FEATURES, YOUR INSURANCE SCHEDULE AND THE WHOLE OF THIS DOCUMENT CAREFULLY.

If the insurance does not meet **Your** requirements please return it within 14 days from receipt of documentation.

Please note that this Insurance is only available to individuals who are non-professional shooters and resident in the **United Kingdom**.

CLAIMS

HOW TO MAKE A CLAIM

If an event giving rise to a claim under this Insurance occurs **You** shall:

1. Notify Davies Group as stated in 'How to make a claim' as follows:
 - a. Within 30 days of the date of the incident occurring
 - b. Within 7 days of the date of loss for any claim in respect of riot, civil commotion, strikers or locked out workers.

Give details of **Your** claim by either:

- **Telephone: +44 (0)800 112 4079**
- Post: Gunplan Claims Department, Davies Group, PO BOX 2801, Hanley, Stoke on Trent, ST4 5DN
- Email: newclaim.gunplan@davies-group.com

No claim shall be payable unless the terms of this condition have been complied with.

CLAIMS CONTROL

1. If an event giving rise to a claim under this Insurance occurs **You** shall:
 - (a) take immediate action to minimise the loss, destruction, damage, injury, illness or disease
 - (b) pass every letter claim writ summons and process to **Us** immediately upon receipt.
2. **We** shall have sole control of all claims procedures and settlements.
3. No admission, offer, promise, payment, or indemnity shall be made or given by **You** or on **Your** behalf without **Our** written consent.
4. On the happening of an event which gives rise to a claim **We** or any person authorised by **Us** may without thereby incurring any liability or diminishing any of **Our** rights under this insurance enter, take or keep possession of the Premises where the event occurred and may take possession of or require to be delivered to them any property insured and deal with such property for all reasonable purpose and in any manner.
5. If **You** or anyone acting on **Your** behalf does not comply with **Our** requirements or hinders or obstructs **Us** in carrying out any of the above mentioned acts then all benefit under this insurance shall be forfeited.
6. No property may be abandoned to **Us** whether taken possession by them or not.
7. **We** may at any time at **Our** sole discretion pay to **You** the maximum sum payable hereunder or any lesser sums for which any claim or claims can be settled. **We** shall not be under any further liability except for payment of costs and expenses which may have been incurred prior to such payment provided that in the event of a claim or series of claims resulting in **Your** liability to pay a sum in **Excess** of the Sum Insured or Limit of Indemnity **Our** liability for such costs and expenses shall not exceed an amount being in the same proportion as **Our** payment to **You** bears to the total payment made by **You** or on **Your** behalf in settlement of the claim or claims.

CLAIMS CONDITIONS

These are the claims conditions **You** will need to keep to as **Your** part of this contract. If **You** do not, a claim may be rejected or payment could be reduced. In some circumstances **Your** policy might be invalid.

1. If an event giving rise to a claim under this Insurance occurs **You** shall:
 - a. ensure the Police are notified in respect of malicious damage &/or theft incidents as soon as reasonably practicable and certainly within 24 hours of discovery. A crime reference number must also be obtained
 - b. provide **Us** with all proofs and information in relation to a claim that **We** may reasonably require together with (if required) a statutory declaration of the truth of the claim and any connected matters
 - c. Where appropriate, in the event of a claim a medical adviser or advisers appointed by **Us** shall be allowed to examine **You** as often as **We** deem it necessary
2. If at the time of any loss, damage or liability arising hereunder there is any other insurance covering the same loss, damage or liability **We** will pay only **Our** rateable proportion.
3. All claims arising under this Insurance shall be governed by the law of England and Wales whose Courts alone shall have jurisdiction in any dispute arising hereunder.
4. In the event of claims in respect of Third Party Property Damage:
 - a. **You** shall substantiate that the damage occurred

- b. The Claim shall be presented in the first instance to the Third Party's own insurers with a request that payment shall be made under any other Insurance which may be in operation. If no such Insurance shall be in force or if such request be refused, **You** must obtain written confirmation of such from the Third Party and submit it with full information to **Us**
 - c. There is satisfactory evidence of the damage being **Your** responsibility and that settlement shall be considered without legal liability or negligence being proven.
5. In the event of a claim a medical practitioner or advisers appointed by **Us** shall be allowed to examine **You** as often as **We** deem it necessary.

IMPORTANT INFORMATION

CONSUMER INSURANCE ACT

You are required by the provisions of the Consumer Insurance (Disclosure and Representations) Act to take care to supply accurate and complete answers to all the questions in the declaration and to make sure that all information supplied is true and correct. **You** must tell **Us** of any changes to the answers **You** have given as soon as possible. Failure to advise **Us** of a change to **Your** answers may mean that **Your Policy** is invalid and that it does not operate in the event of a claim.

KEEPING US INFORMED

This policy is based on the information **You** have given **Us** about **You**. It is important **You** let us know within 30 days of changes that affect what **You** have told **Us**.

If **You** fail to disclose all relevant information or makes a misrepresentation, **We** may void the policy or reduce the value of any claim payment.

YOUR RIGHT TO CANCEL

If **You** decide that for any reason, this policy does not meet **Your** insurance needs then please return it to Gunplan within 14 days of issue. On condition that no claims have been made or are pending a full refund will be available.

There after **You** may cancel the **Policy** at any time by informing Gunplan however no refund of premium will be payable.

OUR RIGHT TO CANCEL

We may at any time cancel any insurance document by sending 14 days notice to **You** at **Your** last known address. Provided the premium has been paid in full **You** shall be entitled to a proportionate rebate of premium in respect of the unexpired period showing on the insurance.

GOVERNING LAW

Unless some other law is agreed in writing, this **Policy** is governed by English law. If there is a dispute, it will only be dealt with in the courts of England or of the country within the UK in which **Your** main residence is situated.

DATA PROTECTION ACT 1998

Please note that any information provided to **Us** will be processed by **Us** and **Our** agents in compliance with the provisions of the Data Protection Act 1998, for the purpose of providing insurance and handling claims, if any, which may necessitate providing such information to third parties. **We** may also send the information in confidence for process to other companies acting on their instructions including those located outside the European Economic Area.

DEFINITIONS

This part of the **Policy** sets out the words which have a special meaning. Each word is listed with the meaning explained below and is printed in Bold Type whenever it appears in the **Policy**, **Insurance Schedule** and endorsements.

Accident

An external, sudden, unexpected, unusual specific event occurring at a definable time and place.

Bodily Injury

Injury to the body caused by accidental, violent, visible and external means.

Excess

The first part or amount **You** will be responsible for paying in the event of a claim.

Indemnity Value

The value of the article immediately prior to the loss or damage.

Insurance Schedule

Sets out the specific terms and values applicable to the cover and should be read together with the **Policy**.

Insurance Valuation

A dated document obtained when no other evidence of purchase is available and must include a full description of **Your Shooting Equipment** together with an estimated replacement value per item. The valuation should be undertaken by the original retailer or supplier of the equipment. If this is not possible, then from a recognised **Shooting Equipment** supplier.

Operative time

Your cover is operative only during the following times. Losses occurring outside of these times will not be covered.

1. For the purpose of **Shooting** at a **Shooting Venue** or attending a **Shooting Event** from the time **You** leave **Your** normal or temporary **Residence**, place of work or education, whichever the later, to commence **Your** journey to, whilst travelling to, during or travelling from a **Shooting Venue**, until returning to **Your** normal or temporary **Residence**, place of work or education after the **Shooting Venue**, whichever the earlier, but always within the **Territorial Limits** defined in **Your Insurance Schedule**.
2. The cover in respect of Section 3 **Shooting Equipment**, is extended to include any loss or damage outside of the operative time but within **Your Territorial Limits**. This includes damage, loss or theft of **Shooting Equipment** occurring at any time whilst stored in a **Vehicle** or **Your Residence**.

Period of Insurance

The period cover is effective as detailed in **Your Insurance Schedule**.

Policy

The policy wording (along with the **Insurance Schedule**) which forms part of the legal contract between **You** and **Us**.

Residence

Your normal or temporary residence including any outbuildings such as garages, shed's and other storage areas, subject to this being a minimum of 75% brick, stone or concrete block construction. A shed located at **Your** normal place of residence can be of up to 100% wooden construction.

Shoot or Shooting

Being physically engaged in shooting at a recognised **Shooting Venue**.

Shooting Equipment

Guns or other **Shooting** apparatus, sights, binoculars, ammunition, clothing & accessories specifically designed and purchased for **Shooting** and extends to include baggage and trophies up to the limit defined in **Your Insurance Schedule**.

Shooting Event

A pre-arranged event, where the primary purpose of the event is to undertake **Shooting** activities, at which **You** attendance had been pre-booked.

Shooting Venue

A venue where **You** have received permission from the land owner, tenant or person with sporting right in order to **Shoot** and stay within the boundaries of that area. No cover is provided if **You** fire beyond the land where **You** have permission unless the occupier of neighbouring land has also given **You** permission.

Territorial Limits

Cover shall only apply within the territorial limits as defined in **Your Insurance Schedule**, however any claims under section 1 Personal Liability must be brought against **You** within the **United Kingdom**.

United Kingdom

Great Britain, Northern Ireland, the Isle of Man and the Channel Islands.

Vehicle

Any type of conveyance of goods or personnel, including a caravan or trailer, which is intended to be propelled other than by manual or animal power.

We, Us and Our

Royal & Sun Alliance Insurance PLC.

St Mark's Court, Chart Way, Horsham, West Sussex, RH12 1XL

You and Your

The person named in the **Insurance Schedule**

SECTION 1 - PERSONAL LIABILITY

Provides indemnity for third party **Bodily Injury** and third party property damage.

WHAT IS COVERED

We will indemnify **You** up to the limit stated in the **Insurance Schedule** (which is inclusive of all costs and expenses) against legal liability for:

1. **Bodily Injury** to any third parties
2. Damage to property belonging to others
arising from an **Accident** occurring during **Period of Insurance** within the Operative Time and the **Territorial Limits** whilst shooting.

WHAT IS NOT COVERED

1. Liability to any of your employees
2. Liability to a member of **Your** immediate family (spouse, children, parents, siblings and their families)
3. Any property belonging to **You** or in **Your** care, custody or control
4. Any wilful, malicious or unlawful act
5. Liability where **You** are entitled to indemnity from another more specific source
6. Any liability arising from a contract or agreement unless **You** would have been liable in the absence of such contract or agreement
7. Punitive, exemplary or aggravated damages
8. Liability arising out of the ownership or use of land or buildings or animals
9. Liability directly or indirectly resulting from the pursuit of trade, business or profession
10. Liability arising out of the ownership, possession or use of Vehicles, aircraft or watercraft
11. Liability arising out of the influence of intoxicating liquor or drugs.

SECTION 2 - THIRD PARTY PROPERTY DAMAGE

Provides indemnity for accidental third party property damage.

WHAT IS COVERED

Loss or damage to the property of others that **You** may accidentally cause whilst **Shooting** during the Operative Time within the **Territorial Limits** up to the limit stated in the **Insurance Schedule**.

WHAT IS NOT COVERED

1. Negligence or any legal liability
2. Any property belonging to **You** or in **Your** care, custody or control
3. Any wilful, malicious or unlawful act
4. Any claims arising out of the ownership or use of land or buildings or animals
5. Any claims directly or indirectly resulting from the pursuit of trade, business or profession
6. Any claims arising out of the ownership, possession or use of Vehicles, aircraft or watercraft
7. Any claims arising out of the influence of intoxicating liquor or drugs.

SECTION 3 - SHOOTING EQUIPMENT

Provides cover for theft, loss or damage to **Shooting Equipment**.

WHAT IS COVERED

We agree to pay for repair or replacement, up to the limit stated in your **Insurance Schedule**, of **Shooting Equipment** owned by you that has been stolen, lost or sustained accidental damage or malicious damage during the Operative Time.

We will pay the cost of replacement as new for the lost or damaged article providing the article was not more than 3 years old at the date of the loss and provided it was purchased new at the time. Proof will be required which can be one of the following:

1. An original sales purchase or till receipt
2. An **Insurance Valuation** undertaken prior to any loss or damage
3. A bank or credit card statement showing evidence of purchase.

Where proof cannot be provided or the article was more than 3 years old or was not purchased new at the time, then **We** will deal with the claim on an **Indemnity Value** basis or cost of repair whichever the lesser. Any replacement **Shooting Equipment** will be supplied from a preferred supplier approved by **Us**.

If the article is proven to be beyond economical repair, a claim will be dealt with as if the article had been lost.

In the event of a claim in respect of a pair or set of articles **We** shall only be liable in respect of the value of that part of the pair or set which is lost, stolen or damaged.

Single Article Limits: £12,000 applies to **Shooting Equipment**

WHAT IS NOT COVERED

1. The amount of the **Excess**
2. Any loss, theft or damage which occurs outside of the Operative Time
3. Any loss, theft or damage to equipment which is hired, loaned or entrusted to **You**
4. Any loss from malicious damage &/or theft, not reported to the police within 24 hours of discovery and a crime reference number obtained
5. Any damage or loss or theft of **Shooting Equipment** in transit which has not been:
 - a. reported to the carrier
 - i. a written report obtained or
 - ii. in the case of an airline a property irregularity report will be required
 - b. submitted to the carrier and a refusal to indemnify received
6. Loss or theft of any **Shooting Equipment** left unattended unless the loss or theft shows evidence of forcible and violent entry/exit to or from any premises, security controlled club house, changing room or any securely locked locker or other similar place of storage
7. Theft at **Your Residence** unless there has been evidence of forcible and violent entry
8. Loss or theft of any **Shooting Equipment** left unattended in the open other than in the course of **Shooting**
9. Any theft from an unattended **Vehicle** unless the **Shooting Equipment** is kept out of sight in a locked boot or a covered luggage area, all the **Vehicle's** security devices are fully armed and verified by a Police Report
10. Business samples, goods, tools of trade
11. **Shooting Equipment** more specifically insured elsewhere
12. Breakage or damage to fragile articles and any consequence thereof.

SECTION 4 – EQUIPMENT HIRE

Provides indemnity for hire of **Shooting Equipment** following a loss under section 3 (**Shooting Equipment**).

WHAT IS COVERED

In the event of loss of or damage to the **Shooting Equipment** Insured under Section 3 **We** will pay to **You** the cost of temporary hire of equipment up to the limit stated in the **Insurance Schedule** provided always that such equipment hired shall be of a comparable kind to and not substantially better than that lost or damaged.

Provided that proof is supplied that can be one of the following:

1. An original sales purchase or till receipt
2. Bank or credit card statement showing evidence of hire.

WHAT IS NOT COVERED

1. The amount of the **Excess**
2. Any claim where there is not a valid claim under section 3 for loss or damage to **Shooting Equipment**.

SECTION 5 - PERSONAL ACCIDENT

Provides cover for accidental death, loss of limbs, permanent loss of sight, partial loss of sight, and permanent total disability.

DEFINITIONS

For the purposes of this section the following definition applies. Each word is listed with the meaning explained below and is printed in CAPITALS whenever it appears in this section.

BODILY INJURY

Identifiable physical injury to **Your** body.

WHAT IS COVERED

BODILY INJURY caused by an **Accident** within the **Period of Insurance** occurring during the Operative Time which shall solely and independently of any other cause within 180 days result in:

1. **Your** death
2. Loss of one or more of **Your** limbs by physical separation at or above the wrist or ankle
3. The total irrecoverable loss of sight of both eyes as measured by the Snellen scale
4. The total irrecoverable loss of sight of one eye or the partial irrecoverable loss of sight of one or both eyes as measured by the Snellen scale. Partial irrecoverable loss of sight shall be deemed to be the loss of 50% or more of vision of one eye for which no more than the limit defined in **Your Insurance Schedule** will be payable
5. the total loss of hearing in both ears. Total loss shall be defined as being 'profound' which shall be 90 dB HL or higher on a scale of decibels.
6. the partial loss of hearing in one ear or both ears, or the total loss in one ear. Partial loss shall be defined as being 'moderate' or worse which shall be 41 dB HL or higher on a scale of decibels. Total loss shall be defined as being 'profound' which shall be 90 dB HL or higher on a scale of decibels
7. Permanent total disablement that prevents **You** from engaging in any occupation.

We shall pay to **You** or **Your** heirs and executors the amount stated in the **Insurance Schedule** applicable to each item.

Note: For persons under 18 years of age the death benefit is limited to £1,000.

For persons aged 80 and over benefits 1 - 4 are limited to £5,000 and there is no cover under 5 -7. **We** shall not pay for more than one lump sum benefit under this Section.

WHAT IS NOT COVERED

1. Any claim where at the time of taking out this insurance **You** were aware of any medical condition or set of circumstances that could reasonably be expected to give rise to a claim
2. Claims arising directly or indirectly from any activities other than **Shooting** activities
3. Any wilful exposure to risk (other than in an attempt to save human life)
4. Claims arising directly or indirectly from any manual work in connection with a profession, business or trade, or flying (except whilst travelling as a passenger in a fully licensed multi-engined passenger carrying aircraft)
5. Suicide or attempted suicide, intentional self-injury
6. Claims arising directly or indirectly from the effects of intoxicating liquors or drugs
7. Accidents arising directly or indirectly from motor cycling, as either driver or passenger, unless the driver holds a current licence permitting him/her to ride the motor cycle
8. Any pre-existing defect, infirmity, sickness or disease at the time of the **Accident**
9. Any claim arising from medical or surgical treatment (unless rendered necessary by accidental bodily injury which is covered by this insurance).

CONDITIONS

1. Payment of permanent disability benefit shall be made on certification by a medical referee that **You** are totally disabled from engaging in any gainful occupation for 12 months and at the end of that time **You** are beyond hope of improvement.
2. **We** shall not pay for more than one lump sum benefit under this Section.

SECTION 6 – DENTAL TREATMENT

Provides cover in respect of accidental dental injury.

WHAT IS COVERED

We will pay **You** the amount of dental, surgical, and specialist's Fees, hospital, surgical and medical requisites, up to but not exceeding in all the Sum Insured shown in the **Insurance Schedule** in respect of any dental injury sustained by **You** during the Operative Time, and caused by an **Accident** independent of any other cause by **Your** participation in a **Shooting** activity (hereinafter referred to as dental injury). Expenses shall only be those necessarily and reasonably incurred within 12 months of the date of dental injury.

WHAT IS NOT COVERED

1. The amount of the **Excess**
2. Self-inflicted injury
3. Cosmetic or plastic surgery unless necessitated by a dental injury occurring whilst insured
4. Examinations, X-rays, extractions, fillings and general dental care except as a result of dental injury
5. Examination for check-up purposes not incidental to the dental injury
6. Any condition which originated prior to **You** becoming insured by this Insurance
7. Damage to dentures, bridges or other forms of dental prosthetics unless caused by a dental injury
8. Normal wear and tear
9. Dental Injury caused by foodstuffs including foreign bodies therein
10. Dental Injury which is not apparent within 7 days of the date of **Accident**.

SECTION 7 – EVENT FEE REIMBURSEMENT

Provides reimbursement of event fees

WHAT IS COVERED:

Where **You** have paid a fee for a recognised **Shooting Event** and **You** have to cancel **Your** attendance due to sickness or injury up to 14 days immediately prior to the **Shooting Event** start date, **We** will pay any portion of the fee that is unused and deemed to be irrecoverable from the **Shooting Event** organisers up to the amount specified in the **Insurance Schedule** in respect of any one claim or in the aggregate in any one period of insurance. This section shall only apply in the event of **You** being unable to **Shoot** and therefore unable to attend the **Shooting Event**.

WHAT IS NOT COVERED:

1. Any applicable **Excess**
2. Any claims if prior to the **Period of Insurance** defined in **Your Insurance Schedule** **You** were aware of any medical condition or set of circumstances that could reasonably be expected to give rise to a claim
3. Suicide or attempted suicide, intentional self injury
4. The effect of intoxicating liquors or drugs
5. Motor cycling, as either driver or passenger, unless the driver holds a current licence permitting him/her to ride the motor cycle
6. Any pre-existing defect, infirmity, sickness or disease at the time of entry into the **Shoot**
7. Any claim submitted without satisfactory written medical evidence
8. Any claim arising from medical or surgical treatment (unless rendered necessary by accidental **Bodily Injury** covered hereunder) occurring during the Operative Time.

GENERAL CONDITIONS

These are the conditions of the insurance **You** will need to meet as **Your** part of this contract. If **Your** do not a claim may be rejected or payment could be reduced. In some circumstances **Your** policy might be invalid.

1. **You** must hold a current Shot Gun Certificate (Section 2, Firearms Act 1968) and/or Firearms Certificate (FAC) where it is required by law.
2. **You** must comply with the safekeeping conditions as set out in the Firearms Rules 1998.
3. **You** must exercise reasonable care to prevent **Accident**, injury, loss or damage and at all times act as if uninsured
4. The due observance and fulfilment of all terms and conditions of this Insurance by **You**, or anyone acting on **Your** behalf insofar as they relate to anything to be done or complied with by **You** or anyone acting on **Your** behalf shall be a condition precedent to **Our** liability to make any payment under this Insurance.
5. **You** shall reimburse to **Us** any expenses not covered by this insurance, which are incurred by **Us** on **Your** behalf.
6. If **You** or any person acting on **Your** behalf shall make any claim or statement knowing the same to be false or fraudulent as regards the amount or otherwise, then this Insurance shall become void and all claims hereunder shall be forfeited.
7. In the event that a third party is deemed liable for part or all of any claim, **We** may exercise **Our** right of subrogation. **You** shall, at **Our** request and **Our** expense, agree to and permit **Us** to do such acts and things as may be necessary or reasonably required for the purpose of exercising this right. **You** will take no action or make any agreements that may weaken or remove **Our** rights under this clause without **Our** prior written permission. **We** will pay any costs or expenses involved in exercising **Our** right of subrogation.

GENERAL EXCLUSIONS

The following exclusions apply to the whole of this **Policy**. Any other exclusions are shown in the Sections to which they apply.

This **Policy** does not provide cover for any Accidental Damage, loss or theft or any legal liability of whatsoever nature, directly or indirectly caused, contributed to, by or happening through or in the consequence of:

1. Any act of fraud or dishonesty by **You** or anyone acting on **Your** behalf
2. War, invasion, acts of foreign enemies, hostilities (whether or not War has been declared), civil War, rebellion, revolution, insurrection, military or usurped power
3. Any actual or threatened act of any person acting individually or on behalf of or in connection with any organization with activities directed towards the overthrowing or influencing of any government de jure or de facto, and/or any actual or threatened act of any person acting individually or on behalf of or in connection with any organization with activities directed towards influencing the general public or any part thereof. In any action, suit or other proceedings where **We** allege that by reason of the exclusion any loss is not covered by this insurance the burden of proving that such loss is covered shall be upon **You**
4. Ionising radiation or contamination by radioactivity from any nuclear fuel, or from any nuclear waste from burning nuclear fuel
5. Radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof
6. Pressure waves from aircraft or other aerial devices travelling at supersonic speeds
7. Acquired Immune Deficiency Syndrome (AIDS) or its pathogenic agents
8. Suicide or attempted suicide, intentional self-injury or deliberate exposure to unusual danger (except in an attempt to save life), or **Your** own criminal act, **You** being under the influence of alcohol or drugs, or suffering from mental sickness, nervous anxiety, depression, emotional disorders or stress related conditions or complaints (even if the mental sickness, nervous anxiety, depression or stress related conditions or complaints arose out of a physical **Accident** or **Bodily Injury**)
9. Failure or fear of failure or inability of any equipment or any computer program, whether or not **You** own it, to recognise or to correctly interpret or process any date as its true calendar date, or to continue to function correctly beyond that date
10. Consequence of or in any way involving reckless disregard and/or wilful breach of duty of any kind
11. Any claims brought against the **You** in any country or jurisdiction outside of the **United Kingdom**
12. Directly or indirectly relating to asbestos including but not limited to mental injury or fear of suffering **Bodily Injury**, death, disease or illness
13. Claims arising out of the discharge, dispersal, release or escape of smoke, vapours, soot, fumes, acids, alkalis, toxic chemicals, liquids or gases, waste materials or other irritants, contaminants or pollutants into or upon land, the atmosphere or any watercourse or body of water, but this exclusion does not apply if such discharge, dispersal, release or escape is caused by a sudden unexpected and unintended happening. It is further agreed that expenses for the prevention of any contamination or pollution shall also form part of this exclusion and shall not be recoverable under this Insurance
14. Loss or damage caused by delay, wear and tear, moth, vermin, atmospheric or climatic conditions, manufacturing fault, inherent defect, deterioration or mechanical derangement of any kind
15. Loss due to confiscation, detention by Customs or other authority.

SANCTION LIMITATION AND EXCLUSION CLAUSE

We shall not provide cover nor shall they be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Underwriters to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, **United Kingdom** or United States of America.

COMPLAINTS PROCEDURE

Our commitment to customer service

We are committed to going the extra mile for **Our** customers. If **You** believe that **We** have not delivered the service **You** expected, **We** want to hear from **You** so that **We** can try to put things right. **We** take all complaints seriously and following the steps below will help **Us** understand **Your** concerns and give **You** a fair response.

If **You** are unhappy with any element of the cover **We** provide or any aspect of **Our** service or have a cause for complaint, please, in the first instance, contact Gunplan.

Step	Detail
1	<p>If You have cause for complaint, then contact:</p> <ul style="list-style-type: none"> The Managing Director, Accelerate Underwriting Limited, 3rd Floor, News Building, 3 London Bridge Street, London, SE1 9SG A full copy of Accelerate Underwriting Ltd complaints procedure will be issued to You when Accelerate provide a written acknowledgment of Your complaint.
2	<p>In the unlikely event that Your concerns have not been resolved, Your complaint will be referred to Our Customer Relations Team who will arrange for an investigation on behalf of Our Chief Executive. Their contact details are as follows:</p> <ul style="list-style-type: none"> Post: RSA Customer Relations Team, P O Box 255, Wymondham, NR18 8DP Email: crt.halifax@uk.rsagroup.com

OUR PROMISE TO YOU

We will:

- Acknowledge all complaints promptly
- Investigate quickly and thoroughly
- Keep **You** informed of progress
- Do everything possible to resolve **Your** complaint
- Use the information from **Your** complaint to proactively improve **Our** service in the future.

Once **We** have reviewed **Your** complaint **We** will issue **Our** final decision in writing within 8 weeks of the date **We** received **Your** complaint.

IF YOU ARE STILL NOT HAPPY

If **You** are still unhappy after **Our** review, or **You** have not received a written offer of resolution within 8 weeks of the date **We** received **Your** complaint, **You** may be eligible to refer **Your** case to the Financial Ombudsman Service (FOS). The FOS is an independent body that arbitrates on complaints. They can be contacted at:

- Post: Financial Ombudsman Service, South Quay Plaza. 183 Marsh Wall, London E14 9SR
- Telephone: 0800 0234567 (for landline users) or 0300 1239123 (for mobile users)
- Email: complaint.info@financial-ombudsman.org.uk
- Website: www.financial-ombudsman.org.uk

You have six months from the date of **Our** final response to refer **Your** complaints to the FOS. This does not affect **Your** right to take legal action, however, the FOS will not adjudicate on any case where litigation has commenced.

THANK YOU FOR YOUR FEEDBACK

We value **Your** feedback and at the heart of **Our** brand **We** remain dedicated to treating **Our** customers as individuals and giving them the best possible service at all times. If **We** have fallen short of this promise, **We** apologise and aim to do everything possible to put things right.

THE FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)

We are covered by the FSCS. If **We** are unable to meet **Our** financial obligations **You** may be entitled to Compensation from the scheme, depending on

the type of insurance and the circumstances of the Claim.

For this type of insurance 90% of **Your** Claim is covered, without any upper limit. Further information about Compensation scheme arrangements is available at www.fscs.org.uk, and on 020 7741 4100, or 0800 678 1100.

Accelerate Underwriting Limited is an Appointed Representative of Resolution Underwriting Partnership Limited, who are authorised and regulated by the Financial Conduct Authority (FRN 308113) in respect of general insurance business and is registered in England No. 05104119. Registered Office: Number One, 1 Vicarage Lane, Stratford, London, E15 4HF.

Calls may be monitored and recorded for quality assurance purposes.



The Royals, Altrincham Road, Manchester M22 4BJ

Tel: 08000 92 72 73

email: admin@gunplan.co.uk

www.gunplan.co.uk