



CERTIFICATE OF INSURANCE AT LLOYD'S, WORLD WIDE

THIS IS TO CERTIFY that in accordance with the authorisation granted under Contract No. WF0842259T to AmTrust Underwriting Limited, 1 Great Tower Street, London, EC3R 5AA by certain syndicates at Lloyd's (hereafter referred to as the Underwriters), whose definitive numbers and the proportions underwritten by them, which will be supplied on application, can be ascertained by reference to the said Contract which bears the Seal of Lloyd's Policy Signing Office, and in consideration of the premium specified herein, the said Underwriters are hereby bound, severally and not jointly, their Heirs, Executors and Administrators subject to the terms, conditions, provisions and exclusions herein, to insure against Bodily Injury in accordance with the Schedule of Benefits.

Important Notice	Please read this certificate and schedule carefully. If it is incorrect, please return it for alteration immediately to: Rollinson Smith Insurance Brokers PR House Hottonwood 30 Telford Shropshire TF1 7ET The cover referred to in this Certificate of Insurance is governed by the law of England and Wales unless otherwise agreed in writing. In all communications the certificate number appearing on the schedule should be quoted.
Cooling Off Period	If you feel this Insurance does not suit your requirements then a full refund will be allowed if this Certificate of Insurance is returned to the above Broker within 14 days of the cover starting or within 14 days from the day on which you receive the Certificate of Insurance, whichever is the later.
Contracts (Rights of Third Parties) Act	A person who is not a party to this contract has no right under the Contract (Rights of Third Parties) Act 1999 to enforce any term of this contract but this does not affect any right or remedy of a third party which exists or is available apart from that act.

AMATEUR SPORTS TEAM
PERSONAL ACCIDENT

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SCHEDULE OF BENEFITS

Certificate Number	ASPA-MC 00001 2017
The Assured Club	Irish Harness Racing Association
The Insured Person(s)	Category A) All Members of the Insured
The Assured's Correspondence Address	Dundee House, 21 Frankfield Terrace Summerhill South Cork
Geographical Limits	United Kingdom Of Great Britain & Northern Ireland &/Or Republic Of Ireland
Number of Drivers Covered	Category A) 300
Age Limit	Category A) Under 65 Years @ Inception
Operative Time	This Insurance shall only cover the Insured Person(s) whilst
	Playing or officiating for the Assured Club at home or away fixtures
	Taking part in training organised by the Assured Club
	Taking part in any social activity organised by the Assured Club
	Proceeding directly to and returning from the Assured Club's away fixtures as part of an organised party, under the Assured Club's auspices, using private cars, motor coaches or public transport, but excluding aircraft or motor cycles
The Period of Insurance	28 th April 2017 to 27 th April 2018, both dates inclusive
Endorsement(s) Applicable To This Certificate	One
Premium	
Insurance Premium Tax	
Total Premium:	

In witness whereof this Certificate has been signed by AmTrust Underwriting Limited

Peter Dewey
Director
AmTrust Underwriting Limited
Registered Office: 1 Great Tower Street, London, EC3R 5AA
Registered in England No: 3908537
Authorised and regulated by the Financial Conduct Authority
Date of Issue: 25th April 2017

Schedule of Benefits

The Underwriters will pay the Sum Insured to the Insured Person, or their Executors or Administrators, in accordance with the following Schedule of Benefits in the event of the Insured Person sustaining Bodily Injury, subject to the terms, Definitions, Exclusions and Conditions, contained in this Certificate.

Item	Benefits Payable in Respect of Accident	Sum Insured Category A
	Section 1	
1	Death	€29,750
2	Permanent Total Loss of Sight of One Eye	€14,875
3	Permanent Total Loss of Sight of Both Eyes	€29,750
4	Loss of One or More Limb(s)	€29,750
5	Permanent Total Loss of Speech	€29,750
6	Permanent Total Loss of Hearing	
	(a) In One Ear	€7,437.50
	(b) In Both Ears	€29,750
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)	€29,750
	Section 2	
8	Temporary Total Disablement during such disablement but not beyond 104 weeks from the date on which the Insured Person first became disabled and excluding the first 21 days of disablement each claim.	€249.90 per week
	Maximum Sum Insured Any One Occurrence	€1,190,000
	Maximum Sum Insured in respect of items 1	€29,750
	Maximum Sum Insured in respect of item 2	€14,875
	Maximum Sum Insured in respect of item 3, 4, 5, 6(b) & 7	€17,850
	Maximum Sum Insured in respect of item 6 (a)	€7,437.50
	Maximum Sum Insured in respect of item 8	€249.90 per week

Additional Benefits

Medical Expenses

Medical Expenses incurred in respect of Benefit 8 will be paid in addition by the Underwriters up to but not exceeding 20 per cent of any claim admitted under such item.