

CHUBB

Group Personal Accident  
Insurance Policy

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Each section of this Policy the Specification(s) and any Endorsement(s) together with this Insuring Agreement and the General Definitions Conditions and Exclusions shall read as one document.

Wherever a word or series of words appear in bold they are defined to be given the specific meaning set out in the Section 5 - General Definitions or in the Endorsement(s) to this Policy. They will carry the same meaning throughout wherever they appear within this Policy.

The terms of this Policy shall not be waived or changed except by Endorsement(s) issued to form part of this Policy.

This Policy shall not be valid unless it has been signed by a person authorised by Chubb European Group Limited.

**Section 1 Insuring Agreement**

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**Policy Number** UKBOPC95363

**Group Policyholder** National Rifle Association

**Group Policyholder Address** Bisley National Shooting Centre, Brockwood, Surrey GU24 OPB

is hereby insured by **Chubb European Group Limited** (referred to herein as the Company), in consideration of payment of the required premium, and in accordance with the attached Policy, Specification(s) and any Endorsement(s).

**Effective Date** 01 January 2018 (both dates inclusive and any subsequent period for which a premium is accepted by the Company in consideration of the cover afforded by this Policy.

**Expiry Date** 31 December 2018

**Policy Limits**

Any One Insured Person	<b>Core Benefits</b>	£ <u>30,000.00</u>	Excluding <b>Temporary Total Disablement</b>
	<b>Temporary Total Disablement</b>	£ <u>50.00</u>	per week

**Minimum and Deposit Premium** £ 7,652.58 *See Endorsement No. 1*

**Insurance Premium Tax or other applicable Tax** £ 918.31

**Total Payable** £ 8,570.89

**For and on behalf of Chubb European Group Limited**

**Date**



Andrew Kendrick  
Regional President, Europe

29 January 2018

## Section 2 Personal Accident Specification

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**Policy Number:** UKBOPC95363

**Category:** A

**Insured Persons:** Any Registered Adult Member of the Group Policyholder aged between 17 and 80 years at the Effective Date, resident in the **United Kingdom**, Channel Islands or Isle of Man whose registration is in date and all fees are paid to date.

**Operative Time:** Whilst an **Insured Person** is training, competing or officiating for the Group Policyholder and whilst participating in any social activity organised by the Group Policyholder including direct travel between the **Insured Person's** place of residence and the venue of an organised official activity sponsored, organised or supervised by the Group Policyholder using private cars, motor coaches or public transport, but excluding aircraft or motor cycles.

### Core Benefits

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	Benefit per <b>Insured Person</b>	Sum Insured
1.	Accidental Death	£30,000
2.	<b>Loss of Limb(s)</b> (one or more) and/or <b>Loss of Sight</b>	£30,000
3.	<b>Permanent Total Disablement</b>	£30,000
4.	<b>Loss of Hearing</b> in both ears	£30,000
5.	<b>Loss of Speech</b>	£30,000
6.	<b>Temporary Total Disablement:</b>	£50 per week
	<b>Benefit Period:</b>	104 weeks
	<b>Deferment Period:</b>	14 days
7.	<b>Hospital Confinement Benefit</b>	£25 per day for up to 52 weeks
8.	Convalescence Benefit	£100
9.	Emergency <b>Dental Expenses</b> for the immediate relief of pain only	Up to £750
10.	<b>Medical Expenses</b>	£10,000

## Section 2 Personal Accident Specification

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**Policy Number:** UKBOPC95363

**Category:** B

**Insured Persons:** Any Registered Junior Member of the Group Policyholder aged 16 years and under at the Effective Date, resident in the **United Kingdom**, Channel Islands or Isle of Man whose registration is in date and all fees are paid to date.

**Operative Time:** Whilst an **Insured Person** is training, competing or officiating for the Group Policyholder and whilst participating in any social activity organised by the Group Policyholder including direct travel between the **Insured Person's** place of residence and the venue of an organised official activity sponsored, organised or supervised by the Group Policyholder using private cars, motor coaches or public transport, but excluding aircraft or motor cycles.

### Core Benefits

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	Benefit per <b>Insured Person</b>	Sum Insured
1.	Accidental Death	£5,000
2.	<b>Loss of Limb(s)</b> (one or more) and/or <b>Loss of Sight</b>	£15,000
3.	<b>Permanent Total Disablement</b>	£15,000
4.	<b>Loss of Hearing</b> in both ears	£15,000
5.	<b>Loss of Speech</b>	£15,000
6.	<b>Temporary Total Disablement:</b>	Not Insured
7.	<b>Hospital Confinement Benefit</b>	£25 per day for up to 52 weeks
8.	Convalescence Benefit	£100
9.	Emergency <b>Dental Expenses</b> for the immediate relief of pain only	Up to £750
10.	<b>Medical Expenses</b>	£10,000

## Section 3 Endorsements

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### Endorsement No 1

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The Minimum and Deposit Premium will be adjusted at expiry of the **Period of Insurance** at a rate of £1.90 inclusive of Insurance Premium Tax per **Insured Person** to be declared by the Group Policyholder within 30 days of expiry of the Policy Period.

### Endorsement No 2

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The parties have agreed to enter into the following Long Term Agreement. At the inception of this Long Term Agreement the Insured shall accept Renewal of this Policy (or any policy issued in substitution thereof including any underlying local insurance) at the First Annual Review Date provided that the Company invite Renewal in accordance with the rates terms and conditions agreed at the inception of this Long Term Agreement.

### Conditions

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1. The Company reserves the right at any time to adjust the rates restrict the cover or vary the terms or conditions of cover or terminate this Long Term Agreement to reflect
  - a) any change or development which materially alters the risk profile of the Group Policyholder in respect of the cover which is provided by this Policy or alters the exposures used in rating for Premium by more than + / - 10%
  - b) any
    - i) change in legislation being any enactment subordinate legislation law regulation decree treaty or instrument in force in any country or territory in which a policy is issued;
    - ii) limitation(s) or restriction(s) imposed on the Company by their reinsurers.
2. It is agreed that any imposition of or increase in either levies or tax on Premium occurring subsequent to the inception of this Long Term Agreement will be borne by the Insured.
3. If the Company exercises its rights in accordance with either Condition 1. or 2. above then the Group Policyholder may at its option terminate this Long Term Agreement effective from the subsequent Annual Review Date.

## Section 4 Personal Accident Coverage

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If within the **Operative Time** an **Insured Person** sustains **Bodily Injury** the Company shall pay a benefit to the **Insured Person** in accordance with the Sum Insured shown in the Personal Accident Specification subject to any appropriate Policy Limits shown in the Insuring Agreement.

The **Operative Time** of insurance under this policy is shown on Section 2, Personal Accident Specification for each Category of **Insured Person**.

### Additional covers

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#### **Dental Expenses**

If within the **Operative Time** an **Insured Person** sustains **Bodily Injury** resulting in **Dental Injury** the Company shall indemnify the **Insured Person** for reasonable expenses necessarily incurred for the immediate relief of pain only on the advice of a **Qualified Medical Practitioner** with the prior consent of the Company in accordance with the Sum Insured shown in the Personal Accident Specification.

#### **Exposure**

If within the **Operative Time** an **Insured Person** sustains death or disablement as a direct result of unavoidable exposure to the elements the Company shall consider such death or disablement as having been caused by an **Accident** and shall pay a benefit to the **Insured Person** in accordance with the appropriate Sum Insured shown in the Personal Accident Specification.

#### **Hospital Confinement Benefit**

If within the **Operative Time** an **Insured Person** sustains **Bodily Injury** resulting in admission to **Hospital** as an **In-Patient** on the advice of a **Qualified Medical Practitioner** the Company shall pay a benefit to the **Insured Person** for each full day of hospitalisation up to a maximum of 52 weeks in accordance with the Sum Insured shown in the Personal Accident Specification.

#### **Convalescence Benefit**

If within the **Operative Time** an **Insured Person** sustains **Bodily Injury** resulting in admission to **Hospital** as an **In-Patient** on the advice of a **Qualified Medical Practitioner** for at least 7 full consecutive days the Company shall pay a benefit in addition to the **Hospital Confinement Benefit** to the **Insured Person** in accordance with the Sum Insured shown in the Personal Accident Specification.

#### **Medical Expenses**

If within the **Operative Time** an **Insured Person** sustains **Bodily Injury** resulting in death or in **Loss of Limb(s)** (one or more) or **Loss of Sight** or **Loss of Hearing** or **Loss of Speech** or **Permanent Total Disablement** or **Temporary Total Disablement** the Company shall indemnify **Insured Person** for reasonable expenses necessarily incurred for **Medical Expenses** with the prior consent of the Company in accordance with the Sum Insured shown in the Personal Accident Specification.



## Conditions

In addition to Section 6 - General Conditions the following Conditions shall apply:

1. A claim shall not be payable under more than one of the **Core Benefits** in respect of the same loss except where a claim is payable under one of the **Core Benefits** following a period of **Temporary Total Disablement**.
2. The payment of a claim under **Temporary Total Disablement** shall immediately cease once a claim under any other of the **Core Benefits** becomes payable in respect of the same loss.
3. Any loss covered under more than one of the **Core Benefits** shall be payable under the benefit with the higher sum insured only.
4. A claim shall not be payable in respect of an **Insured Person** under more than one Category of the Personal Accident Specification in respect of the same loss. The Category of the Personal Accident Specification under which the claim shall be payable shall be at the discretion of the Company.
5. The cover under **Medical Expenses** shall immediately cease twenty-four calendar months from the date of the **Accident**.
6. Any contributory degenerative condition or disability known by the **Insured Person** to be in existence at the time of sustaining **Bodily Injury** will be taken into consideration by the Company in assessing the benefit payable which may result in a claim being declined or adjusted.

## Section 5 General Definitions

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The following Definitions shall apply:

**Accident** shall mean a sudden unforeseen and fortuitous identifiable event and the word accidental shall be construed accordingly

**Benefit Period** shall mean the maximum period of temporary disablement (not necessarily consecutive) in respect of any one **Accident** for which a benefit may be payable.

**Bodily Injury** shall mean injury which is caused solely by accidental means and which solely and independently of any other cause results directly in the death or disablement of the **Insured Person** within twenty-four calendar months from the date of the **Accident**.

**Core Benefits** shall mean Benefit per **Insured Person** 1) 2) 3) 4) 5) or 6) as shown in the Personal Accident Specification.

**Country of Permanent Residence** shall mean the country where an **Insured Person** resides indefinitely or where an **Insured Person** has the intent to reside indefinitely.

**Deferment Period** shall mean a period at the beginning of a period of temporary disablement in respect of any one **Accident** during which a benefit is not payable.

**Dental Injury** shall mean damage to teeth gingival tissues alveoli or dental prostheses (whilst in situ within the mouth of the **Insured Person**) or the loss of dental prostheses (whilst in situ within the mouth of the **Insured Person**) which is caused solely by a force external to the mouth of the **Insured Person**.

**Hospital** shall mean any establishment which is registered or licensed as a medical or surgical hospital in the country in which it is located and where the **Insured Person** is under the constant supervision of a **Qualified Medical Practitioner**.

**In-Patient** shall mean an **Insured Person** who has gone through the full admission procedure and for whom a clinical case record has been opened and whose admission is necessary for the medical care and treatment of an illness or injury and not merely for any form of nursing convalescence rehabilitation rest or extended care.

**Insured Person** shall mean any person defined in Section 2 - Personal Accident Specification.

**Loss of Limb** shall mean

- a) in the case of a leg loss by physical severance at or above the ankle or permanent and total use of an entire leg or foot; or
- b) in the case of an arm physical severance of all four fingers of one hand through or above the meta carpo phalangeal joints (where the fingers join the palm of the hand) or permanent and total use of an entire arm or hand.

**Loss of Sight** shall be deemed to have occurred

- a) in both eyes once the name of the **Insured Person** has been added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist and the Company is satisfied that the condition is permanent and without expectation of recovery;



- b) in one eye when the degree of sight remaining after correction is 3/60 or less on the Snellen Scale (meaning seeing at three feet that which the **Insured Person** should see at sixty feet) and the Company is satisfied that the condition is permanent and without expectation of recovery.

**Loss of Speech** shall mean the total and irrecoverable loss of use of the power of audible and intelligible speech.

**Loss of Hearing** shall mean the total and irrecoverable loss of hearing.

**Medical Expenses** shall mean all reasonable costs for hospital surgical or other diagnostic or remedial treatment given or prescribed by a **Qualified Medical Practitioner**

**Minor** shall mean any **Insured Person** under the age of 18 years

**Operative Time** shall mean when cover applies between the Effective Date and Expiry Date as stated in Section 2, Personal Accident Specification

**Parent or Legal Guardian** shall mean a person with parental responsibility or a legal guardian both being in accordance with the Children Act 1989 and any statutory amendment modification or re-enactment of it.

**Partner** shall mean spouse civil partner co-habiting partner or any other person recognised as the lawful partner of the **Insured Person** under common law.

**Permanent Total Disablement** shall mean disablement, caused other than by **Loss of Limb(s)**, **Loss of Sight**, **Loss of Hearing** or **Loss of Speech** which will in all probability entirely prevent the Insured Person from engaging in gainful occupation of any kind for which the Insured Person is suited by way of education, training or experience

**Policy Period** shall mean the period between the Effective Date and the Expiry Date shown in the Insuring Agreement commencing at 00:01 hours on the earliest date and expiring at midnight on the latest date.

**Qualified Medical Practitioner** shall mean a doctor or specialist who is registered or licensed to practice medicine or dentistry under the laws of the country in which they practice and who is not the **Insured Person** the **Partner** of the **Insured Person** or a member of the immediate family of the **Insured Person** or an employee of the **Group Policyholder**

**Temporary Total Disablement** shall mean temporary disablement which entirely prevents the **Insured Person** from engaging in their usual occupation.

**Terrorism** shall mean act including but not limited to the use of force or violence and/or the threat thereof of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s) committed for political religious ideological or similar purposes including the intention to influence or overthrow any government and/or to put the public or any section of the public in fear.

**United Kingdom** shall mean England Scotland Wales and Northern Ireland excluding the Isle of Man and the Channel Islands. For the purposes of this Policy the **United Kingdom** shall be regarded as a single country.

**War** shall mean armed conflict between nations including forces acting for any international authority whether **War** be declared or not invasion civil war any attempt to usurp power or any activity arising out of an attempt to participate in military force between nations.

## Section 6 General Conditions

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These conditions apply to the Policy as a whole:

### **Cancellation**

The Policy may be cancelled by the Group Policyholder by giving the Company thirty days' written notice by recorded delivery. The Company shall return any unearned portion of the Premium paid by the Group Policyholder to the Company for the **Policy Period** provided that no claim has been paid or is payable and no incident has occurred which could give rise to a claim under this Policy.

The Policy may be cancelled by the Company by giving the Group Policyholder thirty days' written notice by recorded delivery to the last known address of the Group Policyholder. The Company shall return any unearned portion of the Premium paid by the Group Policyholder to the Company for the **Policy Period**. The calculation of the unearned portion of the Premium shall be made as soon as practicable after written notice of cancellation has been given to the Group Policyholder but the failure of the Company to provide details to the Group Policyholder of the unearned portion of the Premium in the notice of cancellation shall not affect the validity of such notice.

The Policy may be cancelled by the Company for non-payment of Premium by giving the Group Policyholder seven days' written notice by recorded delivery to the last known address of the Group Policyholder.

The Company may cancel any cover provided under this Policy in respect of **War** by giving the Group Policyholder seven days' written notice by recorded delivery to the last known address of the Group Policyholder.

### **Cessation Of Coverage For Insured Persons**

The insurance in respect of each **Insured Person** will cease at midnight of the day the following events occur:

- a) their membership ending with the Group Policyholder during the Period of Insurance;  
or the date on which they die whichever occurs first.
- b) the end of the **Policy Period** during which an **Insured Person** reaches the age of eighty years

### **Changes To Cover**

There may be times when the Company wish to change the Policy. If this happens the Company will write to the Group Policyholder at their last known address with details of the changes at least 30 days before the Company makes the changes. Any changes the Company makes will be the same for all **Insured Persons** under the Group Personal Accident Insurance Policy. The Company cannot make changes to cover that only apply to a particular **Insured Person**.

The Company reserves the right to amend the countries stated in Section 7, General Exclusion c) by giving 7 days notice by recorded delivery to the last known address of the Group Policyholder

### Claims Conditions

It is a condition precedent to the liability of the Company under this Policy that in the event of any circumstance which could give rise to a claim the Group Policyholder or **Insured Person** shall

- a) i) give notice to the Company as soon as reasonably possible by writing to the following address :-
- Endsleigh Insurances (Brokers) Limited  
Shurdington Road  
Shurdington  
Cheltenham  
Glos GL51 4UE
- Telephone 01242 866906  
Fax 01242 866961
- ii) make no admission of liability without the prior written consent of the Company;
- iii) provide the Company or their appointed representatives with
- a) all necessary assistance in a timely manner;
- b) all information reasonably required;
- c) all documentation and records necessary to establish and assess indemnity hereunder;
- d) copies or extracts as may be reasonably required;
- iv) prove the loss to the reasonable satisfaction of the Company;
- v) forward immediately to the Company or their representatives any letter writ or other document received in connection with any claim made under this Policy;
- vi) assist and concur with all reasonable arrangements for medical and other advisers of the Company to examine any **Insured Person** in respect of which a claim has arisen;
- b) as often as may be reasonably required provide a statutory declaration sworn before a solicitor justice of the peace or notary public named by the Company on all matters connected with a claim at such reasonable time and place as may be designated by the Company.

No act of the Company or their representatives in connection with any investigation hereunder shall be deemed a waiver of any defence which the Company might otherwise have. All acts shall be deemed to have been made without prejudice to the Company's liability.

The Company reserves the right to

- a) take such steps as they deem necessary to prevent mitigate or minimise a loss;
- b) take over and conduct the defence or settlement of claims made against the Group Policyholder or an **Insured Person** that are covered by this Policy;



- c) pursue all rights or remedies available to the Group Policyholder whether or not payment has been made hereunder;
- d) require independent medical examination of any **Insured Person** who gives rise to a claim hereunder.

### **Currency Conversion**

Any payment required in a different currency to that shown in Section 1 - Insuring Agreement shall be calculated at the rate of exchange as published on [www.oanda.com](http://www.oanda.com) for the date of loss .

### **Due Diligence**

The Group Policyholder shall exercise and ensure that any **Insured Person** shall exercise all due diligence and care to avoid or diminish any loss or circumstance likely to give rise to a claim under this Policy.

### **Due Observance**

It shall be a condition precedent to any liability of the Company to make any payment under this Policy for the Group Policyholder or **Insured Person** to duly observe the Specifications Endorsements and terms of this Policy and the truth of the statements and answers and information supplied on or in connection with any proposal.

### **Fraud And Misrepresentation**

Coverage shall be void if the Group Policyholder (and **Insured Person**) deliberately or recklessly provides false information to the Company whether at inception, when advising of a change or when making a claim.

If the Group Policyholder (and **Insured Person**) is careless in providing information to the Company then the Company may amend the Coverage by making an appropriate adjustment to the premium, amend the terms of the policy or cancel the policy in accordance with the policy conditions.

### **Information Provided To The Company**

In deciding to provide this Coverage and in setting the terms and premium the Company has relied on the information that has been provided by the Group Policyholder (and **Insured Person**) and the Group Policyholder (and **Insured Person**) must take care when answering any question to ensure that all information is accurate and complete.

The Group Policyholder (and **Insured Person**) must tell the Company, as soon as possible, if there are any changes to the information that has already been provided.

### **Interest**

No sum payable under this Policy shall carry interest.

### **Jurisdiction And Governing Law**

This Policy shall be governed by and construed in accordance with the Law of England and Wales. Each of the parties submits to the exclusive jurisdiction of the courts of England and Wales.

### **Non-Assignment**

There can be no assignment of this Policy or any benefit or right under this Policy without the prior written consent of the Company.



### **Subrogation**

The Company shall be subrogated to all the Group Policyholder's and/or **Insured Person's** rights of recovery against any person or organisation before or after any payment under this Policy. The Group Policyholder and/or **Insured Person** shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights and shall do nothing after loss to prejudice such rights.

### **Third Party Rights**

A person who is not a party to this Agreement including has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this Policy.

### **To Whom Benefits Are Payable**

The Company will deal with Accidental Death claims as follows:

- i) If the **Insured Person** is aged 18 years or over the Company will pay the Benefit for Accidental death to the estate of the deceased **Insured Person** and the receipt given to the Company by the personal representatives shall be a full discharge of liability by the Company in respect of the claim for such Benefit;
- ii) If the **Insured Person** is a **Minor**, the Company will pay the Benefit for Accidental Death to the **Parent or Legal Guardian** of such **Minor**. The **Parent or Legal Guardian's** receipt shall be a full discharge of all liability by the Company in respect of the claim for such Benefit.

The Company will deal with all other claims as follows:

- i) If the **Insured Person** is aged 18 years or over the Company will pay the Benefit for the claim to that **Insured Person** and their receipt shall be a full discharge of all liability by the Company in respect of the claim for such Benefit Amount or the assessed percentage.
- ii) If the **Insured Person** is a **Minor**, the Company will pay the Benefit for the claim to the **Parent or Legal Guardian** of such **Minor**, for the benefit of that **Minor**. The **Parent or Legal Guardian's** receipt shall be a full discharge of all liability by the Company in respect of the claim for such Benefit or the assessed percentage.

## Section 7 General Exclusions

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The following General Exclusions shall apply:

1. The Company shall not be liable for any **Bodily Injury** loss or expense suffered as a result of
  - a) an **Insured Person** engaging in active service in any of the Armed Forces of any nation;
  - b) **War** within the **Country of Permanent Residence** of the **Insured Person**;
  - c) **War** and/or **Terrorism** within Afghanistan or Iraq.
  - d) an **Insured Person** who has attained the age of eighty years unless such **Bodily Injury** loss or expense occurs during the **Policy Period** in which the **Insured Person** attains the age of eighty years;
  - e) sickness disease any naturally occurring condition or gradually operating cause or post traumatic stress disorder other than as a direct result of **Bodily Injury**;
  - f) an **Insured Person** committing or attempting to commit suicide or intentionally inflicting self injury;
  - g) an **Insured Person** engaging in aviation as a pilot of a fixed wing or rotary propelled aircraft,
  - h) pregnancy or childbirth within two months of the expected date of childbirth;
  - i) an **Insured Person's** own criminal act;
  - j) any engagement by an **Insured Person** in any professional sporting activities;
2. The Company shall not be liable to provide cover or benefit or pay any sums if that would directly or indirectly put the Company or any of its group companies in breach of any applicable economic or trade sanctions.
3. The Company shall not be liable for any **Temporary Total Disablement** for any **Insured Person** unless engaged in full time permanent gainful employment of a non professional sports nature.



## Section 8 Policy Information

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### Complaints Procedure

The Company aims to provide a first class service. If the Group Policyholder and/or **Insured Person** is unhappy with the service of the Company or has cause for complaint they should contact

The Customer Relations Manager  
Chubb European Group Limited  
PO Box 682  
Winchester  
SO23 5AG

Telephone 0800 519 8026

### The Financial Ombudsman Service

If the Company is unable to resolve the complaint to the Group Policyholder or **Insured Person's** satisfaction, they may be entitled to refer the matter to the Financial Ombudsman Service (FOS). The FOS can be contacted at the address shown below.

The Financial Ombudsman Service  
Exchange Tower  
London E14 9SR  
Telephone 0800 023 4567  
Email [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

### Financial Services Compensation Scheme

The Company is covered by the Financial Services Compensation Scheme. The Group Policyholder and/or **Insured Person** may be entitled to compensation should the Company be unable to meet its financial obligations. Further information can be obtained from the Company or from the Financial Services Compensation Scheme at the following address

Financial Services Compensation Scheme  
PO Box 300, Mitcheldean, GL17 1DY  
Telephone 0800 678 1100

[www.fscs.org.uk](http://www.fscs.org.uk)



## **Data Protection Notice**

The Company collects and processes personal information about individuals who may receive cover under the Policy from the Insured such as their name address and any other personal details which are provided to the Company in order to provide the insurance and claims services. The Company will treat this information in accordance with applicable data protection law. For policy administration purposes the Company will use and store any such personal information on an electronic database which may also be available to selected authorised representatives of member insurers of the Chubb Group operating outside Europe. The Company has taken reasonable measures to protect such personal information once it is transferred outside Europe in accordance with their normal data security policies. The Company may also disclose such personal information to outside parties, such as premium collection agencies, reinsurers, outside counsel and claims administrators, to provide the insurance and claims services, or as allowed by law, or as requested or required by regulatory bodies. The Group Policyholder must ensure that any **Insured Person** is notified accordingly.