

INTRODUCING ACCIDENT INSURANCE

For Accident Death Plan, Accident Cash Plan and Personal Accident Plan, Shop Direct Finance Company Limited acts as introducer to Stonebridge International Insurance Ltd. Accident Death Plan, Accident Cash Plan and Personal Accident Plan are administered and underwritten by Stonebridge International Insurance Ltd., registered in England No. 3321734, Braywick Gate, Braywick Road, Maidenhead, Berkshire SL6 1DA. All companies are authorised and regulated by the Financial Services Authority. For security and training purposes, telephone calls may be recorded and monitored.

Please scroll down the page to find details for the relevant Accident Insurance product:

1. Accident Death Plan
2. Personal Accident Plan
3. Accident Cash Plan

1. ACCIDENT DEATH PLAN-CERTIFICATE of INSURANCE

UK 2AD 04-2008 A2

Stonebridge International Insurance Ltd is an insurance company providing general insurance products; registered address Braywick Gate, Braywick Road, Maidenhead, Berkshire, SL6 1DA, registered in England no. 3321734. We are authorised and regulated by the Financial Services Authority (FSA). Our FSA Register number is 203188. You can check this on the FSA's register by visiting the FSA's website www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234. Stonebridge only provides information on its accident insurance products. The Accident Death Plan meets the demands and needs of those who wish to provide a lump sum cash benefit should death occur as a result of an accident. No advice was provided during the sale of this Accident Death Plan. This Certificate details the terms and conditions of your Accident Death Plan and should be read together with your Schedule of Benefits as one document. Your Accident Death Plan is underwritten by Stonebridge International Insurance Ltd ("we", "us", "our"). We agree to pay the Benefits provided under this Certificate subject to all the terms and conditions of this Certificate.

Right to Cancel Your Certificate

You may cancel your Certificate at any time by either writing to, or telephoning our Customer Services Centre giving details of your name, address and Certificate number. The details of our Customer Services Centre are provided on your Schedule of Benefits. You have the legal right to a refund of any premiums paid by you provided you cancel within 30 days of receiving your Certificate. We may cancel this Certificate provided we give you at least 30 days' prior written notice, which we will send to your last known address

A. Definitions

(The words below have the meaning shown under them wherever they appear in this Certificate.)

BENEFIT(S) means the level of financial cover detailed on the Schedule of Benefits.

CERTIFICATE means this Certificate of Insurance for Accident Death Plan.

CERTIFICATE EFFECTIVE DATE means the day, month and year on which your cover begins as shown on the Schedule of Benefits.

COMMON CARRIER means a public form of transport which is:

- licensed to transport passengers for hire by a duly constituted authority having jurisdiction in the state or country in which the conveyance is operating; and
- provided and operated (a) for regular passenger service by land, water or air, and (b) on a regular passenger route with regularly published schedules of departures and arrivals between established and recognised points of departure and arrival; and
- provided and operated under a valid licence or operating specifications for commercial transportation at the time of a loss. The following modes of transport are specifically excluded under Common Carrier:
 - privately chartered buses, coaches, aeroplanes, helicopters and boats
 - taxis, limousines and shuttle services
 - school buses and vans.

COVERED ACCIDENT means a sudden, unforeseen and fortuitous event that occurs while the Certificate is in force and which results directly from external and/or violent means.

COVERED CHILDREN means children born to, or legally adopted by, either you or your Partner who are 18 years of age or younger (or 22 if in full time education), who are unmarried, financially dependent upon you for support and maintenance and permanently reside with you. Financially dependent children means, if not in full time education and 18 years of age or under, then working for less than 25 hours a week and earning the current National Minimal Wage or less on average during the 6 months before a Covered Accident.

COVERED PERSON means you and the members of your family who you have selected to be covered under this plan as indicated on the Schedule of Benefits.

DEATH means loss of life.

INJURY / INJURED means bodily injury which:

- is directly caused by a Covered Accident and is independent of any other causes, including any Pre-Existing Condition; and
- directly results in Death within 90 days of the Covered Accident.

INSURED ("you", "your", "yours") means you, the Insured named on the Schedule of Benefits.

MOTOR VEHICLE includes any petrol, diesel or similarly powered vehicle which is required to be registered with the Driver and Vehicle Licensing Agency for use on public roads, and for which the operator is required to be licensed. Farm equipment, forklifts, construction equipment, recreational vehicles, two-wheeled vehicles such as motorcycles and motor scooters are specifically excluded.

PARTNER means a person who is either:

- (a) a person legally married to you at the time of the Covered Accident; or
- (b) if you are not legally married to anyone, a person:
 - (i) who is also not married to anyone else; and
 - (ii) with whom you are and have been cohabiting as if you were husband and wife for a continuous period of 12 months immediately preceding the date of the Covered Accident.

PRE-EXISTING CONDITION means disease, illness or injury, for which the Covered Person, at any time in the 2 years before the Certificate Effective Date has either (a) received medical treatment or advice; or (b) has experienced symptoms (whether diagnosed or not).

SCHEDULE OF BENEFITS means the document attached to this Certificate that details the Benefits payable in respect of an Injury.

UNITED KINGDOM (UK) means England, Scotland, Wales, Northern Ireland, the Isle of Man and the Channel Islands.

B. Eligibility

To be eligible for this cover, you and your Partner (if applicable) must:

- be between 18 and 80 (inclusive) years of age at the Certificate Effective Date; and
- live permanently in the United Kingdom for at least 7 months out of every 12 months.

If a Covered Person moves out of the United Kingdom for more than 5 months in a 12 month period then their cover will terminate on the renewal date after this period has been reached.

C. Period of Cover

WHEN YOUR INSURANCE BEGINS

Your insurance will begin on the Certificate Effective Date.

RENEWAL CONDITIONS

Your Accident Death Plan is automatically renewed at the end of each complete calendar month after the Certificate Effective Date, provided you pay the amount of premiums set out in the Schedule of Benefits (or at the rate in effect at the time of renewal following prior notification by us) by the due date. If you do not pay the premium by the due date you have 30 days in which to pay it. If it is not paid during that period, your cover will be cancelled from the date on which the unpaid premium was due. If the premium is paid during the 30 day period, then cover will operate as if it had been paid on the due date.

WHEN YOUR INSURANCE ENDS

Unless renewed in accordance with the renewal conditions above, your Accident Death Plan will end on the earliest of the following dates:

- the day before you do not pay a premium when due; or
- the date you or we cancel your insurance; or
- the date of your Death.

D. Scope of Cover

Subject to the terms and conditions in this Certificate, we will pay the following Benefits under this Accident Death Plan in accordance with Section G (Payment of Claim) as follows:

PART I - BENEFIT FOR PUBLIC TRANSPORT ACCIDENTS

If a Covered Person is Injured as a direct result of a collision, crash or sinking of a Common Carrier while travelling as a fare-paying passenger inside such Common Carrier, we will pay the applicable Benefits specified in Part I as shown on the Schedule of Benefits. Benefits from an Injury caused by a natural disaster (a natural event with catastrophic consequences for living things in the vicinity such as earthquake, flood, tornado) are payable under Part III. The level of Benefit will be that which was in force at the time of the Covered Accident.

PART II - BENEFIT FOR ROAD TRAFFIC ACCIDENTS

If a Covered Person is Injured as a direct result of:

- a collision or crash of a Motor Vehicle; or
- being struck by a Motor Vehicle (including two-wheeled vehicles). The Motor Vehicle must be in motion and being operated under its own power at the time of the Covered Accident we will pay the applicable Benefit specified in Part II as shown on the Schedule of Benefits. The level of Benefit will be that which was in force at the time of the Covered Accident.

PART III - BENEFIT FOR ALL OTHER ACCIDENTS

If a Covered Person is Injured in a Covered Accident not included under Part I or Part II and not otherwise excluded, we will pay the applicable Benefits specified in Part III as shown on the Schedule of Benefits.

The level of Benefit will be that which was in force at the time of the Covered Accident.

E. Duplication of Cover

This Certificate replaces any Certificate previously issued to you in respect of your Accident Death Plan. No person can be insured for more than one Accident Death Plan underwritten by Stonebridge International Insurance Ltd. Upon our discovery of any duplication of cover or liability in excess of the amounts described above, the Covered Person who exceeds these requirements will be considered to be covered under the plan that provides the greatest amount of Benefits. We will refund any premiums paid on such duplicate or excess cover that may have been issued in respect of the Covered Person. The records maintained by us shall determine the insurance provided for any Covered Person.

F. Exclusions

No Benefits shall be paid for any Injury sustained by a Covered Person that:

- is due to a Pre-Existing Condition
- is intentionally self-inflicted, while sane or insane
- is due to war or act of war (whether declared or not), invasion, acts of foreign enemies, civil war or unrest, rebellion, rioting or whilst on military, naval or airforce duty, service or operation including training exercises
- occurs while the Covered Person is under the influence of, or being affected (temporarily or otherwise) by drugs that have not been taken in accordance with medical instructions occurs while the Covered Person is under the influence of, or affected by alcohol and/or has an excess level of alcohol as set out in the road traffic legislation applicable at the time
- occurs while flying unless as a fare paying passenger on a regular scheduled route
- is due to disease, bodily or mental infirmity, or medical or surgical treatment of these, or where the Covered Person acts against medical advice
- is due to radiation or contamination or the effects of radiation, or due to the contamination or effects of biological or chemical agents
- occurs while any Covered Person is committing or is attempting to commit an assault, battery, criminal offence or act of terrorism
- occurs while in prison.

G. Claims Procedures and Requirements

NOTICE OF CLAIM

If you wish to make a claim, please ask for a claim form from our Claims Department at Stonebridge International Insurance Ltd, Braywick Gate, Braywick Road, Maidenhead, Berkshire, SL6 1DA, or telephone our Customer Services Centre on the free phone number stated on your Schedule of Benefits within 30 days of the Death or as soon as possible thereafter. You must complete the claim form and send it together with the information set out below to the above address within 90 days of the Death (or within such period as agreed by us), as failure to do so may affect your claim.

You must include with your claim form, the following information (where applicable):

- your original Certificate of Insurance
- a Coroner's Interim Certificate of the Fact of Death and/or Death Certificate (if issued)
- copies of any official reports you have in your possession such as a police accident report, inquest report or medical report
- other information about the accident such as newspaper clippings
- evidence that you or another person who is claiming Benefits is the rightful beneficiary under the Certificate of Insurance, for example probate documentation issued by a court
- evidence that the deceased is a Covered Person under this Certificate such as a marriage certificate, bank statements, birth certificates or adoption papers.

All original documents will be copied for our records and returned to you by special delivery post. Depending on what is disclosed in the documents you supply, we may require further information so that we may fully investigate your claim to determine whether any Benefit is payable. For example we may require a post mortem to be performed in the case of death, where it is not forbidden by law, or follow up with third parties such as the Coroner.

PAYMENT OF CLAIM

Unless you specify otherwise, any Benefits payable under the Accident Death Plan will be paid as follows:

- at your Death, it will be paid to your Personal Representative(s), appointed in accordance with the Grant of Representation / Confirmation; or
- at the Death of any other Covered Person, it will be paid to you, if living; otherwise, as specified in the above paragraph.

You may change the above arrangement at any time by writing to us at our Customer Services Centre and designating a beneficiary. Once we record the change, it will take effect as of the day you signed the request, subject to any Benefits paid before such recording. The consent of the beneficiary is not needed for the change, unless the arrangement was irrevocable.

H.General Provisions

REVIEW OF CERTIFICATE CONDITIONS

We may vary or amend the terms and conditions of your Certificate at any time provided at least 30 days' written notice is given to you prior to any alteration taking place. At any time we may both agree to vary the Benefits available under your Certificate.

CONTRACTS (RIGHTS OF THIRD PARTIES) ACT 1999

No person other than the parties and Covered Persons may enforce any term of this Certificate by virtue of the Contracts (Rights of Third Parties) Act 1999.

CURRENCY

All Benefits are payable in pounds British sterling or such other currency which may be lawful in the United Kingdom at the time of payment.

FRAUD

Any fraud, mis-statement or concealment either in the information which you provide in relation to any matter affecting this insurance or when you are making a claim under this Certificate will cause this cover to be of no effect and all rights to Benefits and any premium paid will be lost.

GOVERNING LAW AND LANGUAGE

Your insurance contract will be concluded in accordance with and governed by the law that applies in the part of the UK where you reside at the time the contract is concluded. All information has been provided to you in English. We will continue to communicate with you in English, unless we both agree to communicate in another language.

INTEREST

No Benefit payable under this Certificate shall carry interest.

WAIVER

Failure to exercise any right conferred by this Certificate shall neither be deemed to be a waiver of such right nor in any way prejudice any right under this Certificate.

DATA PROTECTION

We collect information about you and any other Covered Person(s) in order to effectively administer your Accident Death Plan. We may disclose this information to any agent acting on our behalf as may be necessary for the administration of your plan. In particular, we will share information about you with the company that introduced you to us so that they can keep their records up to date. We may wish to telephone or write to let you know about other products and services from us that may be of interest to you. If you do not wish to receive this information please call us on the number found on your Schedule of Benefits. We follow the rules in the Data Protection Act 1998 when dealing with your personal information, and that of any other Covered Person(s). All of this personal information is protected against unauthorised people obtaining access to it, and each of you has a right to see personal information about you that we hold. There is a charge if you wish to do this. For more details write to the Customer Services Manager at our Customer Services Centre. You should ensure that all Covered Person(s) are aware of the information set out in this paragraph.

IF YOU NEED TO COMPLAIN

We aim to give a good service. However, there may be times when things go wrong and you are not satisfied with the service you receive. If this happens, please contact the manager of the department you are dealing with. He or she should be able to solve any problem to your satisfaction. If you feel they have not, please contact the Customer Service Department at our Customer Services Centre. Alternatively telephone our Customer Services Centre on the free phone number stated on your Schedule of Benefits. Our Customer Service Department will deal with any complaint promptly and professionally. If you are not satisfied with this response, you can refer the matter to the Managing Director of Stonebridge International Insurance Ltd. If, after following the above procedure, your complaint has still not been adequately resolved, you may refer the matter to the Financial Ombudsman Service. The address is:

Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London
E14 9SR

Referral to the Financial Ombudsman Service does not affect your right to take legal action against us. We are covered by the Financial Services Compensation Scheme (FSCS) and you may be entitled to compensation from the scheme should we be unable to meet our liabilities to you. This depends on the type of business and the circumstances of the claim. Insurance advising and arranging is covered for 100% of the first £2,000 and 90% of the remainder of the claim, without any upper limit. Further information about compensation arrangements are available from the FSCS at www.fscs.org.uk or by telephoning 020 7892 7300.

**Customer Services Centre
Stonebridge International Insurance Ltd
Beaufort House Cricket Field Road Uxbridge UB8 1QD
Monday-Friday (8 a.m. to 8 p.m.)**

2. PERSONAL ACCIDENT PLAN-CERTIFICATE of INSURANCE

UK 4PA 07-2009 A1

Stonebridge International Insurance Ltd is an insurance company providing general insurance products; registered address Braywick Gate, Braywick Road, Maidenhead, Berkshire, SL6 1DA, registered in England no. 3321734. We are authorised and regulated by the Financial Services Authority (FSA). Our FSA Register number is 203188. You can check this on the FSA's register by visiting the FSA's website www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234. Stonebridge only provides information on its accident insurance products.

The Personal Accident Plan meets the demands and needs of those who wish to provide a lump sum cash benefit if death or permanent disability should occur as a result of an accident or a daily cash benefit should hospitalisation occur as a result of an accident. No advice was provided during the sale of this Personal Accident Plan.

This Certificate details the terms and conditions of your Personal Accident Plan and should be read together with your Schedule of Benefits as one document. Your Personal Accident Plan is underwritten by Stonebridge International Insurance Ltd ("we", "us", "our"). We agree to pay the Benefits provided under this Certificate subject to all the terms and conditions of this Certificate.

Right to Cancel The Certificate

You may cancel the Certificate at any time by, either writing to, or telephoning the Customer Services Department, giving details of your name, address and Certificate number. The details of the Customer Services Department are provided on the Schedule of Benefits. Where you cancel within 30 days of the Certificate Effective Date and have not made a claim, you are entitled to a full refund of any premium paid. We may cancel this Certificate provided that we give you at least 30 days' prior written notice, which we will send to you at your last known address.

A. Definitions

(The words below have the meaning shown under them wherever they appear in this Certificate).

BENEFIT(S) means the level of financial cover detailed on the Schedule of Benefits.

CERTIFICATE means this Certificate of Insurance for Personal Accident Plan.

CERTIFICATE EFFECTIVE DATE means the day, month and year on which your cover begins as shown on the Schedule of Benefits.

CERTIFICATE END DATE means the day, month and year on which your cover ends as detailed in Section C - When Your Insurance Ends.

COVERED CHILDREN means children born to, or legally adopted by, either you or your Partner who are 18 years of age or younger (or 22 if in full time education), who are unmarried, financially dependent upon you for support and maintenance and permanently reside with you. Financially dependent children means, if not in full time education and 18 years of age or under, then working for less than 25 hours a week and earning the current National Minimal Wage or less on average during the 6 months before a Covered Accident.

COVERED PERSON means you and the members of your family who you have selected to be covered under this plan as indicated on the Schedule of Benefits.

DEATH means loss of life.

DISABILITY means:

- Quadriplegia
- Paraplegia
- Permanent Total Disability
- Loss of Use of 2 Limbs
- Loss of Sight in both eyes
- Loss of Hearing in both ears
- Loss of Speech
- Loss of Use of 1 Limb
- Loss of Sight in 1 eye
- Loss of Hearing in 1 ear

- Loss of Use of shoulder or elbow, hip, knee, ankle or wrist, thumb, finger or toe

Each Disability listed above must be permanent, total and irreversible and certified to be as such by a Doctor.

The level of Benefit payable in respect of these listed Disabilities is detailed on the Schedule of Benefits.

DOCTOR means a person who is duly licensed and legally qualified to diagnose and treat sickness and injuries. Such person must be providing services within the scope of his or her licence. The Doctor may not be you, your partner or the parent, child, brother or sister of you or your partner.

HOSPITAL means a medical institution which has full surgical and in-patient facilities with 24-hour a day nursing care. Hospital does not include an institution or that part of an institution operated primarily as:

- a convalescent home, convalescent, rest, or nursing facility; or
- a facility primarily affording custodial or educational care; or
- a facility for the aged or for rehabilitation.

HOSPITALISATION / HOSPITALISED means being an in-patient in a Hospital for the Necessary Treatment of an Injury. Such Hospitalisation must be prescribed by a Doctor and last for at least 24 consecutive hours after the first 72 consecutive hours. Hospitalisation does not include outpatient care and treatment, including outpatient surgery or outpatient observation received in a Hospital.

INJURY means bodily injury which:

- is directly caused by a Covered Accident and is independent of any other causes; and
- directly results in Death, Disability or Hospitalisation within 90 days of the Covered Accident.

INSURED ("you", "your," or "yours") means you, the Insured named on the Schedule of Benefits.

LOSS OF HEARING means the permanent, total and irreversible loss of hearing.

LOSS OF SIGHT means the permanent, total and irreversible loss of sight.

LOSS OF SPEECH means the permanent, total and irreversible loss of speech.

LOSS OF USE means the permanent, total and irreversible loss by separation or paralysis or of movement of an entire, specific joint or limb.

NECESSARY TREATMENT means medical treatment which is consistent with currently accepted medical practice. Any hospitalisation, operation, treatment, or service not a valid course of treatment recognised by an established medical society in the United Kingdom is not Necessary Treatment. No treatment or service in connection therewith, which is experimental in nature, is Necessary Treatment. We may use peer review organisations or other professional medical opinions to determine if health care services are:

- medically necessary; and
- consistent with professionally recognised standards of care with respect to quality, frequency and duration.

OUT OF COUNTRY TERRITORY means Algeria, Andorra, Australia, The Azores, Bermuda, Brazil, Canada, The Caribbean Islands, Costa Rica, Croatia, Egypt, European Union (excluding the United Kingdom), French Polynesia, Gibraltar, Guyana, Iceland, Japan, La Réunion, Liechtenstein, FYR Macedonia, Madeira, Maldives, Mayetta, Mexico, Monaco, Morocco, New Caledonia, New Zealand, Norway, Saint Pierre and Miquelon, San Marino, Serbia, Montenegro, Singapore, South Africa, South Korea, Switzerland, Thailand, Tunisia, Turkey, The United States of America, The Vatican City, Wallis and Futuna.

(CARIBBEAN ISLANDS means Anguilla, Antigua & Barbuda, Aruba, The Bahamas, Barbados, Bonaire, British Virgin Islands, Cayman Islands, Cuba, Curacao, Dominica, Dominican Republic, Grenada, Guadeloupe, Haiti, Jamaica, Martinique, Montserrat, Navassa, Puerto Rico, Saba, St. Barts, St. Eustatius, St. Kitts & Nevis, St. Lucia, St. Maarten, St. Martin, St. Vincent, Trinidad & Tobago, Turks & Caicos and US Virgin Islands.)

PARAPLEGIA means the total and permanent paralysis of both legs, the bladder and rectum.

PARTNER means a person who is either:

- (a) a person legally married to you at the time of the Covered Accident; or
- (b) if you are not legally married to anyone, a person:
 - (i) who is also not married to anyone else; and

(ii) with whom you are and have been cohabiting as if you were husband and wife for a continuous period of 12 months immediately before the date of the Covered Accident.
Cover will automatically cease for your Partner on their 70th birthday or when they cease to meet the definition 'Partner'.

PERMANENT TOTAL DISABILITY means the permanent inability to perform any paid work whatsoever for the remainder of your life.

QUADRIPLEGIA means the total and permanent paralysis of both arms and both legs.

SCHEDULE OF BENEFITS means the document attached to this Certificate that details the Benefits payable in respect of an Injury.

UNITED KINGDOM (UK) means England, Scotland, Wales, Northern Ireland, the Isle of Man and the Channel Islands.

B. Eligibility

To be eligible for this cover, you and your Partner (if applicable) must:

- be between 18 and 64 (inclusive) years of age at the Certificate Effective Date;
- and
- live permanently in the United Kingdom for at least 7 months out of every 12 months.

If a Covered Person moves out of the United Kingdom for more than 5 months in a 12 month period then their cover will terminate on the renewal date after this period has been reached.

C. Period of Cover

WHEN YOUR INSURANCE BEGINS

Your insurance will become effective on the Certificate Effective Date.

RENEWAL CONDITIONS

Your Personal Accident Plan is automatically renewed at the end of each complete calendar month after the Certificate Effective Date, provided you pay the amount of premiums set out in the Schedule of Benefits (or at the rate in effect at the time of renewal following prior notification by us) by the due date. If you do not pay the premium by the due date you have 30 days in which to pay it. If it is not paid during that period, your cover will be cancelled from the date on which the unpaid premium was due. If the premium is paid during the 30 day period, then cover will operate as if it had been paid on the due date.

WHEN YOUR INSURANCE ENDS

Your Personal Accident Plan will end on the earliest of the following dates:

- the renewal date after your 70th birthday
- the date on which we pay Benefits which together with any previous payments equal the maximum total amount payable under this Certificate as detailed in Section D – Important Notes and Benefit Limitations
- the day before you do not pay a premium when due
- the date you or we cancel your insurance
- the date of your Death.

D. Scope of Cover

We will pay the Benefits in respect of the Covered Person(s) shown on the Schedule of Benefits in the event of an Injury subject to the Definitions and other provisions set out in this Certificate.

Important Notes and Benefit Limitations

1. The maximum amount payable under this Certificate is £250,000 in respect of items 1 - 16, as shown on the Schedule of Benefits.
2. The level of Benefit will be that which applied at the date of the Covered Accident.
3. In the Schedule of Benefits:
 - a) In the event of Death within 90 days of an Injury, only items 1 and 17 (if applicable) will be payable.
 - b) We will pay one of the items 2 - 8 (inclusive), for each Covered Person in respect of one Covered Accident under this Certificate and then cover will stop in respect of that person from the date of payment.
 - c) We will pay more than one of items 9 - 16 (inclusive), for each Covered Person in respect of one Covered Accident but subject to a maximum payment of £100,000 per Covered Person (£10,000 for Covered Children) under this Certificate and then cover will stop in respect of that person from the date of payment.

d) Item 4 (Permanent Total Disability) does not apply to Covered Persons aged 15 and under or 65 and over at the date of the Covered Accident.

e) Item 17 a and b (Hospitalisation Benefits) are halved for persons aged 65 and over at the date of the Covered Accident.

f) Items 17 a and b (Hospitalisation Benefits) are payable for each 24 hour period Hospitalised after the first 72 hours of Hospitalisation and must occur within 90 days of the Covered Accident. Additionally:

- Further periods of Hospitalisation for the same Injury are covered providing they begin within 90 days of the original period of Hospitalisation.
- To be eligible for the Out of Country Hospitalisation Benefit, the Injury and the Hospitalisation must occur in one of the defined Out of Country Territory regions.

Role of Existing Medical Conditions or Injuries

If you have an existing physical or medical condition, and the effects of a Covered Accident are made worse because of this, we will assess the effects that the disease or physical defect had on the resulting Injury. If the pre-existing disease or physical defect contributed more than 25% towards the Death, Disability or Hospitalisation then we will reduce any Benefits payable proportionately.

E. Exclusions

No Benefits shall be paid for any Injury sustained by a Covered Person that:

- is intentionally self-inflicted, while sane or insane
- is due to war or act of war (whether declared or not), invasion, acts of foreign enemies, civil war or unrest, rebellion, rioting or whilst on naval, military or airforce duty, service or operation including training exercise
- occurs while under the influence of, or being affected (temporarily or otherwise) by drugs that have not been taken in accordance with medical instructions
- occurs while the Covered Person is under the influence of, or affected by alcohol and/or has an excess level of alcohol as set out in the road traffic legislation applicable at the time
- occurs while flying unless as a fare paying passenger on a regular, scheduled route
- occurs while competing in any race other than on foot or while swimming
- occurs while participating in scuba diving, rock climbing or mountaineering of any type, potholing or parachuting
- is due to deliberate or reckless exposure to danger
- is due to disease, bodily or mental infirmity, or medical or surgical treatment of these, or where the Covered Person acts against medical advice
- is due to radiation or contamination or the effects of radiation, or due to the contamination of effects of biological or chemical agents
- occurs as the result of an assault on the Covered Person, which is not reported to the police at the time of the incident
- occurs while any Covered Person is committing or is attempting to commit an assault, battery, criminal offence or act of terrorism
- occurs while in prison.

F. Duplication of Cover

This Certificate replaces any Certificate previously issued to you in respect of your Personal Accident Plan.

No person can be insured for more than one Personal Accident Plan underwritten by Stonebridge International Insurance Ltd. Upon our discovery of any duplication of cover described above the Covered Person in respect of which there is a duplication of cover will be deemed to be covered under the Personal Accident Plan that provides the greatest amount of Benefits. We will refund any premiums paid on such duplicate cover that may have been issued in respect of the Covered Person. The records maintained by us shall determine the insurance provided for any Covered Person.

G. Claims Procedures and Requirements

NOTICE OF CLAIM

If you wish to make a claim, please ask for a claim form from Stonebridge Claims Department at PO Box 2801, East Court, Stoke-on-Trent, ST4 9DN or telephone our Customer Services Centre on the freephone number stated on your Schedule of Benefits within 30 days of the Covered Accident or as soon as possible thereafter. You must complete the claim form and send it together with the information set out below to the above address within 90 days of the Covered Accident (or within such period as agreed by us), as failure to do so may affect your claim.

You must include with your claim form, the following information (where applicable):

- your original Certificate of Insurance
- medical certificates
- medical reports for example, from any Hospitals attended, or treating Doctors or Consultants

- a copy of any official report you have in your possession such as a police accident report or a health and safety report
- other information about the Covered Accident such as newspaper clippings
- copies of any correspondence from the Benefits Agency or any other organisation which confirms the injured Covered Person's inability to work or that they have suffered a loss which is covered under this Certificate
- evidence relating to occupation such as a job description, employment history, or information from an employer
- a Coroner's Interim Certificate of the Fact of Death and/or Death Certificate (if issued)
- evidence that you or another person who is claiming Benefit is the rightful beneficiary under the Certificate of Insurance, for example probate documentation issued by a court
- evidence that the Covered Person who suffered an Injury meets the definition of Covered Person under section A of this Certificate such as a marriage certificate, bank statements, birth certificates or adoption papers.

All original documents will be copied for our records and returned to you by special delivery post. Depending on what is disclosed in the documents you supply, we may require further information so that we may fully investigate your claim to determine whether any Benefit is payable. For example we may require a post mortem to be performed in the case of Death, where it is not forbidden by law, or an independent medical examination.

PAYMENT OF CLAIM

Unless you specify otherwise, any Benefits payable under the Personal Accident Plan will be paid to the Insured if living, otherwise to the Insured's Personal Representative(s), appointed in accordance with the Grant of Representation / Confirmation.

H. General Provisions

REVIEW OF CERTIFICATE CONDITIONS

We may vary or amend the terms and conditions of your Certificate at any time provided at least 30 days' written notice is given to you prior to any alteration taking place. At any time we may both agree to vary the Benefits available under your Certificate.

CONTRACTS (RIGHTS OF THIRD PARTIES) ACT 1999

No person other than the parties and Covered Persons may enforce any term of this Certificate by virtue of the Contracts (Rights of Third Parties) Act 1999.

CURRENCY

All Benefits are payable in pounds British sterling or such other currency which may be lawful in the United Kingdom at the time of payment.

FRAUD

Any fraud, mis-statement or concealment either in the information which you provide in relation to any matter affecting this insurance or when you are making a claim under this Certificate will cause this cover to be of no effect and all rights to Benefits and any premium paid will be lost.

GOVERNING LAW AND LANGUAGE

Your insurance contract will be concluded in accordance with and governed by the law that applies in the part of the UK where you reside at the time the contract is concluded. All information has been provided to you in English. We will continue to communicate with you in English, unless we both agree to communicate in another language.

INTEREST

No Benefit payable under this Certificate shall carry interest.

WAIVER

Failure to exercise any right conferred by this Certificate shall neither be deemed to be a waiver of such right nor in any way prejudice any right under this Certificate.

DATA PROTECTION

Stonebridge International Insurance Ltd., is committed to complying with the requirements of UK & EU Data Protection legislation. This means that in the provision of our services, appropriate personal information is processed and kept securely in strict accordance with such requirements.

Stonebridge International Insurance Ltd. is part of the international AEGON Group and uses its group facilities to assist in providing these services. Stonebridge International Insurance Ltd. may share your details and those of other Covered Persons with other carefully selected organisations solely for the

purposes of servicing and administering your insurance and conducting analysis and market research, and meeting legal/regulatory requirements.

You have the right to ask for a copy of certain information held on our records in return for payment of a small fee, by writing to the Customer Service Centre. You also have the right to require us to correct any inaccuracies in your information.

You should ensure that all Covered Person(s) are aware of the information set out under the heading "Data Protection"

We may record telephone calls for monitoring and training purposes.

Where you have given your consent Stonebridge International Insurance Ltd. may make contact with you to let you know about products and services which may be of interest to you. If you do not want to receive such contact, please contact the Customer Services Centre.

IF YOU NEED TO COMPLAIN

We aim to give a good service. However, there may be times when things go wrong and you are not satisfied with the service you receive. If this happens, please contact the manager of the department you are dealing with. He or she should be able to solve any problem to your satisfaction. If you feel they have not, please contact the Customer Service Department at our Customer Services Centre.

Alternatively telephone our Customer Services Centre on the freephone number stated on your Schedule of Benefits. Our Customer Service Department will deal with any complaint promptly and professionally. If you are not satisfied with this response, you can refer the matter to the Managing Director of Stonebridge International Insurance Ltd.

If, after following the above procedure, your complaint has still not been adequately resolved, you may refer the matter to the Financial Ombudsman Service. The address is:

Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London
E14 9SR

Referral to the Financial Ombudsman Service does not affect your right to take legal action against us.

We are covered by the Financial Services Compensation Scheme (FSCS) and you may be entitled to compensation from the scheme should we be unable to meet our liabilities to you. This depends on the type of business and the circumstances of the claim. Insurance advising and arranging is covered for 100% of the first £2,000 and 90% of the remainder of the claim, without any upper limit. Further information about compensation arrangements are available from the FSCS at www.fscs.org.uk or by telephoning 020 7892 7300.

Customer Services Centre
Stonebridge International Insurance Ltd
Beaufort House Cricket Field Road Uxbridge UB8 1QD
Monday-Friday (8 a.m. to 8 p.m.)
UK

3. ACCIDENT DEATH PLAN-CERTIFICATE of INSURANCE

UK 2AR 05-2009 A3

Stonebridge International Insurance Ltd is an insurance company providing general insurance products; registered address Braywick Gate, Braywick Road, Maidenhead, Berkshire, SL6 1DA, registered in England no. 3321734. We are authorised and regulated by the Financial Services Authority (FSA). Our FSA Register number is 203188. You can check this on the FSA's register by visiting the FSA's website www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234. Stonebridge only provides information on its accident insurance products.

The Accident Cash Plan meets the demands and needs of those who wish to be provided with a daily cash benefit should hospitalisation occur as a result of an accident. No advice was provided during the sale of this Accident Cash Plan. This Certificate details the terms and conditions of your Accident Cash Plan and should be read together with your Schedule of Benefits as one document. Your Accident Cash Plan is underwritten by Stonebridge International Insurance Ltd ("we", "us", "our"). We agree to pay the Benefits provided under this Certificate subject to all the terms and conditions of this Certificate.

Right to Cancel Your Certificate

You may cancel the Certificate at any time by, either writing to, or telephoning the Customer Services Department, giving details of your name, address and Certificate number. The details of the Customer Services Department are provided on the Schedule of Benefits. Where you cancel within 30 days of the Certificate Effective Date and have not made a claim, you are entitled to a full refund of any premium paid. We may cancel this Certificate provided that we give you at least 30 days' prior written notice, which we will send to you at your last known address.

A. Definitions

(The words below have the meaning shown under them wherever they appear in this Certificate.)

BENEFIT(S) means the level of financial cover detailed on the Schedule of Benefits.

CERTIFICATE means this Certificate of Insurance for Accident Cash Plan.

CERTIFICATE EFFECTIVE DATE means the day, month and year on which your cover begins as shown on the Schedule of Benefits.

COVERED ACCIDENT means a sudden, unforeseen, and fortuitous event that occurs while the Certificate is in force and results directly from external and/or violent means.

COVERED CHILDREN means each of your children (including step-children, children born to your Partner, or children for whom you have responsibility) who are:

- eighteen (18) years of age or younger, and who is not legally married, is financially dependent upon you for support and maintenance and permanently resides with you; or
- at least nineteen (19) years of age but less than twenty-three (23) years of age, and who is not legally married, is financially dependent upon you for support and maintenance, and is a registered full-time student with valid student identification.

COVERED PERSON means you and the members of your family who you have selected to be covered under this plan as indicated on the Schedule of Benefits.

DOCTOR means a person who is duly licensed and legally qualified to diagnose and treat sickness and injuries. Such person must be providing services within the scope of his or her licence. The Doctor may not be you, your partner, or the parent, child, brother or sister of you or your partner.

HOSPITAL means a medical institution which has full surgical and in-patient facilities with 24-hour a day nursing care. Hospital does not include an institution or that part of an institution operated primarily as:

- a convalescent home, convalescent, rest or nursing facility; or
- a facility primarily affording custodial or educational care; or
- a facility for the aged or for rehabilitation.

HOSPITALISATION / HOSPITALISED means being an in-patient in a Hospital for the Necessary Treatment of an Injury. Such Hospitalisation must be prescribed by a Doctor and last for at least 24

consecutive hours. Hospitalisation does not include outpatient care and treatment, including outpatient surgery or outpatient observation received in a Hospital.

INJURY means bodily injury which:

- is directly caused by a Covered Accident and is independent of any other causes, including any Pre-Existing Condition; and
- directly results in Hospitalisation.

INSURED ("you", "your", or "yours") means you, the Insured named on the Schedule of Benefits.

NECESSARY TREATMENT means medical treatment which is consistent with currently accepted medical practice. Any hospitalisation, operation, treatment, or service not a valid course of treatment recognised by an established medical society in the United Kingdom is not Necessary Treatment. No treatment or service in connection therewith, which is experimental in nature, is Necessary Treatment. We may use peer review organisations or other professional medical opinions to determine if health care services are:

- medically necessary; and
- consistent with professionally recognised standards of care with respect to quality, frequency, and duration.

OUT OF COUNTRY TERRITORY means Algeria, Andorra, Australia, The Azores, Bermuda, Brazil, Canada, the Caribbean Islands, Costa Rica, Croatia, Egypt, European Union (excluding the United Kingdom), French Polynesia, Gibraltar, Guyana, Iceland, Japan, La Réunion, Liechtenstein, FYR Macedonia, Madeira, Maldives, Mayetta, Mexico, Monaco, Morocco, New Caledonia, New Zealand, Norway, Saint Pierre and Miquelon, San Marino, Serbia, Montenegro, Singapore, South Africa, South Korea, Switzerland, Thailand, Tunisia, Turkey, The United States of America, The Vatican City, Wallis and Futuna.

PARTNER means a person who is either:

- (a) a person legally married to you at the time of the Covered Accident; or
- (b) if you are not legally married to anyone, a person:
 - (i) who is also not married to anyone else; and
 - (ii) with whom you are and have been cohabiting as if you were husband and wife for a continuous period of 12 months immediately preceding the date of the Covered Accident.

PRE-EXISTING CONDITION means disease, illness or injury, for which the Covered Person, at any time in the 2 years before the Certificate Effective Date has either (a) received medical treatment or advice; or (b) has experienced symptoms (whether diagnosed or not).

SCHEDULE OF BENEFITS means the document attached to this Certificate that details the Benefits payable in respect of an Injury.

UNITED KINGDOM (UK) means England, Scotland, Wales, Northern Ireland, the Isle of Man and the Channel Islands.

B. Eligibility

To be eligible for this cover, you and your Partner (if applicable) must:

- be between 18 and 69 (inclusive) years of age at the Certificate Effective Date; and
- live permanently in the United Kingdom for at least 7 months out of every 12 months.
- If a Covered Person moves out of the United Kingdom for more than 5 months in a 12 month period then their cover will terminate on the renewal date after this period has been reached.

C. Period of Cover

WHEN YOUR INSURANCE BEGINS

Your insurance will begin on the Certificate Effective Date.

RENEWAL CONDITIONS

Your Accident Cash Plan is automatically renewed at the end of each complete calendar month after the Certificate Effective Date, provided you pay the amount of premiums set out in the Schedule of Benefits (or at the rate in effect at the time of the renewal following prior notification by us) by the due date. If you do not pay the premium by the due date you have 30 days in which to pay it. If it is not paid during that

period, your cover will be cancelled from the date on which the unpaid premium was due. If the premium is paid during the 30 day period, then cover will operate as if it had been paid on the due date.

WHEN YOUR INSURANCE ENDS

Unless renewed in accordance with the renewal conditions above, your Accident Cash Plan will end on the earliest of the following dates:

- the day before you do not pay a premium when due; or
- the date you or we cancel your insurance; or
- the date of your death.

D. Scope of Cover

Subject to the terms and conditions in this Certificate, we will pay the following Benefits under this Accident Cash Plan in accordance with Section G (Payment of Claims) as follows:

A- DAILY HOSPITALISATION BENEFIT

We will pay the Daily Hospitalisation Benefit stated on the Schedule of Benefits for each day a Covered Person is Hospitalised for at least 24 consecutive hours provided the Covered Person:

1. Is under the professional care of a Doctor; and
2. Hospitalisation begins within 90 days of the Covered Accident. Benefits will be paid beginning with the first day of Hospitalisation for a maximum of 365 days Hospital stay per Covered Accident.

B- HOME RECOVERY BENEFIT

We will pay the Home Recovery Benefit stated on the Schedule of Benefits equivalent to, but not exceeding, the number of days a Covered Person was paid for the Daily Hospitalisation Benefit. For example, 2 days Daily Hospitalisation Benefit will generate 2 days Home Recovery Benefit.

C- OUT OF COUNTRY DAILY HOSPITALISATION BENEFIT

We will pay the Out of Country Daily Hospitalisation Benefit stated on the Schedule of Benefits for each day a Covered Person is Hospitalised for at least 24 consecutive hours in an Out of Country Territory provided the Covered Person:

1. Is under the professional care of a Doctor; and
2. Hospitalisation begins within 30 days of the Covered Accident; and
3. Both the Covered Accident causing the Injury and the Hospitalisation occurs in an Out of Country Territory.

Benefits will be paid beginning with the first day of Hospitalisation for a maximum of 30 days' Hospital stay per Covered Accident. Hospitalisation in any country that is not an Out of Country Territory is not covered under this Benefit.

Important Notes

1. The level of Benefit will be that which applies at the date of the Covered Accident.
2. Benefits A and B apply to Hospitalisation in the UK only. However, in the event of payment of Benefit C, we will also pay Benefits A and B.
3. Recurrent Confinements - To be covered, additional periods of Hospitalisation for the same Injury must take place within 90 days of the original Hospitalisation. The level of Benefit detailed on the Schedule of Benefits will be that which applied at the date of the original Covered Accident.

E. Duplication of Cover

This Certificate replaces any Certificate previously issued to you in respect of your Accident Cash Plan. No person can be insured for more than one Accident Cash Plan underwritten by Stonebridge International Insurance Ltd. Upon discovery of any duplication of cover in excess of the amounts described above, the Covered Person who exceeds these requirements will be considered to be covered under the Accident Cash Plan that provides the greatest amount of Benefits. We will refund any premiums paid on such duplicate cover that may have been issued in respect of the Covered Person. The records maintained by us shall determine the insurance provided for any Covered Person.

F. Exclusions

No Benefit shall be paid for Injury sustained by a Covered Person that:

- is due to a Pre-Existing Condition
- is intentionally self-inflicted, while sane or insane
- is due to war or act of war (whether declared or not), invasion, acts of foreign enemies, civil war or unrest, rebellion, rioting or whilst on naval, military or airforce duty, service or operation including training exercise

- occurs while the Covered Person is under the influence of or being affected (temporarily or otherwise) by drugs that have not been taken in accordance with medical instructions
- occurs in a road traffic accident where the Covered Person is the driver and has a level of alcohol in excess of the legal minimum permitted at the time and place of the accident or, in the case of all other accidents is caused directly or indirectly by inappropriate use of alcohol including but not limited to consuming too much alcohol
- occurs while flying unless as a fare paying passenger on a regular, scheduled route
- occurs while competing in any race other than on foot or while swimming
- occurs while participating in scuba diving, rock climbing or mountaineering of any type, potholing or parachuting
- is due to deliberate or reckless exposure to danger
- is due to disease, bodily or mental infirmity, or medical or surgical treatment of these, or where the Covered Person acts against medical advice
- is due to radiation or contamination or the effects of radiation, or due to the contamination or effects of biological or chemical agents
- occurs while any Covered Person is committing or attempting to commit an assault, battery or criminal offence or act of terrorism
- occurs as the result of an assault on the Covered Person, which is not reported to the police at the time of the incident
- occurs while the Covered Person is in prison.

G. Claims Procedures and Requirements

NOTICE OF CLAIM

If you wish to make a claim, please ask for a claim form from Stonebridge Claims Department, PO Box 2801, East Court, Stoke-on-Trent, ST4 9DN, or telephone our Customer Services Centre on the free phone number stated on your Schedule of Benefits within 30 days of the Covered Accident or as soon as possible thereafter. You must complete the claim form and send it together with the information set out below to the above address within 90 days of the Covered Accident (or within such period as agreed by us), as failure to do so may affect your claim.

You must include with your claim form, the following information (where applicable):

- your original Certificate of Insurance
- medical certificates
- medical reports such as the hospital discharge summary report
- Doctors' reports
- a copy of any official report you have in your possession such as a police accident report or a health and safety report
- other information about the Covered Accident such as newspaper clippings
- evidence that the Covered Person who suffered an Injury meets the definition of Covered Person under section A of this Certificate such as a marriage certificate, bank statements, birth certificates or adoption papers.

All original documents will be copied for our records and returned to you by special delivery post. Depending on what is disclosed in the documents you supply, we may require further information so that we may fully investigate your claim to determine whether any Benefit is payable. For example we may require a post mortem to be performed in the case of death, where it is not forbidden by law.

PAYMENT OF CLAIMS

Any Benefits payable will be paid to the Insured, if living. Any other Benefits unpaid at death will be paid to the Insured's Personal Representative(s), appointed in accordance with the Grant of Representation / Confirmation.

H. General Provisions

REVIEW OF CERTIFICATE CONDITIONS

We may vary or amend the terms and conditions of your Certificate at any time provided at least 30 days' written notice is given to you prior to any alteration taking place. At any time we may both agree to vary the Benefits available under your Certificate.

CONTRACTS (RIGHTS OF THIRD PARTIES) ACT 1999

No person other than the parties and Covered Persons may enforce any term of this Certificate by virtue of the Contracts (Rights of Third Parties) Act 1999.

CURRENCY

All Benefits are payable in pounds British sterling or such other currency which may be lawful in the United Kingdom at the time of payment.

FRAUD

Any fraud, mis-statement or concealment either in the information which you provide in relation to any matter affecting this insurance or when you are making a claim under this Certificate will cause this cover to be of no effect and all rights to Benefits and any premium paid will be lost.

GOVERNING LAW AND LANGUAGE

Your insurance contract will be concluded in accordance with and governed by the law that applies in the part of the UK where you reside at the time the contract is concluded.

All information has been provided to you in English. We will continue to communicate with you in English, unless we both agree to communicate in another language.

INTEREST

No Benefit payable under this Certificate shall carry interest.

WAIVER

Failure to exercise any right conferred by this Certificate shall neither be deemed to be a waiver of such right nor in any way prejudice any right under this Certificate.

DATA PROTECTION

Stonebridge International Insurance Ltd. is committed to complying with the requirements of UK & EU Data Protection legislation. This means that in the provision of our services, appropriate personal information is processed and kept securely in strict accordance with such requirements. Stonebridge International Insurance Ltd. is part of the international AEGON Group and uses its group facilities to assist in providing these services. Stonebridge International Insurance Ltd. may share your details and those of other Covered Persons with other carefully selected organisations solely for the purposes of servicing and administering your insurance and conducting analysis and market research, and meeting legal/regulatory requirements.

You have the right to ask for a copy of certain information held on our records in return for payment of a small fee, by writing to the Customer Service Centre. You also have the right to require us to correct any inaccuracies in your information.

You should ensure that all Covered Person(s) are aware of the information set out under the heading "Data Protection" We may record telephone calls for monitoring and training purposes. Where you have given your consent Stonebridge International Insurance Ltd. may make contact with you to let you know about products and services which may be of interest to you. If you do not want to receive such contact, please contact the Customer Services Centre.

IF YOU NEED TO COMPLAIN

We aim to give a good service. However, there may be times when things go wrong and you are not satisfied with the service you receive. If this happens, please contact the manager of the department you are dealing with. He or she should be able to solve any problem to your satisfaction. If you feel they have not, please contact the Customer Service Department at our Customer Services Centre. Alternatively telephone our Customer Services Centre on the free phone number stated on your Schedule of Benefits.

Our Customer Service Department will deal with any complaint promptly and professionally. If you are not satisfied with this response, you can refer the matter to the Managing Director of Stonebridge International Insurance Ltd.

If, after following the above procedure, your complaint has still not been adequately resolved, you may refer the matter to the Financial Ombudsman Service. The address is:

Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London
E14 9SR

Referral to the Financial Ombudsman Service does not affect your right to take legal action against us. We are covered by the Financial Services Compensation Scheme (FSCS) and you may be entitled to compensation from the scheme should we be unable to meet our liabilities to you. This depends on the type of business and the circumstances of the claim. Insurance advising and

arranging is covered for 100% of the first £2,000 and 90% of the remainder of the claim, without any upper limit. Further information about compensation arrangements are available from the FSCS at www.fscs.org.uk or by telephoning 020 7892 7300.

**Customer Services Centre
Stonebridge International Insurance Ltd
Beaufort House Cricket Field Road Uxbridge UB8 1QD
Monday-Friday (8 a.m. to 8 p.m.)**

CO9-1204