

Group Personal Accident and
Sickness Insurance Policy
(Farmworkers)

The Cornish Mutual Assurance Co. Ltd.

Registered Office: CMA House, Newham Road, Newham, TRURO, TR1 2SU

Tel: 01872 277151

Fax: 01872 223053

Email: enq@cornishmutual.co.uk

Registered in England No. 78768

To help us improve our service, telephone calls to us may be recorded and monitored

Authorised and Regulated by The Financial Services Authority

Group Personal Accident and Sickness Insurance Policy (for Farmworkers)

We (The Cornish Mutual Assurance Company Limited) agree with you (the Policyholder named in the Schedule) that we will provide the insurance set out in the Policy and in any Endorsements specified as operative in the Schedule in respect of events occurring during the Period of Insurance for which you have paid a premium.

The Period of Insurance is for the period indicated in the Schedule. Renewal of the Policy may be offered with changes to the Policy and premium.

This Policy is subject to the law applicable to your place of residence (or in the case of a business to the place where the principal office is situated) in the United Kingdom, the Isle of Man or the Channel Islands.

Signed on our behalf.



Chairman



Managing Director

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Definition of Terms

Injury: means bodily harm caused by violent, accidental, external and visible means.

Insured Events

In the event of any insured person (as described in the schedule) being unable to carry out or attend to his/her usual occupation as a result of:

- a) injury arising in the course of or whilst travelling to or from such person's employment with the Policyholder or
- b) sickness or disease

We will indemnify the Policyholder in respect of all payments made to such insured person in accordance with the requirements of the Agricultural Wages Board for England and Wales Wages Order 2007 (or any subsequent amending order).

Making a claim under your Policy

Should you wish to make a claim under your Policy please contact the Claims Department at:

Cornish Mutual, CMA House, Newham Road, Newham, Truro TR1 2SU
Tel 01872 277151, Fax 01872 263032, Email claims@cornishmutual.co.uk.

If writing to the above address, please mark your letter for the attention of the Claims Department.

Please ensure you are able to provide details of the Policyholder and the Policy number to enable us to advise and assist you without delay. You should contact us as soon as practicable after the incident giving rise to the claim has occurred.

When corresponding with us by email please note that proof of sending an email does not mean we have received it. Please ensure we acknowledge receipt of your email.

Conditions

1. The Policyholder shall give immediate notice to the Company in the event of any insured person developing any physical defect or infirmity.
2. We may cancel your Policy by sending at least 7 days notice to your last known address. You have the right to cancel the Policy within 14 days of inception of the contract or receipt of the Policy documents, whichever is later, or at any other time, by writing to our Registered Office address requesting cancellation. We will return any premium paid, less an amount to represent the insurance cover we have provided, within thirty days of your request. The cost of the cover we have provided will be in proportion to the annual premium.
3. No alteration in the terms of this Policy nor any endorsement hereon will be held valid unless the same is signed by or on behalf of the Managing Director of the Company.
4. Upon the happening of any accident, sickness or disease giving rise to or likely to give rise to a claim under this Policy, the Policyholder shall within 21 days give notice thereof in writing to the Company and in default thereof (unless the delay is explained to the reasonable satisfaction of the Company) and of satisfactory proof as required by the Company no claim in respect of such accident, sickness or disease will be admitted. In no case will the Company be under any liability hereunder in respect of any accident, sickness or disease unless notice thereof be given within three calendar months from its occurrence. The Policyholder shall at his own expense furnish to the Company full particulars of the accident, sickness or disease and of the claim in respect thereof and such certificates, information and evidence as the Company may require.
5. Observance of the Terms and Conditions of the Policy relating to anything to be done or complied with by the Policyholder in so far as they apply, by any other person entitled to benefit under it, are conditions precedent to the liability of the Company.

Exclusions

The Company will not be liable for claims resulting from:

1. war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power
2. intentionally self-inflicted **injury**
3. **injury** sustained whilst taking part in flying or other aerial activities except as a fare-paying passenger in a licensed passenger-carrying aircraft
4. **injury** sustained whilst taking part in professional sporting activities, racing of any kind (other than on foot), parachuting, hang-gliding, mountaineering, rock climbing, pot-holing or diving with breathing apparatus
5. drug addiction, the influence of drugs (unless these were prescribed by a registered medical or dental practitioner and taken in accordance with his/her advice) or intoxicating liquor
6. childbirth, pregnancy or insanity.

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Our Service to you

As a Mutual organisation we are Member-centred and want to ensure that we treat all our Members fairly and honestly. We seek to give a high level of service at all times.

If there are occasions when we do not meet your standards please contact us at the address below.

The Cornish Mutual Assurance Co. Ltd.

Registered Office: CMA House, Newham Road, Newham, TRURO, TR1 2SU

Tel: 01872 277151

Fax: 01872 223053

e-mail: enq@cornishmutual.co.uk

We will handle your complaint in the following way:

- We will acknowledge your complaint within five working days and give you the name and title of the person who is handling your complaint.
- We will deal with your complaint as quickly as possible and aim to provide you with a formal response within twenty working days from receipt of the complaint. If compensation or redress is appropriate we will provide these details with our response. If we feel your complaint is not justified full reasons for our decision will be provided to you.
- If we are unable to resolve your complaint within twenty working days we will write to you and explain why we have been unable to resolve the issue. We will also advise you of when you can expect to receive our final response.
- If you remain dissatisfied you have the option of contacting The Financial Ombudsman Service. Their contact details are:

South Quay Plaza, 183 Marsh Wall, LONDON, E14 9SR

Tel: 0845 080 1800

email: enquiries@financial-ombudsman.org.uk

Our response to your complaint will always include a leaflet explaining The Financial Ombudsman Service.

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Head office

CMA House
Newham Road
Newham
Truro
Cornwall TR1 2SU
Tel: 01872 277151
Fax:01872 223053

Exeter office

Unit A
Exeter Livestock Centre
Matford
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