

Working with the RFU insurers, we have arranged a scheme for clubs to purchase cover to protect their players' weekly income should they be unable to work as a result of an accidental injury sustained whilst playing for or training with an insured team.



The policy provides a benefit of up to £300 per week or 75% of the players weekly wage (whichever is less).

It is payable for up to 13 weeks, following an initial period of absence from work of 28 days.

Clubs can purchase the insurance to protect players in specific teams, and can choose to buy cover for as many teams within the club as they want. All you need to do is provide us with the club name, the team you want to be covered (i.e. First XV, Second XV, Ladies XV, Vets XV) and the date you want cover to start. Cover can start anytime from the day after instructions are received.

Cover can be arranged at anytime between 01 August and 31 March but runs until 31 July. The premium, per team, is:

- Cover purchased between 01.08 and 30.09: £980
- Cover purchased between 01.10 and 30.11: £868
- Cover purchased between 01.12 and 31.01: £728
- Cover purchased between 01.02 and 31.03: £560

(All premiums are per team and include insurance premium tax which is currently 12%)

To arrange cover, club representatives should email Perkins Slade or call 0121 698 8001.

RFU HELPLINE:

0121 698 8001

rfu@perkins-slade.com

englandrugbyinsurance.co.uk

Questions?

What injuries are covered?

You are covered for any accidental injury incurred whilst playing in a competitive match for, or training with, your insured team. No cover is provided for sickness, disease, chronic, ongoing or gradually operating injuries.

What happens if I'm injured and need to claim?

If you need to claim you should complete a claim form and return it to Perkins Slade. We will ask for additional information to support your claim, including confirmation from the club coach/physio/first aider as to when the injury occurred. You will also be asked to provide evidence of your earnings in the 13 weeks prior to your injury.

What else do I need to know?

Any claim must be submitted within 8 weeks of the incident date.

Cover will start after you have been unable to work for 28 days and will be paid for up to 13 weeks from that date onwards.

If you're not in employment, cover is limited to out of pocket expenses only (maximum £50 per week)

ACCIDENTAL INJURY LOSS OF INCOME PROPOSAL FORM

DIGITAL: You may complete & submit this form digitally in Adobe Reader (many third-party PDF apps will not work correctly - [download Reader for free from adobe.com](https://www.adobe.com/uk/reader/features/reader)). Please **COMPLETE, SAVE** and use the **SUBMIT** button.

PRINT: You may also print the form as usual and complete manually. Please send completed forms to: Perkins Slade, RFU Claims, Tricorn House, 51 - 53 Hagley Road, Birmingham B16 8TP or **SCAN** and return to rfu@perkins-slade.com

About your club:

CLUB NAME:

ADDRESS:

POSTCODE:

CONTACT
NAME:

POSITION
IN CLUB:

EMAIL
ADDRESS:

DAYTIME
PHONE NO.:

MOBILE
PHONE NO.:

Who requires cover? EG: "First XV". You can cover as many of your teams as you choose.

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Please continue on a separate sheet if necessary.

Premium Cost:	Cover Purchase Date(s)	Premium per Team	All premiums quoted include Insurance Premium Tax (IPT) at the current rate.
Cover can be arranged at any time between 01 August and 31 March but runs until 31 July.	Between 01 Aug - 30 Sept	£980	
	Between 01 Oct - 30 Nov	£868	
	Between 01 Dec - 31 Jan	£728	
	Between 01 Feb - 31 Mar	£560	

Please complete the declarations on the next page.

ACCIDENTAL INJURY LOSS OF INCOME PROPOSAL FORM

DOES YOUR CLUB CURRENTLY HAVE AN ACCIDENTAL INJURY LOSS OF INCOME POLICY IN PLACE?

YES: NO:

IF YES, HAVE ANY INCIDENTS OR CLAIMS ARISEN IN THE PAST FIVE YEARS?
PLEASE GIVE DETAILS BELOW:

YES: NO:

Date of incident:

Brief details:

Amount of claim:

Please continue on a separate sheet if necessary.

DECLARATION:

I confirm that the answers given and statements made in this application are true and correct.

YES:

I confirm that I have disclosed all the facts which could be regarded as material and I understand that failure to do so may invalidate the insurance or result in claims being rejected or reduced.

YES:

Please confirm the DATE you wish cover to commence (DD/MM/YYYY).

The policy will run until 31 July after this date)

SIGNED:

NAME:

DATE:

DATA PROTECTION ACT: All information you provide on this form is treated by us as confidential and except to the extent required by law, we shall only use such information for the purposes of processing your claim. Information you provide may be forwarded to your Insurer for these purposes.

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**WHEN THE FORM IS COMPLETED,
CLICK THE SUBMIT BUTTON ON THE
RIGHT TO EMAIL TO PERKINS SLADE:**