



AonProtect Schedule

AonProtect Personal Accident and Travel Insurance		
Policy Schedule		
Policy Number		
Policyholder	University of Galway	
Address	Oifig An Runai, The Quadrangle University Road GALWAY H91 TK33	
Business	Third level education	
Period of Insurance	(a) From: 26 November 2024	To: 25 November 2025 (both dates inclusive)
	(b) Any subsequent period for which the Insurer shall accept a renewal premium.	
Premium	Premium € Premium Tax: € Total: €	Renewal: to be calculated on updated information.

When One Underwriting B.V. (UK Branch) underwrites your **Policy** the **Insurer, Chubb European Group SE** pay One Underwriting B.V. (UK Branch) a percentage of the premium as a fee for the work One Underwriting B.V. (UK Branch) do on their behalf.



Date of Issue:

For and on behalf of One Underwriting B.V. (UK Branch)

**AonProtect
Schedule of Benefits
Section A – Personal Accident**

Category A	
Insured Persons	All Directors and Employees contracted to the Policyholder in the Republic of Ireland
Effective Time/Journey Code	ET1

Benefit	Category A		
1. Death	€100,000		
2. (a) Loss of limb(s) sight in one or both eyes speech or hearing in both ears (b) loss of hearing in one ear (30% of benefit shown)	€100,000		
3. Permanent Total Disablement	€100,000		
4. Permanent Partial Disablement	€100,000		
5. Temporary Total Disablement (per week)	Benefit	Deferment Period	Benefit Period
	Not covered		
6. Temporary Partial Disablement (per week)	Benefit	Deferment Period	Benefit Period
	Not covered		

Limits per Insured Person	
Items 1 2 3 or 4	€100,000 or 10 x the Annual Salary of the Insured Person , whichever is the lesser
Item 5 (per week)	Not covered
Item 6 (per week)	Not covered
In respect of Items 1 2 3 and 4 inclusive and all extensions	€2,500,000
Item 1 in respect of Non-Employees under the age of 16	€30,000,
Items 5 and 6 in respect of Non-Employees under the age of 16	Out of pocket expenses only
Item 1 in respect of Non-Employees over the age of 16	€50,000
Items 5 and 6 in respect of Non-Employees over the age of 16	Out of pocket expenses only
Item 1 in respect of Insured Persons over 80 years of age	€150,000

Aggregate Limits	
Per Event	€15,000,000
Aircraft – Multi engined	€15,000,000
Aircraft – all other	€ 2,000,000

AonProtect
Schedule of Benefits
Section A – Personal Accident

Additional Insured Persons

The following categories of **Additional Insured Persons** are automatically covered where not otherwise insured under this **Policy**

Category	Additional Insured Persons	Effective Time/Journey Code
AIP 1	Partners and/or Children of Directors , and one member of any Director's domestic staff, provided that such Directors are included under Section A on either 24 hour basis or occupational including or excluding commuting basis	ET1
AIP 2	Any Visitor	ET7
AIP3	Partners and/or Children of Employees whilst accompanying, travelling independently to join, or returning from being with, such Employees who are on a Journey , provided that such Employees are included under Section A	J11 or J12 whichever applies to such Employees
AIP 4	Directors , Employees , and/or guests of the Policyholder	J17
AIP 5	Any person, who on medical advice from a Qualified Medical Practitioner , is advised to travel to or remain with an Insured Person	J18
AIP 6	Directors and Employees of the Policyholder	J3

Category	1 Death	2 Loss of limb(s) sight speech or hearing	3 Permanent Total Disablement	Paraplegia	Quadriplegia
AIP 1	Not covered	€35,000	€35,000	€50,000	€100,000
AIP 2	€35,000	€35,000	€35,000	Not covered	Not covered
AIP 3	Not covered	€35,000	€35,000	Not covered	Not covered
AIP 4	€35,000	€35,000	€35,000	Not covered	Not covered
AIP 5	Not covered	€35,000	€35,000	Not covered	Not covered
AIP 6	€35,000	€35,000	€35,000	Not covered	Not covered

Subject otherwise to the **Limit per Insured Person** and **Aggregate Limits**, an **Aggregate Limit** of €1,000,000 will apply in respect of all categories of **Additional Insured Persons** who sustain **Bodily Injury** in any one **Event**

**AonProtect
Schedule of Benefits
Section A – Personal Accident – Extensions**

Description	Benefit Amount
Medical Expenses	25% of any amount paid or payable under Items 1, 2, 3, 4, 5, or 6, up to a maximum of €30,000 any one Insured Person
Catastrophe	25% of the total Item 1 benefit payment
Chauffeur or Similar Expenses	Up to 104 weeks, subject to limit of €10,000 per Insured Person
Child Benefit	€10,000 per Child
Childcare Expenses	Up to 104 weeks, subject to limit of €5,000 per Insured Person
Coma Benefit	€100 per full 24 hours, up to a maximum of 730 days
Corporate Reputation Protection	Up to €25,000 for each Insured Person . Aggregate Limit any one Event and in the Period of Insurance of €250,000
Damage to Personal Belongings	Up to €2,500 per Insured Person
Dental and Optical Expenses	Up to €2,500 per Insured Person
Dependent Adult Benefit	€25,000 per Dependent Adult
Disability Assistance	Up to €25,000 per Insured Person
Domestic Assistance Expenses	Up to 104 weeks, subject to limit of €15,000 per Insured Person
Executor Expenses	Up to €2,500 per Insured Person
Full Thickness Burns	Up to €10,000 per Insured Person
Funeral Expenses	Up to €10,000 per Insured Person
Hemiplegia	€75,000 per Insured Person
Hospital Confinement Benefits	€75 per full 24 hours, up to a maximum of 104 weeks per Insured Person
Hospital Out-Patient Travel Expenses	Up to 52 weeks, subject to a limit of €2,500 per Insured Person
Hospital Visiting Expenses	Up to €100 per full 24 hours, up to a maximum of €5,000 per Insured Person
Independent Financial Advice	€2,500 per Insured Person

Major Incident response	Up to €250,000 any one Event , and subject to:		
	I. Supplementary Travel and Accommodation Services		Up to €10,000 per Insured Person
	II. Travel Home Expenses		Up to €10,000 per Insured Person
	III. Post-Traumatic Stress Disorder (if cover for Temporary Total Disablement purchased)		50% of weekly benefit for Item 5, But not exceeding €500 per week for a maximum of 26 weeks
	IV. Court Travel Expenses		Up to €10,000 per Insured Person
	Counselling Fees		Up to €5,000 per Insured Person for costs up to 52 weeks after the incident
Paraplegia	€125,000 per Insured Person		
Personnel Replacement Expenses	Up to €500 per week, up to a maximum of €25,000 per Insured Person		
Physiotherapy	Up to €6,000 per Insured Person		
Prosthesis benefit	€10,000 per Insured Person		
Quadriplegia	€250,000 per Insured Person		
Quality of Life Improvement Advice	Up to €20,000 per Insured Person		
Recruitment Costs following suicide	Up to €10,000 any one Insured Person		
Recruitment Expenses	Up to €10,000 and training costs and expenses up to €15,000		
Rehabilitation Case Management	For valid claims under Items 2 3 or 4 – up to 12 months case management		
	For valid claims under Items 5 or 6 – up to 3 months case management		
Relocation Expenses	Up to a maximum of €25,000 per Insured Person		
Retraining Benefit for Insured Persons	Up to 26 weeks up to €25,000 per Insured Person		
Retraining Benefit for Partner of Insured Person	Up to 26 weeks up to €25,000		
Return Home Expenses	Up to € 5,000 per Insured Person		
Scarring Benefit		Benefit where scar is on face neck or head and exposed to view	Benefit where scar is on any other part of the body
	1cm – 2.4cms	€1,000	€500
	2.5cms – 4.9cms	€2,000	€1,000
	5.0cms – 7.4cms	€4,000	€2,000
	7.5cms – 9.9cms	€6,000	€3,000
	10cms – 12.4cms	€8,000	€4,000
	12.5cms – 14.9cms	€10,000	€5,000
15cms or over	€12,000	€6,000	

Simultaneous death of Insured Person and Partner	Item 1 Benefit is doubled in respect of each Insured Person	
Triplegia	€175,000 per Insured Person	
Work Experience Persons	1 Death	€25,000
	2 (a) Loss of limb(s) sight in one or both eyes speech or hearing in both ears	€25,000
	2 (b) loss of hearing in one ear	€7,500
	3 Permanent Total Disablement	€25,000
	Medical Expenses	Up to €2,500
	Hospital Confinement Benefit	€50 per full 24 hours up to a maximum of 104 weeks
	Aggregate Limit any one Event	€250,000
Workplace Assault Medical Expenses	Up to €5,000 per Insured Person	

AonProtect Effective Time Definitions

ET1 24 Hour

24 hours a day worldwide cover.

ET2 Occupational Accidents including Commuting

- 1 Whilst an **Insured Person** is engaged in their occupation with the **Policyholder** in the **Business**
- 2 At any time whilst on a **Journey** on the business of the **Policyholder**
- 3 At any time where **Bodily Injury** is the direct result of an unprovoked malicious assault by another person, or where **Bodily Injury** is the direct result of theft or attempted theft of the **Policyholder's** or **Insured Person's** property
- 4 Whilst in the course of daily travel directly between home (normal or temporary) and place of business (normal or temporary)

ET3 Occupational Accidents only

- 1 Whilst engaged in the **Insured Person's** occupation with the **Policyholder** in the **Business**
- 2 At any time whilst on a **Journey** on the business of the **Policyholder**
- 3 At any time where **Bodily Injury** is the direct result of an unprovoked malicious assault by another person, or where **Bodily Injury** is the direct result of theft or attempted theft of the **Policyholder's** or **Insured Person's** property

ET4 Assault – At any time

At any time but only in respect of **Bodily Injury** sustained as a result of robbery hold-up or attempt thereof or unprovoked malicious assault

ET5 Occupants of Vehicles

Whilst an **Insured Person** is mounting into, travelling in, dismounting from, carrying out road-side repair, loading, or unloading, or refuelling, any motor vehicle owned, hired, or leased, by the **Policyholder**, or by an **Insured Person** where the travel is at the expense of the **Policyholder**, or any vehicle being used as a temporary replacement for such vehicle

ET6 Sports Club Cover including Social Activities

Whilst an **Insured Person** is

- 1 at any ground or premises where the **Policyholder** has arranged a fixture or training for the purpose of taking part in a sporting activity or
- 2 travelling to or from fixtures or training sessions as a member of an organised party under the direction of the **Policyholder** or
- 3 engaging in any social activity organised by the **Policyholder** including whilst travelling directly to or from home (normal or temporary) or place of business (normal or temporary) and the venue for the social activity

ET7 Visitors

Whilst legally in or on the premises of the **Policyholder**

ET8 Secondees – Full Period Cover

24 hours a day during the period of **Secondment**

AonProtect Journey Code Definitions

J3 Charity Trip

Whilst participating in a **Charity Trip** within **Country of Residence**

J4 Relocation – Transitional cover

Any trip involving travel from an **Insured Person's** usual **Country of Residence** to a new **Country of Residence** to commence Employment for an overseas entity of the **Policyholder**.

- a. Cover starts from the time of the **Insured Person** leaving home
- b. Cover continues for a period of 30 days and ceases
 - i. at 0.00 hours on the 31st day of leaving the **Insured Person's** original **Country of Residence** or
 - ii. when all relevant insurances are in place locally, whichever occurs first

J11 Business travel outside Country of Permanent Residence including Incidental Holiday travel

Any trip involving travel outside **Country of Residence** made primarily for business purposes, including any **Incidental Holiday**

J12 All Business travel including Incidental Holiday travel

Any trip made primarily for business purposes, including any **Incidental Holiday**

J13 Business or Holiday travel outside Country of Permanent Residence

Any trip involving travel outside **Country of Residence** made for business purposes or any **Holiday**

J14 Business or Holiday travel

Any trip made for business purposes or any **Holiday**

J15 Holiday travel outside Country of Permanent Residence

Any **Holiday** involving travel outside **Country of Residence**

J16 Holiday travel

Any **Holiday**

J17 Corporate Event travel

Any trip in connection with a **Corporate Event**, involving travel outside the **Country of Residence**, or within the **Country of Residence** provided that such trip involves either air travel and/or an overnight stay away from home or normal place of business

J18 Compassionate travel

Any trip made solely for the purposes of being with an **Insured Person** who has suffered **Bodily Injury** or illness on a **Journey** outside **Country of Residence**

J19 Secondees – Full Period Cover

24 hours a day during the period of **Secondment**

J20 Business trips outside Country of Permanent Residence and air travel within Country of Permanent Residence and trips within Country of Permanent Residence involving an overnight stay including Incidental Holiday travel

Any trip in connection with the **Business** of the **Policyholder** involving

- a. any travel outside **Country of Residence**, or
- b. air travel within **Country of Residence**, or
- c. any travel within **Country of Residence** provided such travel involves an overnight stay away from home or normal place of business, including any **Incidental Holiday**