

The National Register of Personal Trainers

Summary of Liability Cover - Insurance Certificate

Insured : Michael O'Connell
Period of Cover : 18/04/2023 to 17/04/2024
Price of Cover : £98.20 (Inclusive of 6% IPT & Fee)
Membership No : 30681
Retroactive Date : 01 January 1985
Today's Date : 17/04/2023
Activities : Personal Training Activities recognised by NRPT for which the member is appropriately qualified. Cover is for individuals and also for Limited Companies. Cover is not provided to individuals who employ other personal trainers.

CIVIL LIABILITY

Policy Number : HU PI6 9591818 (8)
Insurer : Fusion Insurance / Hiscox

This covers legal liability for damages and legal costs arising out of Third Party loss, injury or damage, in connection with the activities described above and notified to Fusion Insurance / Hiscox within the period noted above. Cover includes public liability, professional indemnity, liability for damage to leased and rented premises, indemnity to principals and liability arising out of goods sold or supplied including refreshments. The cover is written on a claims made wording, which means that the cover will respond when the claim is made, not when the incident occurred.

All incidents that may give rise to a claim must be notified immediately.

Limit of Indemnity

Section 1	Public Product Medical Malpractice	£5,000,000	any one event (any one period for Products/Pollution)
Section 2	Employers Liability	Not Insured	
Section 3	Legal Defence Costs for Health & Safety &/Consumer Protection	£250,000	any one period
Section 4	Directors' and Officers Liability	£100,000	
Section 5	Abuse	Not Insured	

Principle Exclusions

Liability arising out of:

- * Criminal Acts
- * The ownership, possession or use of any mechanically propelled vehicle, aircraft, hovercraft or water-borne craft
- * Product Guarantee or recall, repair or replacement
- * In connection with damage to any data
- * Damage to own property
- * Abuse in respect of the individual accused or alleged to have committed abuse or have permitted abuse
- * Incidents prior to the retroactive date
- * Incidents / claims known to you but not reported to Insurers.

Restricted cover applies in respect of legal actions brought in a court of Law within the USA or Canada

The above is intended to be a summary only of cover.

Fusion Insurance / Hiscox is authorised and regulated by the Financial Services Authority

NRPT Insurance - Statement of Fact

Please read and check you can comply with the following statements and if you are unable to comply with any aspect, please detail in full which aspect on a separate page:

1. You hold recognised professional qualifications for the therapies or treatment you offer.
2. You are either:
 - a. A self-employed individual working from home or on a mobile basis; or
 - b. A self-employed individual employed by a third-party; or
3. You hold all clients record for a minimum of ten years after the date of treatment.
4. You earn a maximum of £50,000 per annum.

Claims and losses. You confirm the following statements to be true.

1. You are not aware of any shortcoming in your work that could lead to a claim against you. This could include a shortcoming which you cannot reasonably put right or a complaint about your work or anything you have supplied which cannot be immediately resolved.
2. You are not aware of any loss from the suspected dishonesty or malice of any employee or self-employed freelancer.
3. You or any of your partners or directors either personally or in any business capacity have never been declared bankrupt or insolvent or made arrangements with creditors.
4. For any malpractice or professional indemnity insurance, you have never had a policy:
 - a. Cancelled or
 - b. Refused or
 - c. Renewal Refused or
 - d. Only accepted by an insurer with special terms and conditions attached

Material information

Please provide us with details of any information that may be relevant to our consideration of your insurance. If you have any doubt over whether something is relevant, please let us have details.

Your information

By agreeing to this statement of fact, you consent to the Insurers using the information we may hold about you or others related to your policy for the purposes of providing insurance and handling claims, if any, and to process sensitive personal information about you or others related to your policy where this is necessary (for example health information or criminal convictions). This may mean Insurers have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, third-party service providers, reinsurance companies, insurer tracing offices and insurance regulatory authorities.

Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by Insurers as set out above. The information provided will be treated in confidence and in compliance with all relevant regulation and legislation. You or others related to your policy may have the right to apply for a copy of this information (for which Insurers may charge a small fee) and to have any inaccuracies corrected. For training and quality control purposes, telephone calls may be monitored or recorded.