



CANOPIUS

Injury Shield

Individual Personal Accident Insurance

SCHEDULE

Policy Number: IPA/ Contract Number: B6839708002CAA

Broker/Broker's Reference:

Your name:

Date of Birth:

Business or Occupation:

Period of Insurance: to
(both days inclusive)

Schedule of Benefits	
This Policy insures only those Benefits that are indicated or have an amount entered against them.	
Description	Sum Insured
1. Accidental Death	£
2. Loss of one Limb	£
3. Loss of Sight in one Eye	£
4. Loss of two or more Limbs	£
5. Loss of Sight in both Eyes	£
6. Loss of one Limb and Loss of Sight in one Eye	£
7. Permanent Total Disablement	£
8. Temporary Total Disablement	payable per week £
9. Temporary Partial Disablement	payable per week £
Benefit Period <input type="text"/> weeks	Deferment Period <input type="text"/> days
<i>Medical Expenses incurred in respect of Benefits 8 or 9 during the Benefit Period will be paid in addition but not exceeding 20% of the total amount of the claim admitted under those Benefits.</i>	
Permanent Disability (Continental Scale) - included/not included	
Hospitalisation and Convalescence Benefit – included/not included	
Burns Benefit - included/not included	
Facial Scarring Benefit - included/not included	

Premium £ Premium Tax £ Total Premium Payable £

<p>In Witness of:</p> <p>By: <input type="text"/></p> <p>Date: <input type="text"/></p> <p style="text-align: right;">for Issuing Broker</p>	
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