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T R A V E L I N S U R A N C E

# TRAVEL INSURANCE 2018

**Please ensure you read this  
document carefully and keep  
a copy with you when travelling**

**Financial Conduct Authority**

The Financial Conduct Authority (FCA) is an independent watchdog that regulates financial services. It requires us to give you this document. Please use the information below to confirm that the service we are offering is right for you.

**Who Regulates Us?**

Traveller's Choice is a trading name of Campbell Irvine Ltd, (registration No. 306242) who are authorised and regulated by the Financial Conduct Authority. You may check this on the FCA's register by visiting the FCA's website [www.fca.org.uk](http://www.fca.org.uk) or by contacting them on 0800 111 6768.

**Whose Products do we offer?**

We only offer insurances that are arranged by UK General Insurance Ltd on behalf of Great Lakes Insurance SE; and insurances from Lloyd's Syndicates.

**Which Service we provide you with?**

We do not recommend products after assessing your needs for travel insurance. We will ask you questions to determine that the product we are offering is applicable to your circumstances. You can then choose whether you wish to proceed with this product.

**What will you have to pay us for our services?**

We may charge an administration fee to cover any amendments to your travel insurance policy after it has been issued. Details will be provided to you at the time.

**Are you covered by Financial Services Compensation Scheme (FSCS)?**

Great Lakes Insurance SE, is covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme, if Great Lakes Insurance SE cannot meet their obligations. Most insurance contracts are covered for 90% of the claim with no upper limit. This depends on the type of business and the circumstances of the claim. You can get more information about the compensation scheme arrangements from the FSCS by visiting [www.fscs.org.uk](http://www.fscs.org.uk). You may also contact the FSCS on their Freephone number: 0800 678 1100 or 020 7741 4100 or you can write to: Financial Services Compensation Scheme, P O Box 300, Mitcheldean, GL17 1DY

**Consumer Insurance (Disclosure and Representations) Act 2012**

You are required by the provisions of the Consumer Insurance (Disclosure and Representations) Act 2012 to take care to: a) supply accurate and complete answers to all the questions we or the administrator may ask as part of your application for cover under the policy; b) to make sure that all information supplied as part of your application for cover is true and correct; c) tell us of any changes to the answers you have given as soon as possible. You must take reasonable care to provide complete and accurate answers to the questions we ask when you take out or make changes to your policy. If any information you provide is not complete and accurate, this may mean your policy is invalid and that it does not operate in the event of a claim or we may not pay any claim in full.

**Settlement Terms**

We will be responsible for collecting payment for all premiums and any alterations as soon as practicable but prior to inception of your policy. All premiums paid to us will be held as Agent of the Insurer in our non Statutory Trust Bank Account. All premiums are protected under Risk Transfer agreement with the Insurers. You will be responsible for paying promptly all of our payment requests for premiums, to enable us to make the necessary payments to Insurers. We accept payment by cash, cheque, selected credit/debit cards and bank transfers.

**Your Policy**

Should you mislay your policy a replacement will be issued upon written request.

**Governing Law and Language**

Unless some other law is agreed in writing, this policy is governed by the laws of England and Wales. If there is a dispute, it will only be dealt with in the courts of England or of the country within the United Kingdom in which your main residence is situated.

**What to do if you have a complaint**

Please see the complaints procedure detailed in the Policy Document.

**DEMANDS & NEEDS**

Traveller's Choice travel insurance is intended to meet the demands of travellers who require a package of insurance benefits embracing baggage, cancellation, curtailment and medical expenses further particulars of which are contained in the Policy Document.

**Important**

This policy will have been sold to you on a non-advised basis and it is therefore for you to read the Policy Document (paying particular attention to the Terms, Conditions and Exclusions) and ensure that your chosen policy meets all of your requirements. If upon reading the policy document you find it does not meet all of your requirements, please refer to the relevant cooling off section.

**Eligibility**

To be eligible for Single Trip cover under this policy, all persons to be insured must be under the age of 68 at the date of payment of the insurance premium. For Annual Multi Trip cover under this Policy, all persons to be insured must be under the age of 68. All Insured Persons must reside within the United Kingdom, Channel Isles or Isle of Man.

This Policy Document contains all the information **You** need to know about **Your** travel insurance. However, this policy is only valid once a validation certificate showing proof of payment of premium has been issued. Please read this Policy Document carefully and remember this travel insurance is designed to cover most events which may happen during **Your Trip**, but **We** cannot cover all expenses and possibilities. **You** will find full details of the cover, conditions and exclusions in this Policy Document. If **You** have any queries, or if **You** require additional cover please contact the agent who sold this policy to **You**.

This policy confirms that those persons who have paid the required premiums are insured under the above scheme which is underwritten by UK General Insurance Ltd on behalf of Great Lakes Insurance SE. Great Lakes Insurance SE is a German insurance company with its headquarters at Königinstrasse 107, 80802 Munich. UK Branch office: Plantation Place, 30 Fenchurch Street, London, EC3M 3AJ.

Great Lakes Insurance SE, UK Branch, is authorised by Bundesanstalt für Finanzdienstleistungsaufsicht and subject to limited regulation by the Financial Conduct Authority and Prudential Regulation Authority. Details about the extent of their regulation by the Financial Conduct Authority and Prudential Regulation Authority are available on request.

Section N - is provided by International Passenger Protection Limited, IPP House, 22-26 Station Road, West Wickham, Kent BR4 0PR and is underwritten by Certain Syndicates at Lloyd's (The Insurer).

#### SEVERAL LIABILITY CLAUSE

The liability of an insurer under this contract is several and not joint with other insurers party to this contract. An insurer is liable only for the proportion of liability it has underwritten. An insurer is not jointly liable for the proportion of liability underwritten by any other insurer. Nor is an insurer otherwise responsible for any liability of any other insurer that may underwrite this contract. The proportion of liability under this contract underwritten by an insurer (or, in the case of a Lloyd's syndicate, the total of the proportions underwritten by all the members of the syndicate taken together) is shown in this contract. In the case of a Lloyd's syndicate, each member of the syndicate (rather than the syndicate itself) is an insurer. Each member has underwritten a proportion of the total shown for the syndicate (that total itself being the total of the proportions underwritten by all the members of the syndicate taken together). The liability of each member of the syndicate is several and not joint with other members. A member is liable only for that member's proportion. A member is not jointly liable for any other member's proportion. Nor is any member otherwise responsible for any liability of any other insurer that may underwrite this contract. The business address of each member is Lloyd's, One Lime Street, London EC3M 7HA. The identity of each member of a Lloyd's syndicate and their respective proportion may be obtained by writing to Market Services, Lloyd's, at the above address. Although reference is made at various points in this clause to "this contract" in the singular, where the circumstances so require this should be read as a reference to contracts in the plural.

Campbell Irvine Limited is authorised and regulated by the Financial Conduct Authority No. 306242

UK General Insurance Limited is authorised and regulated by the Financial Conduct Authority. Firm Reference No. 310101. You can check our details on the Financial Services Register <https://register.fca.org.uk/> or by calling the FCA on 0800 111 6768 (freephone) or 0300 500 8082.

International Passenger Protection Limited is authorised and regulated by the Financial Conduct Authority No 311958.

If **You** are travelling to European Union countries **You** should obtain a European Health Insurance Card (EHIC). **You** can apply either online through [www.nhs.uk/NHSEngland/Healthcareabroad/EHIC](http://www.nhs.uk/NHSEngland/Healthcareabroad/EHIC) or by telephoning 0300 330 1350. This

will entitle **You** to benefit from the reciprocal health agreements, which exist between certain European countries. In the event of a claim being accepted for medical expenses which has been reduced by the use of an EHIC, or Private Health Insurance, the deduction of the **Excess** under the medical section will not apply.

When **You** are travelling to Australia and **You** have to go to hospital, **You** must register for and make use of the treatment offered under the national Medicare scheme. If **You** know **You** need treatment, **You** can enrol for Medicare at a DHS Service Centre. If **You** receive treatment before **You** enrol, Medicare benefits will be back-paid for eligible visitors.

Please refer to the Specific Exclusions applying to Sections A, B & C of this insurance.

#### MEDICAL WARRANTY

This policy excludes all claims relating directly or indirectly to **Pre-Existing Medical Conditions** that affect **You**, **Your** travelling companions or anyone else upon whom **Your** travel plans may depend, such as a **Close Relative**.

This policy can only provide cover in respect of an event/occurrence which is sudden, unforeseen and beyond **Your** reasonable control and excludes all cover for **Pre-Existing Medical Conditions** unless disclosed to **Us** and **We** agree cover or **You** have only ONE **Medical Condition** which is listed as an Accepted Condition below.

#### IMPORTANT MEDICAL QUESTIONS

Anyone named under this policy must have read and answered the following three Important Medical Questions.

1. Have **You** received treatment (including surgery, tests or investigations) or been prescribed medication for any **Pre-Existing Medical Condition** within the last twelve months? (see definition of **Pre-Existing Medical Condition** on page 5)
2. Have **You** seen a specialist or been admitted to hospital overnight for any other **Medical Condition** within the last twelve months?
3. Are **You** aware of any circumstances that could reasonably be expected to give rise to a claim on this policy?

If **You** have answered No to all three Important Medical Questions above, **You** do not need to contact Healthcheck.

If **You** have answered Yes to any of these three Important Medical Questions, but **You** only have ONE **Medical Condition** and this is listed below under Accepted Conditions, **You** do not need to contact Healthcheck, as this **Medical Condition** will be covered under the standard terms of the policy.

If **You** have answered Yes to any of these questions and have more than ONE condition or a condition which is not listed below, **You** must contact Healthcheck on 01702 427179. This should be done at the time of taking out this insurance or during the **Period of Insurance** prior to booking **Your Trip** if **Your** health changes. Healthcheck will confirm whether or not cover is available for the conditions. An additional premium may be payable. Failure to contact Healthcheck or providing an incomplete or inaccurate declaration may invalidate any claim.

The following Accepted Conditions are only covered if **You** have only ONE **Medical Condition** listed below and no other **Pre-Existing Medical Conditions**:

1. **Arthritis (Juvenile, Osteoarthritis, Rheumatoid or Psoriatic Arthritis, Reiter's Syndrome, Rheumatism)**
  - There must have been no hospital admissions within the last 12 months.
  - Must not affect the back more than any other area of the body.

- No more than 2 medications.
- No mobility aids (other than walking stick or frame).
- There must have been no dislocations of any joint replacements.
- Must not be awaiting surgery.
- Must have no lung problems/respiratory disorders.

## 2. Asthma (Wheezing)

- There must have been no hospital admissions in the last 12 months.
- Must have been diagnosed prior to age 50.
- Must be controlled with no more than 2 medications (no nebuliser, no home oxygen).
- Must have been a non-smoker for at least 12 months.
- Must always be able to walk 200 yards on the flat without becoming short of breath.

## 3. Diabetes Mellitus (Sugar Diabetes)

- Type 2 (Non-Insulin-Dependent Diabetes Mellitus) only.
- Controlled by diet alone or by no more than 1 medication (no Insulin).
- There must have been no hospital admissions or diabetic complications ever.
- Must have been a non-smoker for at least 12 months.

## 4. Hypercholesterolaemia (High/Raised Cholesterol)

- No more than 1 medication.
- Must not be the inherited (genetic) form.

## 5. Hypertension (High Blood Pressure, White Coat Syndrome)

- No more than 2 medications.
- There must have been no change in treatment within the last 6 months.
- Must have been a non-smoker for at least 12 months.

## 6. Hypotension (Low Blood Pressure)

- Must not be associated with any underlying condition.

## 7. Osteoporosis (Osteopaenia, Fragile Bones)

- There must have been no broken bones within the last 5 years.
- There must have been no vertebral (backbone) Fractures

### HEALTHCHECK - TEL: 01702 427 179

Healthcheck may be contacted between 09.00 and 17.30 Monday to Friday and 09.00 to 17.00 on Saturdays.

When **You** contact Healthcheck, **You** will be asked for **Your** personal and travel details. Please have **Your** individual policy number to hand if known. Once **You** have answered some specific questions about **Your Pre-Existing Medical Condition**, **You** will be advised whether the **Pre-Existing Medical Condition** can be covered, an optional additional premium may be quoted and amendments may be made to the policy terms and conditions.

If terms can be provided for the **Pre-Existing Medical Condition** and **You** elect to take up the offer of the additional cover, **You** will be given a medical screening reference number and a letter will be sent to **You** upon receipt of payment of any optional additional premiums. Any optional additional premiums must be paid directly to Healthcheck and not the company **You** are arranging **Your** travel insurance with.

Should **You** not wish to take advantage of the optional terms quoted by Healthcheck, cover for all **Pre-Existing Medical Conditions** will be excluded.

### MEDICAL EXCLUSIONS

There is no cover under this policy:

Either, at the time of taking out this policy for:

- Any **Medical Condition** for which **You** or any other person upon whom travel depends, such as a **Close Relative**, have received a terminal prognosis.
- Any **Medical Condition** that **You** are aware of but which has not had a formal diagnosis.
- Any **Medical Condition** for which **You** are on a waiting list

for or have knowledge of the need for surgery, treatment or investigation at a hospital, clinic or nursing home.

**Or, at any time for:**

- Any **Medical Condition** that **You** have in respect of which a medical practitioner has advised **You** not to travel or would have done so if **You** had sought their advice.
- Any **Medical Condition** for which **You** are travelling to obtain treatment.
- Any **Medical Condition** for which **You** or any other person upon whom travel depends, such as a **Close Relative**, is not taking the recommended treatment or prescribed medication as directed by a medical practitioner.
- **Your** travel against any health requirements stipulated by the carrier, their handling agents or any other public transport provider.

**Please note** - One of the many benefits of travel insurance is the easy access it affords to medical emergency assistance if **You** suddenly fall ill abroad. However, travel insurance is not a substitute for private medical insurance. It is important to note that cover is only provided for necessary emergency treatment in the event of an accident or unexpected illness that has been approved by **Our** assistance company.

### CHANGES IN HEALTH

In addition to applying terms and conditions to **Your** policy at the point of purchase, **You** must also contact Healthcheck immediately if **Your** health changes during the **Period of Insurance** requiring **You** to now answer Yes to any of the three Important Medical Questions. **You** should do this as soon as **Your** health changes and, on an Annual Multi Trip policy, prior to booking any new **Trips**.

Provided the journey was booked before the change of health occurred, **You** may have a valid cancellation claim if **You** have to cancel **Your** journey or if the **Insurer** can no longer provide the cover required.

If **You** book a new journey without telling Healthcheck about any health changes noted above, the **Insurer** will not cover any claims directly or indirectly caused by, arising or resulting from, or in connection with this change of health.

If advised about **Your** change of health, Healthcheck will tell **You** if they can provide cover for any claim arising from this change of health, and if so, whether any additional premium is required, or any additional terms apply. If the **Insurer** agrees to cover any change in health, then they will confirm this in writing.

If **You** do not let Healthcheck know about any of **Your** changes of health, then **You** may not have the cover **You** need and it may invalidate **Your** Policy or reduce the amount of any claim.

### CANCELLATION & CURTAILMENT RESTRICTIONS RELATING TO THE HEALTH OF ANYONE UPON WHOM YOUR TRAVEL DEPENDS

This insurance policy excludes cover for any claims arising directly or indirectly from a **Medical Condition** known to **You** at the date of policy purchase or **Trip** booking (whichever is later) that affects any **Close Relative** or travelling companion who is not insured under this policy, or any **Close Relative** or friend of **You** or **Your** travelling companion with whom **You** intend to stay whilst on **Your Trip** if:

1. they had received a terminal diagnosis prior to the commencement of the **Period of Insurance**; or
2. they were on a waiting-list for, or had knowledge of the need of any form of hospital treatment, consultation or investigation at the commencement of the **Period of Insurance**; or
3. they had required any form of hospital treatment, consultation or investigation during the 90 days immediately prior to the commencement of the **Period of Insurance**; or
4. they had a **Medical Condition** for which they had not received a diagnosis prior to the commencement of the **Period of Insurance**.
5. **You** should also refer to the general exclusions.

## DEFINITIONS

The following words or expressions carry the meaning shown below whenever they appear in bold and upper case print within the wording of the policy. There are also more specific definitions which apply only to the Legal Expenses and End Supplier Failure section of this policy:-

**Accommodation** - The lodging room of no greater standard than that provided as **Your** prepaid charges in the vicinity of the hospital where the **Insured Person** is confined.

**Advanced Booking** - Any booking made at least 24 hours prior to the scheduled departure time shown on **Your** ticket.

**Adverse Weather** - Weather of such severity that; the police, or other appropriate authority, warn by means of public communications networks including, but not limited to, popular websites, television or radio, against all but essential travel and/or; it causes major disruption to transport services i.e. rail, road or bus which is reported in the media.

**Close Business Associate** - **Your** associate in the same employment as **You** whose absence from work necessitates **You** having to cancel **Your Trip** as certified by **Your** Senior Director or Partner.

**Channel Isles/Isle of Man** – Jersey, Guernsey, Alderney, Sark, Herm and Isle of Man.

**Close Relative** - Mother, father, wife, husband, son, daughter, brother, sister, grandmother, grandfather, grandchild, parent-in-law or son or daughter-in-law or fiancé(e) or families and couples as defined under definition of **Family**.

**Consequential Loss** – Any other costs that are directly or indirectly caused by the event which led to **Your** claim unless specifically stated in this policy. Example of such loss, damage or additional expense would be the cost of replacing locks after losing keys, costs incurred in preparing a claim or loss of earnings following bodily injury or illness.

**Curtail/Curtailment/Curtailing/Curtailed** – Abandonment of the planned **Trip** by return to the **United Kingdom, Channel Isles/Isle of Man** after commencement of the **Outward Journey**. The amount payable will be the unused proportion of **Your** irrevocable pre-paid charges calculated from the date of **Your** return to the **United Kingdom, Channel Isles/Isle of Man**. All **Curtailment** claims will need authorisation from **Us** in advance.

**Excess** - The amount **You** will have to pay towards the cost of each claim under the policy after the application of the policy limits.

**Family** – The **Insured Person** and his/her married spouse, or cohabiting couples (including same sex) in a civil partnership and all dependent children (including adopted and stepchildren) aged under 19 years (or under 21 if in full time education) at date of payment of the insurance premium living in the same household.

**Geographical Area** - The area or country shown on **Your** validation certificate and for which the appropriate premium has been paid and will involve **Your** return to the **United Kingdom, Channel Isles/Isle of Man** within the **Period of Insurance**.

- **United Kingdom**, Isle of Man, Jersey and Eire.  
- Europe west of the Ural Mountains including all countries with a Mediterranean coastline excluding Libya and Lebanon.  
- Worldwide excluding the United States of America, Canada and Caribbean.  
- Worldwide including the United States of America, Canada and Caribbean.

**Golf Equipment** - Golf clubs, trolleys, bags and specialised clothing and umbrellas used exclusively for playing or practicing golf, but excluding balls, tees, gloves and buggies.

**Hazardous Pursuits** - Any pursuit or activity where it is recognised there is an increased risk of injury or accident or can be reasonably expected to aggravate any existing infirmity (please see part 3 of the Important Information and Conditions applying to all Sections for examples).

**Hijack** - The unlawful seizure or wrongful exercise of control of the aircraft or ship (or the crew thereof) in which **You** are travelling as a fare-paying passenger.

**Manual Work** - Physical labour involving the use of tools or machinery or exposure to risk that could give rise to **Your** bodily injury or illness.

**Medical Condition** - Any disease, illness or injury.

**Money** - Bank currency notes, coins & travellers cheques taken for private or business purposes (if the appropriate additional premium has been paid for business cover and is shown on the validation certificate).

**Necessary Medical Expenses** – Costs arising from unavoidable medical treatment that is required as a result of a new illness or injury that arises after **You** have started **Your Outward Journey** and which could not be reasonably anticipated as being required during the period of **Your Trip** at the time **You** started the **Outward Journey**. Necessary medical treatment must be appropriate and consistent with the diagnosis made and in accordance with accepted community standards of medical practice and as agreed by **Our** medical advisors and is not experimental or investigative and cannot be reasonably delayed until **You** are returned to the **United Kingdom, Channel Isles/Isle of Man**.

**Outward Journey** - The initial journey by motor transport, train, aircraft or watercraft undertaken in conjunction with the **Trip** in respect of the outbound journey from **Your** home address in the **United Kingdom, Channel Isles/Isle of Man**.

**Passports, Tickets And Documents** - Passports, travel tickets, green cards and driving licences.

**Period of Insurance** -The validation certificate will show the issue date and start date and duration (or end date) of **Your** policy being the period of cover **You** are insured for. The time that cover for particular sections starts and ends is given in more detail below:-

For Single Trips, cancellation cover starts when **You** book **Your Trip** or when the policy was issued (whichever is the later) and finishes when **You** start **Your Outward Journey**. **Your Outward** and **Return Journey** must take place during the **Period of Insurance** on the validation certificate and for which the correct premium has been paid.

For Annual Multi-Trips, cancellation cover starts when **You** book the **Trip** or on the start date of the policy (whichever is the later) and finishes when **You** start **Your Outward Journey**. Cover under all other sections begins when **You** start **Your Outward Journey** and ends upon **Your** return home from the **Trip**. If **You** have chosen an Annual Multi Trip Insurance the **Outward** and **Return Journey** must take place during the start and end date shown on the validation certificate. For Annual Multi-Trip policies, the total duration of any one **Trip** is limited to a maximum of 31 days or as otherwise shown on the validation certificate and any **Trip** exceeding this duration will not be covered in whole or in part. **Trips** within the **United Kingdom, Channel Isles/Isle of Man** must involve at least 2 nights pre-booked accommodation, or a flight or sea crossing away from **Your** normal place of residence in order to be insured by this policy.

**Personal Possessions** - Baggage, clothing, personal effects including **Valuables** and gifts purchased outside the **United Kingdom, Channel Isles/Isle of Man**, subject to the limits and exclusions detailed under Section F.

**Pre-Existing Medical Condition** - Any cancer, heart condition (including hypertension and high cholesterol), blood circulatory condition, respiratory condition (including asthma), renal condition (relating to the liver or kidney), stroke, psychiatric or psychological condition (including anxiety, stress and depression) for which **You** have received treatment or been prescribed medication within the last twelve months. Any other medical condition for which **You** have seen a specialist or been admitted to hospital overnight within the last twelve months. (Please see the Medical Warranty section on pages 3 to 4 for full details and conditions)

**Return Journey** - The initial journey by motor transport, train, aircraft or watercraft undertaken in conjunction with

the **Trip** in respect of the inbound journey to **Your** home address or a hospital or nursing home in the **United Kingdom, Channel Isles/Isle of Man**.

**Sports Equipment** - Those articles which are usually worn, carried or held in the course of participating in a recognised sport.

**Strike Or Industrial Action** – Organised action taken by a group of workers which prevents the supply of goods and services on which **Your Trip** depends.

**Terrorism** - Any direct or indirect consequence of terrorism as defined by the Terrorism Act 2000 and any amending or substituting legislation.

**Trip/Trips** – Each return **Trip** must start and end in the **United Kingdom, Channel Isles/Isle of Man**, and must be within the **Period of Insurance**.

For **One Way Trips**, each **Trip** must start in the **United Kingdom, Channel Isles/Isle of Man** and all cover ends on arrival at **Your** destination country.

**Unattended** - means left away from **Your** person where **You** are unable to clearly see and get hold of **Your Personal Possessions** or **Money or Passports, Tickets and Documents**.

**United Kingdom** - England, Scotland, Wales, Northern Ireland.

**Valuables** - Jewellery, articles made of gold, silver or other precious metals, precious or semi-precious stones, watches, binoculars, telescopes, photographic equipment, electronic, audio or video equipment including tapes, compact discs, cartridges, discs, MP3 or minidisc players and any computer equipment including software, musical instruments, furs, or leather clothing, but excluding footwear.

**We / Our / Us / Insurer** – UK General Insurance Ltd on behalf of Great Lakes Insurance SE.

**You / Your / Insured Person** - Any person named on the validation certificate who is a permanent resident in the **United Kingdom or Channel Isles/Isle of Man**; and who has been present in the **United Kingdom or Channel Isles/Isle of Man** for at least six months prior to purchasing the policy; and who is registered with a medical practitioner in the area in which they reside; and who has paid the appropriate premium.

## IMPORTANT INFORMATION AND CONDITIONS APPLYING TO ALL SECTIONS

### 1. LIMIT OF COVER

Each section of the Schedule of Cover shows the most **You** can claim, but other limits may apply. For example, under Section F (**Personal Possessions**), there is a limit for any single item and a total limit for all **Valuables**. **We** will work out how much **We** will pay **You** for **Personal Possessions** claims based on the value of the items at the time of the loss, not the cost of replacing them.

### 2. LOOKING AFTER YOUR PERSONAL POSSESSIONS

Many claims for loss or theft are caused by people being careless with their **Personal Possessions**. If **You** do not take good care of **Your Personal Possessions**, it can be upsetting and inconvenient for **You** and **We** may not pay **Your** claim.

### 3. HAZARDOUS PURSUIITS

**You** are not covered for taking part in any **Hazardous Pursuit** unless it is listed in this policy. If **You** are going to take part in any activity which may be considered dangerous or hazardous that is not detailed in this policy please contact the selling agent who will contact **Us** to see if **We** can provide cover.

Please note that under Section I (**Personal Liability**) **You** will not be covered for liability caused directly or indirectly by **Your** owning or using any firearms or weapons, animal, aircraft, motorised vehicle, boat and other watercraft, or any form of motorised leisure equipment, including jet skis and snowmobiles.

### 4. DATE RECOGNITION FAILURE

This policy contains exclusions for losses arising from equipment failing to recognise the correct calendar date. Please read the general exclusions for further details.

### 5. EXCESSES

**We** will take an **Excess** off each claim **You** make under certain sections of this insurance. The amount **You** will have to pay towards a claim is shown in the Schedule of Cover. The **Excess** is applied on a per person per section basis. If **We** agree to a

medical expenses claim (Section B) which has been reduced by **Your** using an EHC or private health insurance, the **Excess** will not apply.

## 6. WHAT TO DO IN A MEDICAL EMERGENCY

The emergency assistance provided for **You** by this insurance is operated by Global Response and Healthwatch S.A. In the event of any illness, injury, accident or hospitalisation which requires:

Inpatient treatment anywhere in the world and Outpatient treatment in North America, United Kingdom, Channel Isles/Isle of Man and Eire **You** must contact:

### Global Response

Tel: +44 (0) 113 3180 197 • Fax: +44 (0) 113 3180 198

Email: operations@global-response.co.uk

Outpatient treatment, anywhere in the world, excluding North America, United Kingdom, Channel Isles/Isle of Man and Eire **You** must contact:

### Healthwatch S.A.

Tel: +44 (0) 113 3180 124 • Fax: +44 (0) 113 3180 125

Email: newcase@healthwatch.gr

Please read **MEDICAL AND OTHER EXPENSES** on page 10. If **You** are admitted to hospital or need to **Curtail Your Trip** **You** must contact the relevant Medical Emergency Assistance Company for authorisation before incurring any expenses or **We** may not pay **Your** claim.

**IMPORTANT:** Please quote the scheme name and number together with **Your** validation certificate number:

**Scheme Name: TRAVELLER'S CHOICE 2018**  
**Reference number: 05015G**

## 7. NOTE TO MEDICAL PROVIDERS, CLINICS & HOSPITALS IN THE UNITED STATES OF AMERICA

**We** will only pay for reasonable and customary and necessary emergency medical treatment, surgical, hospital, ambulance and nursing fees and charges.

Where **We** provide a guarantee of payment to **You** for treatment of an **Insured Person**, this is on the basis that your charges for the approved, eligible medical services or supplies do not exceed 150% of the published medical rates for the same or similar treatment as payable by US Medicare. **You** must specifically notify the emergency assistance service if any of the treatment charges are likely to exceed this and obtain specific guarantee of payment for these charges. **We** reserve the right to limit payment to what **Our** medical officer deems reasonable.

## 8. COOLING OFF PERIOD AND POLICY CANCELLATION

If **You** decide that for any reason, this policy does not meet **Your** insurance needs then please return it to **Your** agent within 14 days from the day of purchase or the day on which **You** receive **Your** policy documentation, whichever is the later. On the condition that no travel has taken place and no claims have been made or are pending, **We** will then refund **Your** premium in full.

Thereafter **You** may cancel the insurance cover at any time by informing **Your** agent however no refund of premium will be payable.

**We** shall not be bound to accept renewal of any insurance and may at any time cancel any insurance document by giving 14 days notice in writing where there is a valid reason for doing so. A cancellation letter will be sent to **You** at **Your** last known address. Valid reasons may include but are not limited to:

- Where **We** reasonably suspect fraud
- Non-payment of premium
- Threatening and abusive behaviour
- Non-compliance with policy terms and conditions
- You** have not taken reasonable care to provide complete and accurate answers to the questions **We** ask.

If **We** cancel the policy and/or any additional covers **You** will receive a refund of any premiums **You** have paid for the cancelled cover, less a proportionate deduction for the time **We** have provided cover. Where **Our** investigations provide evidence of fraud or a serious non-disclosure, **We** may cancel the policy immediately and backdate the cancellation to the date of the fraud or the date when **You** provided **Us** with incomplete or inaccurate information, which may result in **Your** policy being cancelled from the date **You** originally took it out and **We** will be entitled to keep the premium. If **Your** policy is cancelled because of fraud or misrepresentation, this may affect **Your** eligibility for

insurance with **Us**, as well as other insurers, in the future.

## 9. ABOUT THE COVER AND CONDITIONS

This is **Your** Policy Document. It contains certain conditions in each section and general exclusions to all sections. **You** must meet the conditions or **We** will not accept **Your** claim. Please read all of this Policy Document carefully, especially the Health Warranty. When **You** book **Your Trip**, **You** must declare any information **We** ask for in the declaration. If **You** do not contact the selling agent or **Us** within 14 days of the date **You** receive this insurance policy **We** will assume that **You** accept the terms and conditions of this insurance policy and can make the declaration set out. This policy is only valid if **You** also have a validation certificate showing all names of persons insured, their ages, the dates of cover and the correct premium has been paid. The policy describes the cover provided for **You** and the conditions which **Your** cover depends on. In return for the correct premium, Insurers will pay **You** or **Your** personal representative if **You** make a valid claim. **You** must keep to the terms, conditions and declaration of this insurance.

**Single Trip Insurance** this insurance is designed to cover round **Trips** departing and finishing at **Your** usual **Home** or business place in the **United Kingdom, Channel Isles/ Isle of Man**. **One-way Trips** of up to 17 days are restricted to the cover and conditions that would have applied as if **You** had arranged to return to **Your** usual home or place of business in the **United Kingdom, Channel Isles/Isle of Man**. Cover is not operative in the country of **Your** final destination.

**Annual Multi Trip Insurance** covers **You** for any number of **Trips** taking place during the dates of cover shown on the validation certificate. These **Trips** must involve an **Outward** and **Return Journey** being completed during the maximum permitted **Trip** duration of 31 days unless otherwise stated on the validation certificate. If the intended **Trip** exceeds the maximum permitted **Trip** duration it will not be covered in whole or in part. **Trips** within the **United Kingdom, Channel Isles/Isle of Man** must involve at least 2 nights away from **Your** normal place of residence in order to be insured by this policy. Independent travel is permitted for children on **Family** and single parent family policies provided they are living in the same household and travelling in accordance with any carrier requirements and are either accompanied by another responsible adult or are staying with and being met at their destination by a responsible adult.

**Extension of Cover** - If **You** request any extension of the **Period of Insurance** after the commencement of travel **You** must advise **Us** of any circumstances which at the time of such request could reasonably be expected to cause a claim under this policy.

**10. RECIPROCAL HEALTH AGREEMENT – EU COUNTRIES**  
If **You** are travelling to European Union countries **You** should obtain a European Health Insurance Card (EHIC). **You** can apply either online through: [www.nhs.uk/NHSEngland/Healthcareabroad/EHIC](http://www.nhs.uk/NHSEngland/Healthcareabroad/EHIC) or, by telephoning 0300 330 1350. This will entitle **You** to benefit from the reciprocal health agreements which exist between certain European countries. In the event of a claim being accepted for medical expenses which has been reduced by the use of an EHIC, or Private Health Insurance, the deduction of the **Excess** under the medical section will not apply. **You** should take the EHIC with **You** and make sure that wherever possible any medical treatment is provided at hospitals or by doctors working within the terms of the Reciprocal Healthcare Agreement unless the Medical Emergency Assistance Company agrees otherwise.

If **You** are admitted to a private clinic **You** will be transferred to a public hospital as soon as the transfer can be arranged safely. Private medical treatment not specifically authorised by **Our** 24 hour Medical Emergency Assistance Company will not be insured by this policy.

## 11. CLAIMS CONDITIONS

(a) **You** must advise **Us** of any occurrence that may give rise to a claim in writing as soon as is reasonably possible after the date of such occurrence and shall supply to **Us** all such accounts and other documents as **We** may reasonably require. Any expenses incurred because of an unreasonable delay in notifying **Us** will not be paid.

(b) **You** must give **Us** notice in writing immediately **You** or **Your** legal representatives have knowledge of any impending prosecution, inquest or fatal injury inquiry in connection with any occurrence of which there may be liability under Section I of this policy.

(c) **You** must inform the police of all loss or theft of property within 24 hours of discovery of such loss or theft and obtain a copy of the police report in support of any claim.

(d) If **Personal Possessions, Golf Equipment** or ski equipment are lost or damaged whilst in the custody of a carrier (i.e. airline, railway, shipping company, bus company etc.), **You** must notify such carrier immediately and obtain a copy of their report.

(e) **You** must at all times act in a reasonable manner to prevent or minimise a claim.

The Medical Emergency Assistance Company will provide immediate help in the event of **Your** illness or injury arising outside the **United Kingdom, Channel Isles/Isle of Man** – they provide a 24 hour multi-lingual emergency service 365 days a year and can be contacted by telephone, fax or email. Should a serious medical problem arise **You** must contact the Medical Emergency Assistance Company within 24 hours. **You** are responsible in advising **Your** attending doctor to seek prior approval for any treatment except in extreme circumstances where a request for prior approval would delay life saving treatment. Failure to contact the relevant Medical Emergency Assistance Company may limit the benefits payable, or in certain circumstances, cover will not be provided. When **You** call upon the services of the Medical Emergency Assistance Company it is a condition of the service that they shall solely be responsible for all decisions on the most suitable and reasonable solution to any medical problem. The service includes, where necessary:

1. Multi-lingual assistance with hospitals and doctors.
2. Repatriation arrangements and necessary escorts by a medical attendant.
3. Travel arrangements for other members of **Your** party or next-of-kin.
4. On arrival in the **United Kingdom, Channel Isles/Isle of Man**, an ambulance service to hospital or home.

**PLEASE NOTE:** **We** are not responsible for the availability, quality or results of any medical treatment received by **You** whilst travelling. Please refer to Exclusions Applying to Sections A, B & C.

## 12. CLAIMS OUR RIGHTS

(a) No admission, offer or promise of payment or indemnity will be made or given by **You** or on **Your** behalf without **Our** written consent.

(b) **We** will be entitled to take over and conduct in **Your** name the defence or settlement of any claim or to prosecute in **Your** name to **Our** own benefit in respect of any claim for indemnity or damages or otherwise, and will have full discretion in the conduct of any proceedings or in the settlement of any claim and **You** must give all such information and assistance as **We** may require.

(c) In case of illness or injury **We** may approach any doctor who may have treated **You** during the period of three years prior to the claim, and **We** may at **Our** own expense and upon reasonable notice to **You** or **Your** legal personal representative, arrange for **You** to be medically examined as often as required, or in the event of death have a post mortem examination of **Your** body.

(d) **You** must supply at **Your** own expense a doctor's certificate in the form required by **Us** in support of any medical related claim.

## 13. FRAUD

**You** must not act in a fraudulent way. If **You** or anyone acting for **You**:

- fails to reveal or hides a fact likely to influence whether **We** accept **Your** proposal or any adjustment to **Your** policy;
- fails to reveal or hides a fact likely to influence the cover **We** provide;
- makes a statement to **Us** or anyone acting on **Our** behalf, knowing the statement to be false;
- sends **Us** or anyone acting on **Our** behalf a document, knowing the document to be forged or false;
- makes a claim under the policy, knowing the claim to be false or fraudulent in any way; or
- makes a claim for any loss or damage **You** caused deliberately or with **Your** knowledge; or

• makes a claim that is in any way dishonest or exaggerated, then **We** will not pay any benefit under this policy or return any premium to **You** and **We** may cancel **Your** policy immediately and backdate the cancellation to the date of the fraudulent claim. **We** may also take legal action against **You** and inform the appropriate authorities.

#### 14. OTHER INSURANCES

We will not be liable in respect of any claim where the event leading to the claim is insured by any other existing policy or policies, except in respect of any amount beyond that which is payable under such other policy or policies.

#### 15. PRECEDENTS TO LIABILITY

The due observance and fulfilment of the terms, provisions and conditions and endorsements of this policy in so far as they relate to anything to be done or complied with by **You** will be a condition precedent to **Our** liability to make any payment.

#### 16. LAW

Unless some other law is agreed in writing, this policy is governed by English law. If there is a dispute, it will only be dealt with in the courts of England or of the country within the **United Kingdom** or **Channel Isles/Isle of Man** in which **Your** main residence is situated.

#### 17. DATA PROTECTION

Please note that any information provided to **Us** will be processed by **Us** and **Our** agents in compliance with the provisions of the Data Protection Act 1998, for the purpose of providing insurance and handling claims, if any, which may necessitate providing such information to third parties. **We** may also send the information in confidence, for process to other companies acting on their instructions including those located outside the European Economic Area. (EEA). All countries in the EEA, which includes the UK, have similar standards of legal protection for **Your** personal information. If **We** share **Your** information outside the EEA **We** will require **Your** personal information to be protected to at least UK standards

#### 18. WHAT TO DO IF YOU WISH TO MAKE A CLAIM

To obtain a claims form, please go to:

[www.csal.co.uk](http://www.csal.co.uk)

or contact: Claims Settlement Agencies Ltd.

Telephone: 01702 427 172

International Passenger Protection claims **only** - any occurrence which may give rise to a claim should be advised as soon as reasonably practicable to:

International Passenger Protection Claims Office

IPP House,

22-26 Station Road

West Wickham

Kent

BR4 0PR

Telephone: +44 (0)20 8776 3752

Fax: +44 (0)20 8776 3751

E-mail: [info@iplondon.co.uk](mailto:info@iplondon.co.uk)

Website: [www.iplondon.co.uk](http://www.iplondon.co.uk)

#### CANCELLATION OR CURTAILMENT

If **You** cancel **Your Trip** for medical reasons, obtain a claim form. **Your** own medical practitioner should complete the Certificate Section on the last page of the claim form. If the **Trip** is **Curtailed** for medical reasons **You** must obtain a medical certificate from the treating medical practitioner in the locality when the incident occurred. **You** must:

- Keep receipts or account for all expenses incurred.
- In the event of cancellation immediately notify the tour operator or the travel agency where **Your Trip** was booked and obtain a cancellation invoice.
- Telephone the claims number shown as soon as **You** know that there is a possibility of **Your** journey not taking place.
- Obtain authorisation from the relevant Medical Emergency Assistance Service or from **Us** before incurring any expenses in **Curtailing Your** holiday.

#### PERSONAL ACCIDENT

- Obtain a medical certificate from the treating medical practitioner.
- In the event of a death **We** will require a death certificate.

#### TRAVEL DELAY

- Obtain a letter from the airline, railway company or shipping line, or their handling agent, confirming the reason for the delay and detailing the scheduled and actual departure times

#### PERSONAL POSSESSIONS & SPORTS EQUIPMENT

- For all loss or damage in transit claims, including delayed **Personal Possessions** report to the airline, railway or shipping line, or their handling agents and obtain a written report from them before leaving the baggage reclaim area.
- For all damage claims obtain an estimate for repairs.
- In all circumstances, **You** must retain receipts or vouchers for items lost or damaged as these will help **You** to substantiate **Your** claim.

- In the case of lost or misplaced **Personal Possessions** on the **Outward Journey**, **You** must produce receipts for the purchase of essential replacement items.

- **You** must report all theft or losses to the police within 24 hours of discovery and obtain a written police report. Also report to **Your** carrier or hotel/apartment manager whenever it is appropriate.

#### MONEY, PASSPORTS, TICKETS or DOCUMENTS

- **You** must report all theft or losses to the police within 24 hours of discovery and obtain a written police report. Also report to **Your** carrier or hotel/apartment manager whenever it is appropriate.

- **You** must enclose confirmation from **Your** bank or bureau de change of the issue of foreign currency. In the case of sterling **You** must produce documentary evidence.

- For a lost or destroyed **Passport** **You** need to supply **Us** with a letter from the Consulate where the loss was reported and retain all receipts that relate to the necessary costs in replacing the **Passport**.

#### PERSONAL LIABILITY

- **You** must supply full details of the circumstances giving rise to the claim plus any supporting evidence.

- **You** must give **Us** notice in writing immediately **You** or **Your** legal representatives have knowledge of any impending prosecution, inquest or fatal injury inquiry in connection with any occurrence for which there may be liability under Section 1 of this policy.

#### LEGAL EXPENSES

- **You** must notify **Us** within 180 days of the event giving rise to **Your** claim in respect of Legal Expenses.

#### ALL OTHER SECTIONS (OTHER THAN MEDICAL)

- **You** must notify **Us** within 30 days of the event giving rise to **Your** claim with full documentary support.

#### MEDICAL AND OTHER EXPENSES

In the event of a medical emergency requiring hospital treatment or where costs are likely to exceed £500, **You** or someone acting on **Your** behalf must contact the Medical Emergency Assistance Service at the first available opportunity. Failure to contact them could result in **Your** claim being limited to £500.

The Medical Emergency Assistance Service provides immediate help in the event of an **Insured Person's** illness or injury whilst travelling abroad – they provide a 24 hour multi-lingual emergency service 365 days a year and can be contacted by telephone, fax or email. The emergency assistance provided for **You** by this insurance is operated by Global Response and Healthwatch S.A.

In the event of any illness, injury, accident or hospitalisation which requires:

1. Inpatient treatment anywhere in the world,
2. Outpatient treatment in North America and the **United Kingdom, Channel Isles/Isle of Man** and **Eire** **You** must contact:

#### Global Response

Telephone: +44 (0) 113 3180 197

Fax: +44 (0) 113 3180 198

E-mail: [operations@global-response.co.uk](mailto:operations@global-response.co.uk)

Outpatient treatment, anywhere in the world excluding North America and the **United Kingdom, Channel Isles/ Isle of Man** and **Eire**, **You** must contact:

#### Healthwatch S.A.

Telephone: +44 (0) 113 3180 124

Fax: +44 (0) 113 3180 125

E-mail: [newcase@healthwatch.gr](mailto:newcase@healthwatch.gr)

When contacting Global Response or Healthwatch S.A please state that **Your** insurance is provided by UK General Insurance Ltd and quote the scheme name and reference number:

**Scheme Name: TRAVELLER'S CHOICE 2018**

**Reference number: 05015G**

Note: **You** must retain receipts for medical and additional costs incurred and **You** are responsible for any policy **Excess** which should be paid by **You** at the time of treatment.

**Returning early to the United Kingdom or Channel Isles/ Isle of Man.**

If **You** have to return to the **United Kingdom** or **Channel Isles/Isle of Man** under Section B (Medical Emergency Expenses) the Medical Emergency Assistance Service must authorise this. If they do not, this could mean that **We** will



not provide cover or **We** may reduce the amount **We** pay for **Your** return home. **We** reserve the right to repatriate **You** should **Our** medical advisors consider **You** fit to travel. **If You refuse to be repatriated all cover under this policy will cease.**

#### Outpatient Treatment Abroad

If **You** require outpatient treatment please contact the appropriate Emergency Assistance provider as detailed above. If the emergency assistance is being provided by Healthwatch SA please ensure the treating doctor or clinic is aware of the following instructions:

#### Inpatient Treatment Abroad

If **You** go into hospital **You** must contact the Emergency Assistance Service as detailed above immediately. If **You** do not, this could mean that **We** will not provide cover or **We** will reduce the amount **We** pay for medical expenses.

#### INSTRUCTIONS TO DOCTORS/CLINICS

In order to have invoices paid quickly, please send the treatment invoice together with a copy of the policy (clearly showing the patient name/s) and any supporting documentation related to the outpatient treatment (medical report, cost breakdown) by email to [newcase@healthwatch.gr](mailto:newcase@healthwatch.gr) **You** must include your bank account details, IBAN no's and / or swift code for payment to be processed electronically. Outpatient Department tel: 00 30 2310 256454 Outpatient Department fax: 00 30 2310 256455 or 00 30 2310 254160 Email: [newcase@healthwatch.gr](mailto:newcase@healthwatch.gr)

#### Note to medical providers, clinics and hospitals in the United States of America:

**We** will only pay for reasonable and customary and necessary emergency medical treatment, surgical, hospital, ambulance and nursing fees and charges.

Where **We** provide a guarantee of payment to you for treatment of an **Insured Person**, this is on the basis that your charges for the approved, eligible medical services or supplies do not exceed 150% of the published medical rates for the same or similar treatment as payable by US Medicare. **You** must specifically notify the emergency assistance service if any of the treatment charges are likely to exceed this and obtain specific guarantee of payment for these charges. **We** reserve the right to limit payment to what **Our** medical officer deems reasonable.

#### GENERAL EXCLUSIONS

**We** shall not be liable for:

1. Any direct or indirect consequence of war, civil war, invasion, acts of foreign enemies (whether war be declared or not), rebellion, revolution, insurrection, military or usurped power, or confiscation, nationalisation, requisition, destruction of or damage to property by or under the order of any government, local or public authority.
2. **Consequential Loss** of any kind.
3. Any direct or indirect consequence of: Irradiation, or contamination by nuclear material; or The radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter; or Any device or weapon which employs atomic or nuclear fission or fusion or other comparable reaction or radioactive force or matter.
4. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
5. Claims arising from flying or aerial activity of any kind (other than as a fare paying passenger in a fully licensed passenger carrying aircraft).
6. Claims arising directly or indirectly from **Your** wilful, malicious or unlawful acts or whilst under the influence of alcohol or drugs.
7. Claims arising directly or indirectly from **Hazardous Pursuits** unless declared to **Us** and accepted by **Us** by written endorsement (an additional premium may be payable).
8. Any claim arising directly or indirectly from the failure of any computer equipment, integrated circuits, computer

chips or computer software to correctly recognise any date change.

9. Any claim arising directly or indirectly from any injury, illness, death, loss, expense or other liability attributable to HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutual derivative or variations thereof however caused (unless declared to **Us** prior to effecting this insurance, please refer to Health Warranty).

10. Any **Excess** shown in the Schedule of Cover.

11. Any direct or indirect consequence of **Terrorism** as defined by the Terrorism Act 2000 and any amending or substituting legislation. **We** will, however, cover any loss or damage (but not related cost or expense), caused by any act of **Terrorism** provided that such act did not happen directly or indirectly because of biological, chemical, radioactive or nuclear pollution or contamination or explosion.

12. Any claims arising directly or indirectly from **You** travelling against British Foreign & Commonwealth Office advice or where it is deemed unsafe for **You** to travel.

13. Any claims arising directly or indirectly from **You** travelling against any health requirements stipulated by the carrier, their handling agents or any other public transport provider.

14. Any claims arising directly or indirectly from the tour operator, airline or any other company, firm or person either becoming insolvent or being unable to or unwilling to fulfil any part of their obligation.

15. Any consequence, howsoever caused, including but not limited to Computer Virus in Electronic Data being lost, destroyed, distorted, altered, or otherwise corrupted. For the purposes of this Policy, Electronic Data shall mean facts, concepts and information stored to form useable data for communications, interpretations, or processing by electronic or electromechanical data processing or other electronically controlled hardware, software and other coded instructions for the processing and manipulation of data, or the direction and manipulation of such hardware. For the purposes of this Policy, Computer Virus shall mean a set of corrupting, harmful, or otherwise unauthorised instructions or code, whether these have been introduced maliciously or otherwise, and multiply themselves through a computer system or network of whatsoever nature

#### SECTION A – CANCELLATION OR CURTAILMENT

**What is covered:**

**We** will indemnify **You** up to the amount stated in the Schedule of Cover for:-

(a) unused charges associated with **Your Trip** that are not refundable and which were incurred before **Your** departure date if **You** have to cancel **Your Trip**, or  
(b) the extra cost of a one way airfare of a standard no greater than the class of journey on the **Outward Journey** or the applicable fee charged by the airline to change **Your** scheduled return date, and the unused non-refundable prepaid accommodation costs and other land arrangements following **Curtailement of Your Trip** as a result of any of the circumstances detailed below:

1. **Your** death, accidental bodily injury or illness, or that of a **Close Relative** or a friend with whom **You** have arranged to travel or stay, or of a **Close Business Associate**.

2. **You** or any person with whom **You** have arranged to travel or stay being subject to compulsory quarantine or being summoned for Jury Service or as a witness in a Court of Law or for Military Service during the **Period of Insurance**.

3. **Your** redundancy (qualifying **You** to claim for payment under current redundancy payment legislation) and that of any person with whom **You** intend to travel provided that such notice of redundancy is advised to **Us** within 14 days of its announcement.

4. **Your** private dwelling becoming uninhabitable following fire, storm or flood, or **Your** presence being required by the police following burglary at such private dwelling

occurring at any time after **We** have accepted this Insurance.

5. Cancellation or interruption of scheduled public transport consequent upon **Hijack** occurring during the period of the **Trip**.

6. Reasonable additional travelling expenses incurred by **You** in returning to **Your** home address in the **United Kingdom, Channel Isles/Isle of Man**, where such return is urgently necessitated by the death, serious illness or severe injury of **Your Close Relative** or a **Close Business Associate** provided that such **Close Relative** or **Close Business Associate** is resident in the **United Kingdom, Channel Isles/Isle of Man**.

IN THE EVENT THAT **YOUR TRIP IS CURTAILED DUE TO YOUR ACCIDENT OR ILLNESS A DOCTOR AT THE RESORT OR THE NEAREST TOWN MUST CONFIRM THAT SUCH CURTAILMENT WAS MEDICALLY NECESSARY. ALL CURTAILMENT COSTS MUST BE AUTHORISED IN ADVANCE BY THE RELEVANT MEDICAL EMERGENCY ASSISTANCE COMPANY OR BY US.**

#### **SPECIFIC EXCLUSIONS APPLYING TO SECTION A**

**What is not covered:**

1. Any expense following **Your** disinclination to travel or to continue with **Your Trip** or loss of enjoyment on **Your Trip**.
2. Any expense arising from circumstances which could reasonably have been anticipated at the time **You** booked **Your Trip**.

*Please also see the Exclusions Applying to Sections A, B & C.*

#### **SECTION B – EMERGENCY MEDICAL & OTHER EXPENSES**

**What is covered:**

**We** will indemnify **You** up to the amount stated in the Schedule of Cover for:

The following expenses which **You** necessarily incur outside the **United Kingdom, Channel Isles/Isle of Man**, if **You** sustain actual bodily injury or suffer a new illness outside the **United Kingdom, Channel Isles/Isle of Man**:

1. **Necessary Medical Expenses** including hospital charges and in-patient treatment authorised by **Us** and ambulance charges for conveyance to hospital. Dental treatment up to the limit shown in the Schedule of Cover is included only for the alleviation of sudden pain, and does not apply to the provision of dentures or artificial teeth and work involving the use of precious materials.

2. Reasonable additional travelling expenses in returning to **Your** home address in the **United Kingdom, Channel Isles/Isle of Man** and reasonable additional **Accommodation** expenses for **You** and one relative or friend required on medical advice and authorised by **Us** or **Our** relevant Medical Emergency Assistance Company to remain with or to travel with **You**.

3. The expense of a qualified medical attendant or other person authorised by **Us** or **Our** relevant Medical Emergency Assistance Company required on medical advice to escort **You** home.

4. The cost of returning **Your** body or ashes to **Your** home address in the **United Kingdom, Channel Isles/Isle of Man**. This cover includes the cost of a standard transportation container but does not include the cost of an ornamental casket or urn and must be authorised by the relevant Medical Emergency Assistance Company. Alternatively **We** will pay the cost of burial abroad in the country where death occurs up to a maximum limit of £2,000.

5. If **You** sustain actual bodily injury or suffer a new illness outside the **United Kingdom, Channel Isles/Isle of Man** during the **Period of Insurance** resulting in admission to a hospital overseas as an in-patient **We** will pay **You** a daily benefit for each complete 24 hours **You** are hospitalised up to

a maximum stated in the Schedule of Cover.

**UNITED KINGDOM, CHANNEL ISLES/ISLE OF MAN TRIPS ONLY:** If **You** sustain actual bodily injury or suffer a new illness inside the **United Kingdom, Channel Isles/Isle of Man** **We** will indemnify **You** up to the amount stated in the Schedule of Cover against the expenses which **You** necessarily incur inside the **United Kingdom, Channel Isles/Isle of Man**.

#### **SPECIAL PROVISION TO SECTION B**

In accepting the cover provided by Section B **You** have given **Us** or **Our** relevant Medical Emergency Assistance Company permission to approach **Your** General Practitioner for details of **Your** medical records in the event **You** require any form of inpatient treatment following a medical emergency whilst outside the **United Kingdom, Channel Isles/Isle of Man**.

#### **SPECIFIC EXCLUSIONS APPLYING TO SECTION B**

**What is not covered:**

1. Expenses which **You** incur in **Your** normal country of residence (other than 2, 3 or 4 above for **United Kingdom, Channel Isles/Isle of Man Trips** only).

2. Any surgery or MRIS, CT scans or invasive procedure including but not restricted to cardiac catheterisation or organ transplants unless pre-approved by the relevant Medical Emergency Assistance Company prior to it being performed.

3. Any in-patient hospital treatment or treatment costs or additional travelling expenses not specifically authorised by **Us** or **Our** relevant Medical Emergency Assistance Service.

4. Any expense which **You** incur more than twelve months after the occurrence of the injury or illness to which the claim refers.

5. Any expense which is not usual, reasonable or customary for the medical services and/or supply.

6. Any expense for non-essential or ongoing treatment or where treatment can be reasonably delayed until **You** are returned to the **United Kingdom, Channel Isles/Isle of Man** or for the cost of a single bed ward unless authorised by the relevant Medical Emergency Assistance Service detailed below for medical reasons only or for the service of a chiropractor, chiropodist or osteopath or for non-medical costs.

7. Any private medical treatment carried out in countries operating a reciprocal health care agreement with the **United Kingdom** unless specifically authorised by **Our** relevant Medical Emergency Assistance Service and only in circumstances where a transfer to a public hospital is impossible.

8. Any additional costs incurred after the date that **Our** Medical Officer advises that it is feasible and practical to repatriate **You** but **You** choose instead to remain abroad.

*Please also see the Exclusions Applying to Sections A, B & C.*

#### **SECTION C – PERSONAL ACCIDENT**

**What is covered:**

**We** will pay **You** up to the amount stated in the Schedule of Cover :-

If **You** sustain bodily injury caused solely by accidental, violent, external and visible means and such bodily injury solely and directly results within twelve months in **Your** death or disablement. **We** will pay to **You** the benefits in accordance with the following:

1. Death.

2. Permanent loss by physical severance of hand or foot at or above the wrist or ankle, or the total and permanent loss of use of an entire hand or arm, or of an entire foot or leg, or total and irrecoverable loss of all sight in one or both eyes.

3. Permanent total disablement resulting in **Your** permanent and absolute inability to attend to any profession, business or gainful occupation of any and every kind.

### Provided that:

- (1) if **You** are under 18 years of age the benefits above are limited to the amount shown in the Schedule of Cover.
- (2) if **You** are aged 66 years or over the benefits above are limited to the amount shown in the Schedule of Cover.

### SPECIFIC EXCLUSIONS APPLYING TO SECTION C

#### What is not covered:

No compensation will be payable:

1. Under more than one of 1, 2 or 3 above and on payment of a claim under any one of these Items all liability under this section will cease in so far as **You** are concerned.

2. In respect of claims arising from any medical condition or treatment or illness or disease.

*Please also see the Exclusions Applying to Sections A, B & C.*

### EXCLUSIONS APPLYING TO SECTIONS A, B & C

#### What is not covered:

1. **You** not complying with the Health Warranty regarding **Pre-Existing Medical Conditions**.

2. The health of non travellers and anyone not insured under this policy which are detailed as excluded within the Health Warranty.

3. Travel arrangements made or undertaken: (i) against the advice of any registered medical practitioner (ii) for the purpose of obtaining medical treatment abroad.

4. **Your** intentional self-injury or suicide or attempted suicide or wilful exposure to needless risk (except in the attempt to save a human life).

5. The influence of intoxicating liquor or of a drug or drugs (unless prescribed by a registered medical practitioner), or substance or solvent abuse or venereal disease.

6. An emotional, psychological or psychiatric disorder, or claim arising whilst suffering from any condition of anxiety, stress or depression unless this results in admission to a hospital as an in-patient and is not a **Pre-Existing Medical Condition** (please refer to the Health Warranty)

7. **You** engaging in any **Hazardous Pursuits** (unless declared to and accepted by **Us**).

8. Claims arising from elective and invasive procedures including cosmetic surgery and body piercing and tattoos.

9. Claims arising from any loss associated with **You** being denied boarding or rite of passage by any airline or other carrier.

### SECTION D – TRAVEL DELAY OR ABANDONMENT, MISSED DEPARTURE OR MISSED CONNECTION

#### What is covered:

**We** will pay **You** up to the amount stated in the Schedule of Cover for:-

Additional travel charges which **You** necessarily and reasonably incur in the purchase of a ticket for an alternative journey as a direct result of:

#### 1. TRAVEL DELAY OR ABANDONMENT

Where the outbreak of **Strike Or Industrial Action** or weather conditions affecting scheduled public transport which has been the subject of **Advanced Booking** by **You**, or mechanical or electrical breakdown of motor transport or train or aircraft or watercraft which has been the subject of **Advanced Booking** by **You** occurs after the date of commencement of cover, and the departure time of the **Outward Journey** or **Return Journey** takes place more than 12 hours after the departure time appearing on **Your** ticket, **We** will indemnify **You** as shown below:

#### EITHER

(i) Delay compensation – An amount detailed in the Schedule of Cover.

(ii) Cancellation compensation – If **You** elect to cancel the **Outward Journey** after a delay exceeding 24 hours as described above **We** will indemnify **You** in respect of irrecoverable travel or accommodation deposits or charges paid or contracted to be paid under Section A Cancellation.

#### OR

(iii) after 24 hours a maximum amount as detailed in the Schedule of Cover for additional travel and/or accommodation costs and/or proportionate irrecoverable loss of unused prepaid holiday costs if **You** still wish to continue with **Your** holiday, subject to this amount not being higher than the actual cancellation amount.

#### 2. MISSED DEPARTURE

**You** missing **Your** booked departure due to late arrival at the point of international departure caused by accident or electrical or mechanical breakdown to the conveyance in which **You** are travelling, or to exceptional and unforeseeable traffic conditions, in the course of:-

(a) **Your** direct journey to the point of international departure immediately prior to commencement of the **Outward Journey** from the **United Kingdom**, or

(b) **Your** direct journey to the point of international departure immediately prior to commencement of the **Return Journey** to the **United Kingdom**, or

(c) if **You** are a resident of the **Channel Isles/Isle of Man** the **Outward Journey** or **Return Journey** of the connection to the international point of departure by either aircraft or watercraft due to **Adverse Weather** conditions.

#### Provided that:

1. Any payment **We** make in respect of 1. (i) shown above for delays in the **Outward Journey** will be deducted from any subsequent payment made under 1 (ii).

2. Any payments **We** make under (iii) shown on page 11 will be deducted from any further claim should **You** then subsequently abandon **Your Trip** under (ii) shown on page 11.

3. In respect of 1. shown on page 11 **You** must check-in according to the itinerary provided by the tour operator or carrier, and obtain written confirmation of the delay from such tour operator or carrier.

4. Compensation as described in 1. shown on page 11 (ii) shown above is only payable in respect of delays on the **Outward Journey** or **Return Journey** from the **United Kingdom, Channel Isles/Isle of Man**.

5. **You** must produce independent evidence in writing to support any claim.

6. **Our** limit of liability under 1. (ii) will not exceed the amount stated in the Schedule of Cover for Section A Cancellation.

7. In respect of missed departure, **You** must take all reasonable steps to arrive at the departure point at or before the recommended check in time and have allowed sufficient time for **Your** journey.

#### 3. MISSED CONNECTION

If **You** miss **Your** pre-booked connecting public transport due to the cancellation or delay of 3 or more hours of **Your** pre-booked public transport on **Your** initial international **Outward Journey** or **Return Journey** due to accident or electrical or mechanical breakdown, exceptional and unforeseeable traffic conditions or **Adverse Weather**, **We** will pay up to the amount stated in the Schedule of Cover for additional transport and accommodation expenses incurred to join **Your** connecting pre-booked public transport or to get **You** to **Your** pre-booked final destination.

#### Provided that:

1. **You** must check-in according to the itinerary provided by the tour operator or carrier, and obtain written confirmation of the delay or cancellation from such tour operator or carrier.

2. **You** must produce independent evidence in writing to support any claim.

3. **You** must allow sufficient time to reach **Your** connecting Pre-booked public transport.

### SPECIFIC EXCLUSIONS APPLYING TO SECTION D

#### What is not covered:

1. Circumstances which could reasonably have been anticipated at the date this policy was issued.

2. Withdrawal from service (temporary or otherwise) of an aircraft or watercraft on the recommendation of the Civil

Aviation Authority or a Port Authority or any similar body in any country.

3. Any **Excess** shown in the Schedule of Cover for abandonment, missed departure and missed connection after 24 hours.

4. Anything listed in the general exclusions.

## SECTION E – SEAT BUMPING

### What is covered:

We will pay **You** the benefit amount stated in the Schedule of Cover if **You** are unable to travel on any publicly licenced scheduled flight upon which **You** have a reserved seat and were due to fly during the **Period of Insurance**, solely as a result of such seat being unavailable due to overbooking by the airline.

### Provided that:

1. **You** obtain a signed statement from the airline confirming that **You** are not travelling on the flight and on the seat reserved, solely as a result of the seat being unavailable due to overbooking by the airline.

2. **You** obtain written confirmation from the airline of the scheduled departure time of **Your** new flight.

3. **You** comply with the airline's terms of carriage and minimum connecting and check in times or, if not published, have allowed a minimum of three hours for international flights and one and a half hours for domestic flights.

## SPECIFIC EXCLUSIONS APPLYING TO SECTION E

### What is not covered:

We shall not pay for any claim directly or indirectly caused by, arising or resulting from, or in connection with:

1. **You** voluntarily giving up **Your** seat for the flight.

2. Claims where **Your** new flight departure time is scheduled to be more than three hours from **Your** original scheduled flight departure time.

3. **Your** failure to comply with the airline's terms of carriage or to check in within a sufficient time as detailed in the Provision 2 above.

## SECTION F – PERSONAL POSSESSIONS

### What is covered:

We will indemnify **You** up to the amount stated in the Schedule of Cover for:

1. Loss of or theft of or damage to **Personal Possessions** belonging to **You** (no single article being insured for more than the limit shown in the Schedule of Cover. A camera or camcorder with all accessories, a bracelet or necklace with any attachment and any similar set or pair of items will be considered as one article) subject to the following depreciation scale:

80% under six months old

60% over six months old and less than one year old

50% over one year old and less than two years old

40% over two years old and less than three years old

30% over three years old and less than four years old

20% over four years old and less than five years old

10% if over five years old

2. Loss of or theft of or damage to **Sports Equipment** belonging to **You** up to the amount stated in the Schedule of Cover (no single article being insured for more than the limit shown).

3. The cost of necessary purchase of replacement clothing and toiletries if **You** are temporarily deprived of **Your Personal Possessions** on the **Outward Journey** for a period of more than 12 hours from the time of arrival at **Your** destination due to their delay or misdirection in delivery up to the amount stated in the Schedule of Cover under delayed baggage.

### Provided that:

1. **You** take all reasonable precautions for the safety of the property insured.

2. **Our** liability in respect of **Valuables** is limited to the total amount shown in the Schedule of Cover.

3. Any claims payment made in respect of temporary deprivation of **Personal Possessions** will be deducted from any subsequent claim where the **Insured Person's Personal Possessions** proves to be permanently lost. **You** must keep receipts for all replacement purchases.

4. **You** must supply at **Your** own expense a statutory declaration regarding any claim arising under this section of the policy if **We** so require.

## SPECIFIC EXCLUSIONS APPLYING TO SECTION F

### What is not covered:

1. Loss or damage arising from wear and tear or depreciation or deterioration or any process of cleaning or repairing or restoring or atmospheric or climatic conditions or moth or vermin or electrical or mechanical breakdown or derangement.

2. Loss of or theft of or damage to contact or corneal lenses, dentures, hearing aids, mobile telephones, samples or merchandise or property used in connection with **Your** business or trade, bonds, coupons, securities, stamps or documents of any kind, vehicles or accessories, antiques, pictures, **Sports Equipment** whilst in use, boats and/or ancillary equipment including windsurfing equipment and sailboards, caravan awnings, glass, china or any other articles of a brittle or fragile nature.

3. Loss of or damage to property shipped as freight or under a bill of lading. *Please also see the Exclusions Applying to Sections F, G & H.*

## SECTION G – MONEY

### What is covered:

We will indemnify **You** up to the amount stated in the Schedule of Cover for:-

Accidental loss or theft of **Money** whilst on **Your** person or whilst in a safety deposit box within a hotel or bank or whilst in **Your** securely locked accommodation under **Your** control.

### Provided that:

1. **You** take all reasonable precautions for the safety of the property insured.

2. **You** must supply at **Your** own expense a statutory declaration regarding any claim arising under this section of the policy if so required.

3. **Our** limit of liability in respect of cash being carried on any one person limited to the amount shown in the Schedule of Cover.

## SPECIFIC EXCLUSIONS APPLYING TO SECTION G

### What is not covered:

1. Shortages of **Money** due to error or omission or depreciation in value or currency transfers costs.

*Please also see the Exclusions Applying to Sections F, G & H.*

## SECTION H – PASSPORT, TICKETS & DOCUMENTS

### What is covered:

We will indemnify **You** up to the amount stated in the Schedule of Cover for:

(a) the reasonable costs in obtaining a replacement **Passport** (or travel document) to enable **You** to return to the **United Kingdom, Channel Isles/Isle of Man** following the accidental loss or theft of **Your Passport** whilst outside the **United Kingdom, Channel Isles/Isle of Man**.

(b) the irrecoverable costs of travel tickets, green card, petrol coupons, driving licence or phone cards following accidental loss or theft.

**EXCLUSIONS APPLYING TO SECTIONS F, G & H****What is not covered:**

- Loss due to delay, detention, confiscation, requisition or damage by Customs or other officials or authorities.
- Loss or theft unless: (a) **You** have reported the loss or theft to the nearest police authority within 24 hours of discovery and, (b) **You** have obtained a written police report.
- Loss of or theft of: (a) **Valuables, Passports or Money** from an **Unattended** vehicle at any time. (b) Other property from an **Unattended** motor vehicle unless the vehicle was securely closed and locked, and such property placed out of sight in the locked boot or in a locked compartment within the vehicle, but in any event excluding all property insured whilst left in an **Unattended** motor vehicle between 21:00 hours and 08:00 hours local time, other than motor homes or caravans which are being occupied by **You** as **Your** holiday accommodation.
- Theft of property left **Unattended** other than as provided above or whilst in **Your** securely locked accommodation.
- Loss of or theft of **Valuables or Money** whilst in a suitcase or holdall or bag or similar receptacle outside **Your** immediate control.
- Any **Excess** shown in the Schedule of Cover.

**SECTION I – PERSONAL LIABILITY****What is covered:**

**We** will indemnify **You** up to the amount stated in the Schedule of Cover for:

Legal costs and expenses which **You** are legally liable in a personal capacity to pay in respect of accidents happening during the **Period of Insurance** resulting in:

- Bodily injury or death to any person not being a member of **Your Family**, or household, or in **Your** service.
- Damage to property not belonging to **You** or in the charge of or under the control of **You** or a member of **Your Family** or household or of a person in **Your** service.

N.B. For accidental damage to rented accommodation **We** will pay up to £100,000 for a single incident which **You** are legally responsible for.

The indemnity provided by this section extends to cover costs and expenses recoverable by any claimant, provided they were incurred before the date (if any) on which **We** paid or offered to pay either the full amount of the claim or the total amount recoverable, in respect of any one occurrence and also to costs and expenses incurred by **You** with **Our** written consent.

In the event of **Your** death **Your** personal representative will receive the benefit of the cover granted by this section.

**SPECIFIC EXCLUSIONS APPLYING TO SECTION I****What is not covered:**

- Claims arising:
  - directly or indirectly out of the ownership, possession or use (other than as a passenger having no right of control) of aircraft, model aircraft, caravans, trailers, motorised or electrically propelled water-borne craft, sailing vessels, wind surfers, mechanically or electrically propelled vehicles or conveyances or attached trailers and lifts,
  - directly or indirectly out of the ownership, possession or use of animals, weapons or firearms,
  - from certain activities as detailed in the list of **Hazardous Pursuits** as shown in this policy document.
  - directly or indirectly out of or incidental to **Your** business or trade or profession including voluntary work or any form of child minding,
  - out of actions between persons insured by **Us**,
  - directly or indirectly out of **Your** ownership possession or control of any land or buildings,
  - out of any liability assumed under a contract unless such liability would have attached in any event in the absence of such contract,
  - directly or indirectly due to an infectious disease.
- Any **Excess** shown in the Schedule of Cover.

**SECTION J – LEGAL EXPENSES****Definitions which only apply to this Section:**

**Appointed Lawyer** – The lawyer or other suitably qualified person, who has been appointed to act for **You** under conditions 2 to 8 of this section.

**Legal costs** – All reasonable and necessary costs charged by the **Appointed Lawyer** on a standard basis. Also the opponent's costs in civil cases if **You** have to pay them, or pay them with **Our** agreement.

**Date of the Incident** – The date the incident happened that may lead to a claim. If there is more than one event arising at the same time or from the same cause, then the **Date of the Incident** is the date of the first of these events.

**Insured incident** – An event which causes the death of, or bodily injury to, **You**.

**What is Covered:**

Under this section, **We** will negotiate for **Your** legal rights after an **Insured Incident**. **We** will also help in appealing or defending an appeal. If **You** use an **Appointed Lawyer**, **We** will pay the **Legal Costs** for this. The most **We** will pay for all claims for an **Insured Incident**, resulting from one or more events arising at the same time or from the same cause is shown in the Schedule of Cover. **We** agree to provide legal expenses cover, keeping to the terms, conditions and exclusions, as long as:

- any legal proceedings will be dealt with by a court or other body which **We** agree to;
- in civil claims, it is always more likely than not that **You** will recover damages (or other legal remedy) or make a successful defence; and
- the **Insured Incident** happens during the **Period of Insurance**

**Provided that:**

**You** must do the following:

- Send everything **We** ask for in writing and give **Us** full details of any claim, and any information **We** need, as soon as possible.
- We** can take over and conduct, in **Your** name, any claim or legal proceedings at any time before an **Appointed Lawyer** is appointed. **We** can negotiate any claim on **Your** behalf.
- If **We** agree to start legal proceedings and **You** have to be represented by a lawyer, or if there is a conflict of interest, **You** can choose an **Appointed Lawyer** by sending **Us** the lawyer's name and address. **We** may choose not to accept the choice of lawyer, but only in exceptional circumstances. If **You** and **We** disagree over the choice of **Appointed Lawyer**, another lawyer can be appointed to decide the matter (see provision 17).
- Before **You** choose a lawyer, **We** can appoint an **Appointed Lawyer**.
- We** will appoint an **Appointed Lawyer** to represent **You** according to **Our** standard terms of appointment. The **Appointed Lawyer** must co-operate fully with **Us** at all times.
- We** will have direct contact with the **Appointed Lawyer**.
- You** must co-operate fully with **Us** and the **Appointed Lawyer** and must keep **Us** up-to-date with the progress of the claim.
- You** must give the **Appointed Lawyer** any instructions that **We** ask for.
- You** must tell **Us** if anyone offers to settle the claim.
- If **You** do not accept a reasonable offer to settle a claim, **We** may refuse to pay further **Legal Costs**.
- You** must not negotiate or agree to settle a claim without **Our** approval.
- We** may decide to pay **You** the amount of damages that

You are claiming or is being claimed against You instead of starting or continuing legal proceedings.

13. If We ask, You must tell the **Appointed Lawyer** to have legal costs taxed, assessed or audited.

14. You must take every step to recover **Legal Costs** that We have to pay and must pay Us any **Legal Costs** that You recover.

15. If Your **Appointed Lawyer** refuses to continue acting for You or if You dismiss Your **Appointed Lawyer**, the cover We provide will end at once, unless We agree to appoint another **Appointed Lawyer**.

16. If You stop a claim without Our agreement, or do not give suitable instructions to Your **Appointed Lawyer**, the cover We provide will end at once.

17. If We and You disagree about the choice of **Appointed Lawyer**, or about how a claim is handled. We and You can choose another lawyer to decide the matter. We and You must both agree to this in writing. If We cannot agree with You about the choice of second lawyer, We will ask the president of a relevant national law society to choose a lawyer. Whoever loses the disagreement will have to pay the costs of settling it.

#### SPECIFIC EXCLUSIONS APPLYING TO SECTION J

**What is not covered:**

1. Any claim reported to Us more than 180 days after the date You should have known about the **Insured Incident**.

2. Any **Legal Costs** incurred before We agree to pay them.

3. Any claim relating to

- any illness that develops gradually or is not caused by a specific or sudden accident;
- You driving a motor vehicle for which You do not have valid motor insurance;
- an application for Judicial Review.

4. Defending Your legal rights but defending a counter claim is covered.

5. Any disagreement with Us that is not in provision 17 of this section.

6. Any legal action You take which We or the **Appointed Lawyer** have not agreed to or where You do anything that hinders Us or the **Appointed Lawyer**.

7. Any legal action against the travel agent, tour operator, carrier, any of the Insurers listed on this policy or their agents.

8. Fines, damages or other penalties which You are ordered to pay.

#### SECTION K – HIJACK

**What is covered:**

We will pay You up to the amount stated in the Schedule of Cover:

For each full 24 hours of delay, if You are prevented from reaching Your scheduled destination as a result of **Hijack** of the aircraft or ship in which You are travelling.

**Provided that:**

1. Compensation is only payable if no claim is made under Section A Cancellation or Section D Travel Delay.

2. You must produce independent evidence in writing in support of any claim.

#### SECTION L – CATASTROPHE

**What is covered:**

We will pay You up to the amount stated in the Schedule of Cover :

For the additional irrecoverable travel or accommodation costs necessarily incurred to continue with Your prepaid Trip or, if the Trip cannot be continued, for Your return to the **United Kingdom, Channel Isles/Isle of Man** should You be forced to move from Your pre-booked and prepaid accommodation outside of the **United Kingdom, Channel Isles/Isle of Man** as a result of fire, lightning, explosion, earthquake, storm, tempest, hurricane, flood, medical epidemic or local Government directive occurring while You are abroad and which is confirmed in writing by local or national authority.

#### SPECIFIC EXCLUSIONS APPLYING TO SECTION L

**What is not covered:**

No compensation will be payable for:

1. Any expense following Your disinclination to travel or to continue with Your Trip when official directives from the local or national authority state it is acceptable to do so.

2. Any cost or expense payable by or recoverable from the tour operator, airline, hotel or other provider of services.

3. Any cost or expense resulting from circumstances existing prior to Your arrival at Your pre-paid and pre-booked accommodation.

#### SECTION M – WITHDRAWAL OF SERVICE

**What is covered:**

We will pay You up to the amount shown in the Schedule of Cover for:-

Every complete period of 24 hours that Your pre-booked hotel/accommodation completely withdraws the following services due to **Strike Or Industrial Action**:

1. Water or electrical facilities, or

2. Swimming pool facilities, or

3. Kitchen services to the extent that no food is available, or

4. Chambermaid facilities.

#### SPECIFIC EXCLUSIONS APPLYING TO SECTION M

**What is not covered:**

1. Any claim not substantiated by a written report from the hotel/accommodation management confirming the exact length, nature and cause of the disruption.

2. Claims arising directly or indirectly from **Strike Or Industrial Action** which was advised or known to You at the time this policy was purchased or You booked the Trip.

3. Claims for services which were not available prior to any **Strike Or Industrial Action**.

4. Claims where the hotel or tour company have made alternative arrangements or offered financial compensation for the services or facilities being unavailable.

5. Anything mentioned in the general exclusions.

**Claims evidence:**

We will require (at Your own expenses) the following evidence where relevant:

Relevant documentation and evidence to support Your claim, including photographic evidence.

Any other relevant information relating to Your claim under this section that We may ask You for.

#### SECTION N – END SUPPLIER FAILURE

This cover is provided by International Passenger Protection Limited, IPP House, 22-26 Station Road, West Wickham, Kent BR4 0PR, United Kingdom and is underwritten by Certain Underwriters at Lloyd's (The Insurer).

The Insurer will pay up to £2,000 in total for each Insured Person named on the Invoice for:

1. Irrecoverable sums paid prior to **Financial Failure** of the Scheduled Airline, hotel, train operator including Eurostar, car ferries; villas abroad & cottages in the UK; coach operator, car or

camper hire company, caravan sites, campsites, mobile home, safaris; excursions; Eurotunnel; theme parks or attractions all known as the **End Supplier** of the travel arrangements not forming part of an inclusive holiday prior to departure or

2. In the event of **Financial Failure** after departure:

a) additional pro rata costs incurred by the **Insured Person(s)** in replacing that part of the travel arrangements to a similar standard of transportation as enjoyed prior to the curtailment of the travel arrangements or

b) if curtailment of the holiday is unavoidable - the cost of return transportation to the United Kingdom, Channel Islands, Isle of Man or Ireland to a similar standard of transportation as enjoyed prior to the curtailment of the travel arrangements.

**Financial Failure** means the **End Supplier** becoming Insolvent or has an administrator appointed and being unable to provide agreed services.

**End Supplier** means the company that owns and operates the services listed in point 1 above.

#### SPECIFIC EXCLUSIONS APPLYING TO SECTION N

**What is not covered:**

The Insurer will not pay for:

1. Travel or Accommodation not booked within the United Kingdom, Channel Islands, Isle of Man or Ireland prior to departure

2. Any **End Supplier** which is, or which any prospect of **Financial Failure** is known by the **Insured** or widely known publicly at the date of the **Insured's** application under this policy

3. Any loss or part of a loss which at the time of the happening of the loss is insured or guaranteed by any other existing Policy, Policies, bond, or is capable of recovery from under section 75 of the Consumer Credit Act or from any bank or card issuer or any other legal means.

4. The **Financial Failure** of any travel agent, tour organiser, booking agent or consolidator with whom the **Insured** has booked travel or accommodation

5. Any losses which are not directly associated with the incident that caused the **Insured** to claim. For example, loss due to being unable to reach **your** pre-booked hotel following the **Financial Failure** of an airline.

#### Claims Procedure:

International Passenger Protection claims only – any occurrence which may give rise to a claim should be advised promptly and in any event within 14 days to:

International Passenger Protection Claims Office

IPP House, 22- 26 Station Road,

West Wickham, Kent BR4 0PR.

Fax: +44(0)20 8776 3751

Tel: +44(0)20 8776 3752

Email: info@iplondon.co.uk

Website: www.iplondon.co.uk

#### ALL OTHER CLAIMS – REFER TO YOUR INSURANCE POLICY AND SEE ALTERNATIVE CLAIM PROCEDURE.

#### SECTION O – TRAVEL DISRUPTION COVER

To cover a Single Trip or for Annual Multi-Trip cover, and having a destination outside the **United Kingdom, Channel Isles/Isle of Man**.

Cover operates from **Your** latest overseas departure time to commence **Your** journey back to the **United Kingdom, Channel Isles/Isle of Man** as shown in **Your** booking confirmation /itinerary.

For Annual Multi-Trip cover each **Trip** is a separate insurance and is subject to the limits of cover, exclusions and conditions as set out in this document and each **Trip** must fall entirely within the 12 month period from the commencement date of this insurance.

#### What is Covered:

We will indemnify each **Insured Person** the following irrecoverable costs incurred, if upon **Your** scheduled return

to the **United Kingdom, Channel Isles/Isle of Man, You** are delayed for more than 24 hours beyond the time of international departure shown in **Your** booking confirmation/itinerary for reasons beyond **Your** control, subject to the conditions of this insurance.

1. Up to £50 per day to pay for additional accommodation to the same rating as originally booked. The amount payable is limited to £1,000 in total.

2. Up to £50 per day for the purchase of food or meals but not drinks, alcoholic or not. The amount payable is limited to £1,000 in total.

3. Up to £350 to make alternative travel arrangements for **Your** independent return back to the **United Kingdom, Channel Isles/Isle of Man**.

4. Up to £100 to obtain and/or purchase essential medication prescribed to **You** prior to **Your** departure.

5. Up to £10 per day for the purchase of essential items or services but not food or drink. The amount payable is limited to £100 in total.

6. Up to £25 for additional transport costs to get **You** from **Your** accommodation to **Your** point of international departure, as shown in **Your** original itinerary, in the event that the pre-paid provider fails to turn up at **Your** accommodation within the first 45 minutes of the scheduled time.

7. Up to £100 for additional transport costs to collect **Your** vehicle from **Your** original point of international departure in the **United Kingdom, Channel Isles/Isle of Man**, if **Your** return to the **United Kingdom, Channel Isles/Isle of Man** is somewhere other than the scheduled point of return.

8. Up to £50 for additional parking fees incurred in the **United Kingdom, Channel Isles/Isle of Man** following **Your** delayed return.

9. Up to £100 per day for loss of **Your** wages. The amount payable is limited to £1,000 in total.

10. Up to £100 for additional kennel/cattery fees incurred in the **United Kingdom, Channel Isles/Isle of Man** following **Your** delayed return.

**COUPLE OR FAMILY COVER** – Maximum payment for all **Insured Persons** (in total and not each) is limited to 200% of the benefits shown under this Section of Cover.

#### SPECIFIC EXCLUSIONS APPLYING TO SECTION O

**What is not covered:**

1. any claim arising in the first 24 hours of delay, calculated from the time of international departure shown in **Your** original booking itinerary.

2. any claim arising due to an event that has occurred within the 31 days prior to the date of booking the **Trip** and/ or commencement of this insurance.

3. any claim not supported by original:

- (i) receipts,
- (ii) documentation confirming the cause and duration of the delay,
- (iii) proof of travel.

4. any costs incurred which are recoverable from **Your** tour operator, carrier, travel insurance or under any EU Directive irrespective if **Your** tour operator or carrier denies liability as beyond their control, unforeseen or unavoidable.

5. costs of travel or accommodation to a higher standard than those originally booked.

6. any claim arising for loss of **Your** wages where written confirmation is not supplied from **Your** employer in respect of the amount of net wages not paid (but excluding any

overtime), the period to which the loss of wages applies and that the period has not been taken as holiday. If **You** are self employed, this insurance shall exclude any claim where written confirmation is not supplied by **Your** usual accountant of the actual wages taken over the preceding 3 months together with details of confirmed orders for the period of delay claimed.

7. any claim arising from:

- i) withdrawal of service due to safety reasons or bankruptcy,
- ii) withdrawal of service due to **Strike Or Industrial Action** publicly declared prior to commencement of this insurance or prior to the holiday booking,
- iii) any incident where **You** have not obtained written authority from **Your** carrier to make alternative travel arrangements,
- iv) any incident where a carrier and/or tour operator has offered alternative arrangements,
- v) **Your** failure to meet the scheduled dates and/or times shown in **Your** original travel documents, **Your** negligence or **Your** disinclination to travel.

8. In the event of **You** having a separate and valid SOS

- Sense of Security Essential Delay Insurance &/or TDC
- Travel Disruption Cover Insurance, any claim shall be considered under one insurance only.

**PLEASE NOTE – THE FOLLOWING SECTIONS OF COVER ONLY APPLY IF THE APPROPRIATE ADDITIONAL PREMIUM HAS BEEN PAID AND CONFIRMATION IS SHOWN ON YOUR VALIDATION CERTIFICATE.**

#### **SECTION P - WINTER SPORTS EXTENSION**

This cover is provided only if **You** are under 70 and have paid the premium required. If **You** have purchased an Annual Multi-Trip policy and paid the appropriate additional premium **You** will be covered for winter sports up to 17 days during the policy year. Below are the details of winter sports cover provided by this extension:

1. **You** will be covered under all sections for the following winter sports: cross country skiing, snowboarding, mono skiing, skiing, snow sledging, skidooring and sleigh rides. Skiing and snowboarding off-piste is covered provided **You** are skiing within the boundaries of a recognised resort area designed for public use and are not skiing in areas marked out of bounds or hazardous by the piste authorities. Heli skiing is only covered as part of a pre-paid excursion led by professional guides. Tobogganing and snowmobiling are covered under Sections A, B & C but **We** will not cover any claims under any other section resulting from any bodily injury or damage to property that may arise from **Your** use of sledges, skidoos or powered vehicles of any kind. No cover is provided for any form of ski racing, ski jumping, ice hockey or any other extreme hazardous sports not specifically listed above.

2. **You** are not covered for winter sports equipment under Section F (**Personal Possessions**) of this travel policy. Please see below for details of winter sports equipment cover.

The following extra cover up to the maximum limits shown in the Schedule of Cover is also included in the winter sports extension.

#### **SECTION P1 - WINTER SPORTS EQUIPMENT**

**What is covered:**

1. If **Your** owned or hired snowboard or skis (including bindings) boots and poles are lost, destroyed, damaged or stolen **We** will indemnify **You** up to the amount stated in the Schedule of Cover subject to the following depreciation scale based on the original purchase price of the equipment and the age of the item(s):

- 80% under 6 months old
- 60% over six months old and less than one year.

- 50% over one year old and less than two years.
- 40% over two years old and less than three years.
- 30% over three years old and less than four years.
- 20% over four years old and less than five years.
- 10% if over five years.

#### **SECTION P2 - WINTER SPORTS EQUIPMENT HIRE**

**What is covered:**

If **Your** own equipment is lost, stolen or damaged after commencement of the **Outward Journey**, **You** will be covered for the reasonable cost of hiring a snowboard or skis (including bindings), boots and poles during **Your Trip** up to the amount stated in the Schedule of Cover.

**Provided that:**

1. **You** must take proper care of **Your** belongings and act as if **You** did not have this insurance policy.
2. **You** must keep any of **Your** own damaged property so that **We** can inspect it. When **We** make a payment for that property, it will then belong to **Us**.

#### **SPECIFIC EXCLUSIONS APPLYING TO SECTIONS P1 & P2**

**What is not covered:**

1. **You** are not covered for the following
  - (a) Loss of, theft of or damage to **Your** winter sports equipment during **Your Outward or Return Journey** if **You** do not get a written 'carrier's report', or a 'Property Irregularity Report' in the case of an airline. If **You** cannot report the loss, theft or damage to the carrier straight away, **You** must do so in writing within seven days.
  - (b) Loss or theft of winter sports equipment at any other time if **You** do not report the loss or theft to the police within 24 hours of discovering it and obtain a written report from them.
  - (c) Loss or damage caused by delay, wear and tear, moths, vermin, weather and atmospheric conditions or mechanical failure.
  - (d) Loss of or theft of or damage to property left in or on a vehicle overnight.

2. **You** are not covered for claims for which **You** receive compensation from someone else.

3. **You** are not covered for more than the amount shown in the Schedule of Cover for any one snowboard or pair of skis (including bindings), boots or poles.

#### **SECTION P3 – SKI PACK (LESSONS, HIRE, LIFT PASS)**

**What is covered:**

If **You** fall ill or are injured during the **Trip** and **We** accept a valid claim under Section B (Medical Expenses), **You** will be covered for the proportional costs for the part of the ski pack which **You** cannot use. Ski pack expenses are limited to irrecoverable prepaid costs for ski lessons, ski equipment hire and lift passes incurred prior to the date of the illness or injury that gave rise to the claim.

#### **SPECIFIC EXCLUSIONS APPLYING TO SECTION P3**

**What is not covered:**

**You** are not covered for claims arising from circumstances that are excluded from Section B (Medical Expenses).

#### **SECTION P4 – PISTE CLOSURE**

**What is covered:**

This cover is only available for holidays in the northern hemisphere starting after 1st January and ending before 1st April or for holidays in the southern hemisphere starting after 1st May and ending before 1st October. If **Adverse Weather** conditions cause the total closure of all ski facilities for more than one day at the resort **You** are booked into, **You** will be covered for a daily benefit up to the amount stated in the Schedule of Cover for reasonable additional transport costs and lift hire costs to enable **You** to ski in a different resort. If it is not possible to arrange transport to a different resort, **You** will receive the daily benefit for each whole day's skiing lost.

**Provided that:**

1. Cover will only apply for as long as there are **Adverse Weather** conditions closing all skiing facilities at **Your** resort.



2. Cover will only apply if **Your** resort area has ski facilities above 1,600 metres.

3. **You** must get written confirmation from the appropriate piste authority to confirm that all pistes were closed or that it was not possible to travel to another resort.

#### SPECIFIC EXCLUSIONS APPLYING TO SECTION P4

##### What is not covered:

1. **You** will not be covered for any amount **You** can get back from someone or somewhere else.

2. **You** will not be covered if **You** booked the **Trip** within 14 days of going on the **Trip**.

#### SECTION P5 – AVALANCHE CLOSURE

##### What is covered:

If **Your** arrival at, or departure from, **Your** resort is delayed for more than 12 hours due to avalanche, landslide or landslip, **You** will be covered for reasonable extra travel and accommodation expenses up to the amount shown in the Schedule of Cover.

#### SPECIFIC EXCLUSIONS APPLYING SECTION P5

##### What is not covered:

1. **You** will not be covered if the tour operator pays for **Your** extra travel and accommodation costs.

2. If **You** receive compensation from someone or somewhere else, **We** will take this off **Your** claim.

#### SECTION Q – WEDDING / CIVIL PARTNERSHIP COVER EXTENSION

Cover in respect of Section Q only operates under Single Trip policies and Annual Multi-Trip policies if the appropriate wedding/civil partnership cover extension has been chosen and the appropriate additional premium has been paid and is shown on the validation certificate.

##### Special Definitions (which are shown in italics)

*Insured Couple* - means the couple travelling abroad to be married or enter into a civil partnership whose names appear in the validation certificate.

*Wedding/Civil Partnership attire* - means dress, suits, shoes and other accessories bought specially for the wedding/ civil partnership and make-up, hair styling and flowers paid for or purchased for the wedding/civil partnership forming part of **Your Personal Possessions**.

##### What is covered:

1. **We** will indemnify **You** up to the amount stated in the Schedule of Cover for the accidental loss of, theft of or damage to the items shown below forming part of **Your Personal Possessions**:

a) for each wedding/civil partnership ring taken or purchased on the **Trip** for each **Insured Person**.

b) for weddings/civil partnership gifts taken or purchased on the **Trip** for the *Insured Couple*.

c) for **Your Wedding/Civil Partnership attire** which is specifically to be worn by **You** on **Your** wedding/civil partnership day.

The maximum payment for any single item is shown in the Schedule of Cover. The amount payable will be the value at today's prices less a deduction for wear, tear and depreciation, (or **We** may at **Our** option replace, reinstate or repair the lost or damaged **Personal Possessions**).

2. **We** will pay the *Insured Couple* up to £200 for the reasonable additional costs incurred to reprint/make a copy of or retake the photographs/video recordings either at a later date during the **Trip** or at a venue in **United Kingdom** or **Channel Isles/Isle of Man** if:

a) the professional photographer who was booked to take the photographs/video recordings on **Your** wedding/civil partnership day is unable to fulfil such obligations due to bodily injury, illness or unavoidable and unforeseen transport problems, or

b) the photographs/video recordings of the wedding/civil

partnership day taken by a professional photographer are lost, stolen or damaged within 14 days after the wedding / civil partnership day and whilst **You** are still at the holiday/ honeymoon location.

##### Provided that:

1. **You** must report to the local police within 24 hours of discovery and obtain a written report of the loss, theft or attempted theft of **Your Personal Possessions**.

2. If **Personal Possessions** are lost, stolen or damaged while in the care of a carrier, transport company, authority or hotel **You** must report to them, in writing, details of the loss, theft or damage and obtain written confirmation. If **Personal Possessions** are lost, stolen or damaged whilst in the care of an airline **You** must:

- obtain a Property Irregularity Report from the airline.
- give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
- retain all travel tickets and tags for submission if a claim is to be made under this policy.

3. Receipts for **Personal Possessions** lost, stolen or damaged must be retained as these will help **You** to substantiate **Your** claim.

4. The maximum payment for any single item for which an original receipt, proof of purchase or insurance valuation (obtained prior to the loss), is not supplied is £50, subject to a maximum of £300 for all such items.

##### What is not covered:

1. The **Excess** as shown in the Schedule of Cover.

2. Loss, theft of or damage to **Valuables** left **Unattended** at any time.

3. Loss, theft of or damage to **Personal Possessions** left **Unattended** at any time or contained in an **Unattended** vehicle:

- overnight between 9 p.m. and 8 a.m. (local time) or
- at any time between 8 a.m. and 9 p.m. (local time) unless it is in the locked boot which is separate from the passenger compartment for those vehicles with a boot, or for those vehicles without a separate boot locked in the vehicle and covered from view and evidence of forcible and violent entry to the vehicle is confirmed by a police report.

4. Loss or damage due to delay, confiscation or detention by customs or other authority.

5. Loss, theft of or damage to unset precious stones, contact or corneal lenses, hearing aids, dental or medical fittings, antiques, musical instruments, mobile telephones or telecommunications equipment of any kind, deeds, manuscripts, securities, perishable goods, bicycles, marine equipment or craft or any related equipment or fittings of any kind, ski equipment and damage to suitcases (unless the suitcase is entirely unusable as a result of one single incidence of damage).

6. Loss or damage due to cracking, scratching, breakage of or damage to china, glass (other than glass in watch faces, cameras, binoculars or telescopes), porcelain or other brittle or fragile articles unless caused by fire, theft, or accident to the aircraft, watercraft, train or vehicle in which they are being carried.

7. Loss or damage due to breakage of **Sports Equipment** or damage to sports clothing whilst in use.

8. Loss, theft of or damage to business goods, samples, tools of trade, motor accessories and other items used in connection with **Your** business, trade, profession or occupation.

9. Loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning, repairing or restoring, mechanical or electrical breakdown or liquid damage.

10. Anything mentioned in the general exclusions.

## SECTION R - GOLF COVER EXTENSION

This section is only valid if the additional premium has been paid and this is shown on **Your** validation certificate. **Golf Equipment** shall mean golf clubs, golf bags, golf shoes and non-motorised golf trolleys belonging to the **Insured Person**. Golf balls and tees and other miscellaneous items are not included. Below are the details of golf cover provided by this extension:

### SECTION R1 – GOLF EQUIPMENT OWNED

#### What is Covered:

1. If **Your Golf Equipment** is lost, destroyed or stolen, **We** will indemnify **You** up to the amount stated in the Schedule of Cover subject to the following depreciation scale based on the original purchase price of the equipment and the age of the item(s):

- 80% under six months old
- 60% over six months old and less than one year old
- 50% over one year old and less than two years old
- 40% over two years old and less than three years old
- 30% over three years old and less than four years old
- 20% over four years old and less than five years old
- 10% if over five years old

2. **You** will be covered for the repair costs up to the amount shown in the Schedule of Cover if **Your Golf Equipment** is damaged in transit.

3. If **Your** hired equipment is lost, stolen or damaged **We** will pay up to £100 for replacement or repair if **You** are held responsible.

### SECTION R2 - GOLF EQUIPMENT HIRE

#### What is Covered:

If **Your own Golf Equipment** is lost, stolen or damaged after commencement of **Your Outward Journey**, **You** will be covered for the reasonable cost of hiring a set of clubs during **Your Trip** up to the amount stated in the Schedule of Cover.

#### Provided that:

1. **You** must take proper care of **Your Golf Equipment** and act as if **You** did not have this insurance policy.

2. **You** must keep any of **Your own damaged Golf Equipment** to enable **Us** to inspect it. When **We** make a payment for that **Golf Equipment**, it will then belong to **Us**.

### SPECIFIC EXCLUSIONS APPLYING TO SECTION R1 – GOLF EQUIPMENT AND R2 – GOLF EQUIPMENT HIRE

#### What is not covered:

1. **You** are not covered for the following:

- a. Loss of, theft of or damage to **Your Golf Equipment** during **Your Outward or Return Journey** if **You** do not obtain a written 'carriers report', or a 'Property Irregularity Report' in the case of an airline. If **You** cannot report the loss, theft or damage to the carrier immediately, **You** must do so in writing within seven days of the loss, theft or damage.
- b. Loss or theft of **Your Golf Equipment** at any other time if **You** do not report the loss or theft to the police within 24 hours of discovering the loss or theft and a written police report obtained.
- c. Loss or damage caused by delay, wear and tear, moths, vermin, weather and atmospheric conditions or mechanical failure.
- d. Loss of or theft of or damage to **Golf Equipment** left in or on a vehicle overnight.
- e. Loss of theft of or damage to **Golf Equipment** **You** have left **Unattended** in a public place.
- f. Loss or damage to **Golf Equipment** whilst in use.

2. **You** are not covered for claims for which **You** receive compensation from someone else.

3. **You** are not covered for more than the amount shown in the Schedule of Cover for any one club or item of equipment.

4. Any **Excess** shown in the Schedule of Cover.

## SECTION R3 – HOLE-IN-ONE COVER

#### What is Covered:

1. **We** will pay up to the amount stated in the Schedule of Cover for costs that **You** incur at the golf club bar as a result of **You** getting a Hole-In-One.

#### Provided that:

1. **You** must obtain written confirmation from the appropriate golf course authority to confirm **Your** Hole-In-One.

2. **You** are only covered under this insurance to claim for a maximum of one Hole-In-One.

## SECTION R4 – GOLF COURSE CLOSURE

#### What is Covered:

If adverse weather conditions cause the total closure of all golf facilities for more than one day at the golf course **You** have prebooked into, **You** will be covered up to the amount stated in the Schedule of Cover for reasonable additional transport costs and green fee costs to enable **You** to play at a different golf course. If it is not possible to arrange transport to a different golf course, **You** will receive the daily benefit shown in the Schedule of Cover for each whole day's pre-booked golf lost.

#### Provided that:

1. Cover will only apply for as long as there are adverse weather conditions closing all golfing facilities at **Your** resort.

2. **You** must obtain written confirmation from the appropriate golf course authority to confirm that all facilities at **Your** prebooked golf course were closed and/or that it was not possible to travel to an alternative golf course.

## SPECIFIC EXCLUSIONS APPLYING TO SECTION R4 – GOLF COURSE CLOSURE

#### What is Covered:

1. **You** will not be covered for any amount that **You** can get back from someone or somewhere else.

## SECTION S - BUSINESS COVER EXTENSION

Cover in respect of Sections S1, S2 and S3 only operates: Under Single Trip policies and Annual Multi-Trip policies if the appropriate business cover extension has been chosen and the appropriate additional premium has been paid and is shown on the validation certificate.

This extension to the policy provides the following modifications to the insurance specifically in respect of any business **Trip** made by **You** during the **Period of Insurance**.

### SECTION S1 – BUSINESS EQUIPMENT

#### What is Covered:

1. **We** will indemnify **You** up to the amount stated in the Schedule of Cover, for accidental loss, theft of or damage to **Your** business equipment.

The maximum **We** will pay for the following items is:

- a) For any single item as shown in the Schedule of Cover.
- b) For computer equipment as shown in the Schedule of Cover
- c) For business samples as shown in the Schedule of Cover. The maximum payment for any single item, computer equipment or business samples for which an original receipt, proof of purchase or insurance valuation obtained prior to loss is not supplied is £100 subject to a maximum of £300 for all such items.

2. **We** will also indemnify **You** up to the amount shown in the Schedule of Cover for:

- a) any emergency courier expenses **You** have incurred, in obtaining any business equipment, which is essential to **Your** intended business itinerary.
- b) the purchase of essential items, if **Your** business equipment is delayed or lost in transit on **Your Outward Journey** for more than 12 hours.

#### Provided that:

1. **You** must report to the police within 24 hours of discovery and obtain a written report of the loss, theft or attempted theft of all business equipment.

2. For items damaged whilst on **Your Trip** **You** must obtain an official report from an appropriate retailer.

3. If **Your** business equipment is delayed **You** must supply receipts for the essential items purchased and written confirmation from the carrier as to the exact nature and length of delay.

4. You must provide an original receipt or proof of ownership for items lost, stolen or damaged to help You to substantiate Your claim.

**Special Note - Our liability for business equipment shall be further limited as follows:-**

Age of item

- 80% under six months old
- 60% over six months old and less than one year old
- 50% over one year old and less than two years old
- 40% over two years old and less than three years old
- 30% over three years old and less than four years old
- 20% over four years old and less than five years old
- 10% if over five years old

#### **SPECIFIC EXCLUSIONS APPLYING TO SECTION S1 – BUSINESS EQUIPMENT**

**What is not covered:**

1. The **Excess** as shown in the Schedule of Cover.
2. Loss, theft of or damage to business equipment left **Unattended** at any time, or contained in, or stolen from an **Unattended** vehicle:
  - a) overnight between 9 p.m. and 8 a.m. (local time) or
  - b) at any time between 8 a.m. and 9 p.m. (local time) unless it is in the locked boot which is separate from the passenger compartment, or for those vehicles without a separate boot, locked in the vehicle and covered from view and evidence of forcible and violent entry to the vehicle is confirmed by a police report.
3. Claims arising from business equipment and **Valuables** whilst in the custody of a carrier.
4. Loss or damage due to delay, confiscation or detention by customs or other authority.
5. Loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning, repairing or restoring, mechanical or electrical breakdown.
6. Claims arising from damage caused by leakage of powder or liquid carried within personal effects or business equipment.
7. Anything mentioned in the general exclusions.

#### **S2 – BUSINESS EQUIPMENT HIRE**

**What is covered:**

We will pay You up to the amount stated in the Schedule of Cover for each 24 hour period, for the cost of necessary hire of business equipment following:

- a) loss or damage of **Your** business equipment; or
- b) the temporary loss in transit during the **Outward Journey** for at least 12 hours of **Your** business equipment.

**Provided that:**

1. You must report to the police within 24 hours of discovery and obtain a written report of the loss, theft or attempted theft of all business equipment.
2. For items damaged whilst on **Your Trip** You must obtain an official report from an appropriate retailer.
3. If **Your** business equipment is misdirected or delayed You must obtain written confirmation from the carrier as to the exact nature and length of delay or misdirection.
4. You must provide an original receipt or proof of ownership for items lost, stolen or damaged to help You to substantiate Your claim.

#### **SPECIFIC EXCLUSIONS APPLYING TO SECTION S2 – BUSINESS EQUIPMENT HIRE**

**What is not covered:**

1. Loss, theft or damage to business equipment left **Unattended** at any time, or contained in, or stolen from an **Unattended** vehicle:
  - a) overnight between 9 p.m. and 8 a.m. (local time) or
  - b) at any time between 8 a.m. and 9 p.m. (local time) unless it is in the locked boot which is separate from the passenger compartment for those vehicles with a boot, or for those vehicles without a separate boot locked in the vehicle and covered from view and evidence of forcible and violent entry to the vehicle is confirmed by a police report.
2. Loss or damage due to delay, confiscation or detention by customs or other authority.

3. Loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning, repairing or restoring, mechanical or electrical breakdown.

4. Claims arising from damage caused by leakage of powder or liquid carried within personal effects or business equipment.

5. Anything mentioned in the general exclusions.

#### **SECTION S3 – BUSINESS MONEY**

**What is covered:**

We will indemnify You up to the amount stated in the Schedule of Cover for the accidental loss of, theft of or damage to business **Money**.

The maximum We will pay for the following items is:

- a) For cash (bank notes, currency notes and coins) as shown in the Schedule of Cover.
- b) For all other business **Money** as shown in the Schedule of Cover.

**Provided that:**

1. You must report to the police within 24 hours of discovery and obtain a written report of the loss, theft or attempted theft of all business **Money**.
2. Receipts for items lost, stolen or damaged including foreign currency exchange receipts, statement from **Your** business bank accounts showing the amounts withdrawn, these must be retained as these will be needed for You to substantiate Your claim.

#### **SPECIFIC EXCLUSIONS APPLYING TO SECTION S3 – BUSINESS MONEY**

**What is not covered:**

1. The **Excess** as shown in the Schedule of Cover.
2. Loss or theft of business **Money** left **Unattended** at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe or safety deposit box.
3. Loss, theft of or damage to travellers' cheques if You have not complied with the issuers conditions or where the issuer provides a replacement service.
4. Loss or damage due to delay, confiscation or detention by customs or other authority.
5. Loss or damage due to depreciation in value, variations in exchange rates or shortages due to error or omission.
6. Anything mentioned in the general exclusions.

#### **SECTION T - CRUISE COVER EXTENSION**

This section is only valid if the additional premium has been paid and this is shown on **Your** validation certificate.

The details of cruise cover provided by this extension are as follows:

#### **SECTION T1 - CRUISE CABIN CONFINEMENT**

**What is covered:**

We will indemnify You up to the amount stated in the Schedule of Cover for each 24 hour period that You are confined by the ship's medical officer to **Your** cabin due to an accident or illness which is covered under Section B – Emergency Medical and Other Expenses during the **Trip**.

#### **SPECIFIC EXCLUSIONS APPLYING TO SECTION T1**

**What is not covered:**

1. Any confinement to **Your** cabin which has not been confirmed in writing by the ship's medical officer.
2. Anything mentioned in the general exclusions.

#### **SECTION T2 – UNUSED CRUISE EXCURSIONS**

**What is covered:**

We will indemnify You up to the amount stated in the Schedule of Cover for the cost of pre-booked excursions, which You were unable to use as a direct result of being confined to **Your** own cabin due to an accident or illness which is covered under Section B – Emergency Medical and Other Expenses during the **Period of Insurance**.

#### **SPECIFIC EXCLUSIONS APPLYING TO SECTION T2**

**What is not covered:**

1. Any confinement to **Your** cabin which has not been confirmed in writing by the ship's medical officer.

2. Anything mentioned in the general exclusions.

3. **Your** disinclination to attend the excursion as per **Your** itinerary.

### SECTION T3 – CRUISE ITINERARY CHANGE

#### What is covered:

We will indemnify **You** up to the amount stated in the Schedule of Cover for each missed port in the event of the cancellation of a scheduled port visit due to **Adverse Weather** or timetable restrictions. This must be confirmed by the cruise operator in writing confirming the reason for the missed port.

### SPECIFIC EXCLUSIONS APPLYING TO SECTION T3

#### What is not covered:

1. Claims arising from a missed port caused by **Strike Or Industrial Action** if the **Strike Or Industrial Action** was notified at the time that the insurance was purchased.

2. Claims arising from when **Your** ship cannot put people ashore due to a scheduled tender operation failure.

3. Claims where a monetary amount (including on board credit) of compensation has been offered by the ship or tour operator.

4. Anything mentioned in the general exclusions.

5. Any **Excess** shown in the Schedule of Cover.

### SECTION T4 – MISSED CRUISE CONNECTION

#### What is covered:

We will indemnify **You** up to the amount stated in the Schedule of Cover for reasonable additional accommodation (room only) and travel expenses necessarily incurred in joining **Your** cruise ship if **You** miss the original departure or to join **Your** return pre-booked transport if **You** fail to disembark at the original disembarkation port as a result of:

1. the failure of scheduled public transport or

2. an accident to or breakdown of the vehicle in which **You** are travelling or

3. an accident or breakdown occurring ahead of **You** on a motorway or dual carriage way which causes an unexpected delay to the vehicle in which **You** are travelling or

4. **Strike or Industrial Action** or **Adverse Weather** conditions. **Provided that:**

1. In the event of a claim arising from any delay arising from traffic congestion **You** must obtain written confirmation from the police or the Highways Agency of the location, reason for and duration of the delay.

2. **You** must allow sufficient time for the scheduled public transport or other transport to arrive on schedule and to deliver **You** to the departure point.

### SPECIFIC EXCLUSIONS APPLYING TO SECTION T4

#### What is not covered:

1. Claims arising directly or indirectly from:

a) **Strike or Industrial Action** or air traffic control delay existing or publicly declared by the date this insurance is purchased by **You** or the date **Your Trip** was booked whichever is the later.

b) An accident to or breakdown of the vehicle in which **You** are travelling for which a professional repairers report is not provided.

c) Breakdown of any vehicle in which **You** are travelling if the vehicle is owned by **You** and has not been serviced properly and maintained in accordance with manufacturer's instructions.

d) Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Civil Aviation Authority or a Port Authority or any such regulatory body in a country to/from which **You** are travelling.

2. Additional expenses where the scheduled public transport operator has offered reasonable alternative travel arrangements.

3. Additional expenses where **Your** planned arrival time at embarkation/disembarkation port is less than 3 hours in advance of the sail departure time if **You** are travelling independently and not part of an integrated cruise package.

4. Anything mentioned in the general exclusions.

5. Any **Excess** shown in the Schedule of Cover.

## COMPLAINTS PROCEDURE

It is the intention to give **You** the best possible service but if **You** do have any questions or concerns about this insurance or the handling of a claim **You** should follow the Complaints Procedure below:

### For all Sections excluding Section N

Complaints regarding:

#### SALE OF THE POLICY

Please contact **Your** agent who arranged the Insurance on **Your** behalf.

If **Your** complaint about the sale of **Your** policy cannot be resolved by the end of the third working day, **Your** agent will pass it to:

Customer Relations Department  
UK General Insurance Group Limited  
Cast House,  
Old Mill Business Park  
Gibraltar Island Road,  
Leeds  
LS10 1RJ  
Tel: 0345 218 2685  
Email: [customerrelations@ukgeneral.co.uk](mailto:customerrelations@ukgeneral.co.uk)

#### CLAIMS

Please contact Claims Settlement Agencies, The Managing Director, Claims Settlement Agencies Ltd, 308-314 London Road, Hadleigh, Benfleet, SS7 2DD  
In all correspondence please state that **Your** insurance is provided by UK General Insurance Group Limited and quote scheme reference 05015G.

If **Your** complaint about **Your** claim cannot be resolved by the end of the third working day, Claim Settlement Agencies will pass it to:

Customer Relations Department  
UK General Insurance Group Limited  
Cast House,  
Old Mill Business Park  
Gibraltar Island Road,  
Leeds  
LS10 1RJ  
Tel: 0345 218 2685  
Email: [customerrelations@ukgeneral.co.uk](mailto:customerrelations@ukgeneral.co.uk)

#### For Section N

If **Your** complaint relates to a claim under Section N – End

Supplier Failure, please write to:  
International Passenger Protection Limited,  
IPP House,  
22-26 Station Road  
West Wickham  
Kent  
BR4 0PR  
Tel: 020 8776 3750  
E-mail: [info@ippilondon.co.uk](mailto:info@ippilondon.co.uk)

#### For all Sections

After following the complaints process, if it is not possible to reach an agreement, **You** have the right to make an appeal to the Financial Ombudsman Service. This also applies if **You** are insured in a business capacity and have an annual turnover of less than £2million and fewer than ten staff.

**You** may contact the Financial Ombudsman Service at:

Exchange Tower  
Harbour Exchange Square  
London  
E14 9SR.  
Tel: 0800 023 4567 or 0300 123 9123  
Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)  
Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

The complaints procedure above does not affect any legal rights **You** may have to take action against **Us**. Please note that the Ombudsman will not normally review **Your** case until such time **We** have made **Our** final decision.

Please give **Us** the opportunity to handle **Your** complaint before referring things to the Ombudsman.

**We** are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme if **We** cannot meet **Our** obligations. This depends on the type of business and circumstances of the claim. Most insurance contracts are covered for 90% of the claim.

Further information is available from the Financial Conduct Authority or the FSCS at [www.fscs.org.uk](http://www.fscs.org.uk) or on 020 7892 7300.

# TRAVELLER'S CHOICE LEISURECARE 2018

## SCHEDULE OF COVER

SECTION	COVER	LIMIT (per person, up to)	EXCESS (per person)
A	<b>CANCELLATION OR CURTAILMENT</b>	£3,000	£90 (£25 loss of deposit)
B	<b>EMERGENCY MEDICAL AND OTHER EXPENSES</b> Dental Treatment Limit Hospital Confinement Benefit Overseas Funeral Expenses or Repatriation of Mortal Remains	£10,000,000 £250 £200 (£25 per day) £2,000	£90 Nil Nil Nil
C	<b>PERSONAL ACCIDENT</b> Permanent Total Disablement (Under 66) Loss of Limb or Sight (Under 66) Death (over 18, under 66 years) Death (under age 18, over 65) All benefits (66 years and over)	Max benefit £10,000 £10,000 £10,000 £10,000 £5,000 £5,000	Nil
D	<b>TRAVEL DELAY</b> Holiday Abandonment Missed Departure Missed Connection	£30 for first 12 hours, £30 for each subsequent 12 hours up to £300 £3,000 £1,000 £500	Nil £60 £60 £60
E	<b>SEAT BUMPING</b>	£25	Nil
F	<b>PERSONAL POSSESSIONS</b> Single Article/Pair/Set Limit Total Valuables Limit Delayed Baggage (excess of 12 hrs)	£1500 £300 £500 £250 (£50 per day)	£50 Nil
G	<b>MONEY</b> Cash Limit Cash (under 18 years)	£500 £300 £100	£50
H	<b>PASSPORTS, TICKETS &amp; DOCUMENTS</b>	£250	£50
I	<b>PERSONAL LIABILITY</b> Including Rented Accommodation Limit	£2,000,000 £100,000	£200 £200
J	<b>LEGAL EXPENSES</b>	£15,000	Nil
K	<b>HIJACK</b>	£1,000 (£100 per day)	Nil
L	<b>CATASTROPHE COVER</b>	£1,000	£50
M	<b>WITHDRAWAL OF SERVICES</b>	£750 (£75 per day)	Nil
N	<b>END SUPPLIER FAILURE</b>	£2,000	Nil
O	<b>TRAVEL DISRUPTION</b> Additional Accommodation Additional Food and Drink Alternative Return Travel Arrangements Essential prescription Medicine Additional Essential Items Additional Transport Expenses Vehicle Collection Parking Fees Loss of Wages Kennel/Cattery Fees	Up to £1,000 £50 per day £50 per day £350 £100 £100 (£10 per day) £100 £100 £50 £100 per day £100	Nil
P	<b>WINTER SPORTS EXTENSION</b>		
P1	<b>Winter Sports Equipment</b> Owned Hired Including Single Article/Pair/Set Limit	£300 £300 £300	£50 £50 £50
P2	<b>Ski Hire</b>	£300 (£30 per day)	Nil
P3	<b>Ski Pack</b>	£300 (£30 per day)	Nil
P4	<b>Piste Closure</b>	£300 (£30 per day)	Nil
P5	<b>Avalanche Closure</b>	£300	£50
Q	<b>WEDDING/CIVIL PARTNERSHIP COVER EXTENSION</b>		
	<b>Wedding/Civil Partnership Cover</b> Wedding Ring Limit Wedding Gifts Limit Wedding Attire Limit Wedding Photos/Video Limit Unreceipted Items total Limit Unreceipted Single Item Limit	£1,500 £300 £200 per Couple £200 £200 per Couple £300 £300	£50 £50 £50 £50 £50 £50 £50
R	<b>GOLF COVER EXTENSION</b>		
R1	<b>Golf Cover Equipment</b> Single Article/Pair/Set Limit	£1,500 £250	£50 £50
R2	<b>Golf Equipment Hire</b>	£400 (£50 per day)	Nil
R3	<b>Hole-In-one Cover</b>	£100	Nil
R4	<b>Golf Course Closure</b>	£300 (£75 per day)	Nil
S	<b>BUSINESS COVER EXTENSION</b>		
S1	<b>Business Cover</b> Single Item Limit Computer Equipment Samples Limit Unreceipted Items Limit Unreceipted Single Item Limit Emergency Courier of Essential Business Equipment Delayed Business Equipment	£1,500 £500 £1,000 £500 £300 £100 £500 £300 (£100 per day)	£50 £50 £50 £50 £50 £50 £50
S2	<b>Business Equipment Hire</b>	£750 (£150 per day)	Nil
S3	<b>Business Money</b> Cash Limit	£1,000 £500	£50 £50
T	<b>CRUISE COVER EXTENSION</b>		
T1	<b>Cruise Cabin Confinement</b>	£300 (£50 per 24 hours)	Nil
T2	<b>Unused Excursions</b>	£300	Nil
T3	<b>Cruise Itinerary Change</b>	£300 (£100 per port)	Nil
T4	<b>Missed Cruise Connection</b>	£1,500	£50

## Hazardous Activities

### **Hazardous Activities – Grade 1 – No additional charge**

Subject to the general exclusions and relevant exclusions under each section of the policy. The following incidental, recreational, non-professional (amateur) and non-competitive activities are automatically covered. Please note the specific exclusions applying to some activities under Section I - Personal Liability

Archery	Badminton
Baseball	Basketball
Beach Games	Bungee Jump (1)
Camel/Elephant Riding	Canoeing (up to Grade 3)
Clay Pigeon Shooting	Cricket
Cycling (other than specified under Grade 2 Hazardous Activities below)	Dinghy Sailing
Fell Walking	Fencing
Fishing	Football
Golf	Hiking (under 2000m altitude)
Hockey	Horse Riding (up to 7 days – no Polo, Hunting, Jumping)
Jet Boating	Jogging
<b>Manual Work</b> (bar and restaurant, waitress, waiter, chalet, maids, au pair, nanny's, occasional light manual work including retail work and fruit picking but excluding the use of power tools and machinery)	Marathon Running
Motorcycling up to 50cc (wearing a crash helmet, no racing)	Netball
<b>Non Manual Work</b> (including professional, administrative or clerical duties only)	Orienteering
Outwardbound Pursuits	Paintballing
Parascending/Parasailing (over water)	Pony Trekking
Racquetball	Rambling
River Canoeing up to Grade 3	Roller Skating
Roller Blading	Rounders
Rowing	Running – sprint/long distance
Safari (UK organised)	Sail Boarding
Sailing within Territorial Waters	*Scuba Diving (up to 30m if adequately supervised with a qualified instructor – see notes below)
Skate Boarding	Snorkelling
Squash	Surfing (amateur under 14 days)
Tennis	Tour Operator Safari
Track Events	Trekking (under 2000m altitude)
Volleyball	War Games
Water Polo	Water Skiing
Windsurfing	Yachting (racing/crewing inside territorial waters)
<p>*Scuba diving to the following depths, provided you are diving under the direction of an accredited dive marshal, instructor or guide. Alternatively, if qualified, within the guideline of the relevant diving or training agency or organisation and <b>You</b> are not diving alone:</p> <p>PADI Open Water – 18 metres,                      PADI Advanced Open Water – 30 metres                      BSAC Ocean Diver – 20 metres                      BSAC Sports Diver – 30 metres                      BSAC Dive Leader – 30 metres.</p> <p><b>We</b> must agree with any equivalent qualification. If <b>You</b> do not hold a qualification, <b>We</b> will only cover you to dive to a depth of 18 metres. <b>You</b> will not be covered under this policy if you travel by air within 24hrs after participating in Scuba Diving.</p>	

### **Hazardous Activities – Grade 2 – 50% Loading to cover all activities**

**You** can be covered under the Personal Accident and Medical Expenses Sections for the following incidental, recreational, non-professional (amateur) and non competitive (unless stated otherwise below) and subject to the additional premium being paid and shown on **Your** validation certificate.

- Medical **Excess** increased to £320
- Personal Accident sum insured reduced by 50%
- Personal Liability Cover is excluded

Boxing Training (no contact)	Bungee Jump (up to 3 additional)
Black Water Rafting (grade 1 to 4) Life jacket and helmet must be worn	Camel/Elephant Riding/Trekking (non incidental)
Cycle Touring	Go Karting (specific use)
Horse Riding (no Polo, Hunting or Jumping)	Hot Air Ballooning (non incidental)
Hurling (amateur)	Jet Skiing (non incidental)
Martial Arts (training only)	Mountain Biking

Parascending/Parasailing (over water, non incidental)	Rambling/Trekking between 2001 and 4000m
Safari (non UK organised)	*Scuba Diving (non incidental/down to 50m – see notes below)
Sea Canoeing	Sea Fishing (non incidental)
Snorkelling (non incidental)	Surfing
Triathlon	Waterskiing( non incidental)
White Water Rafting – Grades 1 to 4	Windsurfing (non incidental)
<p>*Scuba diving to the following depths, provided <b>You</b> are diving under the direction of an accredited dive marshal, instructor or guide. Alternatively, if qualified, within the guideline of the relevant diving or training agency or organisation and <b>You</b> are not diving alone:</p> <p>PADI Open Water – 18 metres  PADI Advanced Open Water – 30 metres  BSAC Ocean Diver – 20 metres  BSAC Sports Diver – 35 metres  BSAC Dive Leader – 50 metres</p> <p><b>We</b> must agree with any equivalent qualification. If <b>You</b> do not hold a qualification, <b>We</b> will only cover <b>You</b> to dive to a depth of 18 metres. <b>You</b> will not be covered under this policy if <b>You</b> travel by air within 24hrs after participating in Scuba Diving.</p>	

#### **Hazardous Activities – Grade 3 – 100% Loading to cover all activities**

**You** can be covered under the Personal Accident and Medical Expenses Sections for the following incidental, recreational, non-professional (amateur) and non competitive activities, (unless otherwise stated below) and subject to the appropriate additional premium being paid and shown on **Your** validation certificate.

- Medical **Excess** increased to £650
- Personal Accident sum insured reduced by 50%
- Personal Liability cover is excluded

Abseiling	American Football
Gliding	Kayaking
Motorcycling with a licence (over 50cc, with a motorcycle licence appropriate to the cc of the motorcycle, wearing a crash helmet- no racing)	Yachting (racing/crewing) – outside territorial waters
Rugby (amateur competition)	Tandem Skydive (up to 2 jumps maximum)
Sand Yachting	Paragliding
Quad Biking	

#### **Hazardous Activities – Grade 4 – 200% Loading to cover all activities**

**You** can be covered under the Personal Accident and Medical Expenses Sections for the following incidental, recreational, non-professional (amateur) and non competitive activities, (unless otherwise stated below) and subject to the appropriate additional premium being paid and shown on **Your** validation certificate.

- Medical **Excess** increased to £650
- Personal Accident sum insured reduced by 50%
- Personal Liability cover is excluded

Canyoning	Hand Gliding
High Diving under 5m (amateur, excluding cliff diving)	Horse Jumping (no Polo, Hunting)
Kite Surfing	Micro Lighting
Parasailing/Parascending (over land)	Rock Climbing (under 2000 metres)
Rock Scrambling (under 4000 metres)	

# Important Contact Numbers

**To notify a claim and request a Claims Form please contact the claims handlers:**

**CLAIMS SETTLEMENT AGENCIES**

**[www.csal.co.uk](http://www.csal.co.uk)**

**or call Tel: 01702 427172**

**To disclose Pre-Existing Medical Conditions please contact**

**HEALTHCHECK:**

**CSA HEALTHCHECK LINE**

**Tel: 01702 427179**

**If you need to claim under Section N End Supplier**

**Failure, please contact:**

**INTERNATIONAL PASSENGER PROTECTION**

**Tel: 020 8776 3752**

**For details of who to contact in the event of a medical emergency, please contact the relevant Medical Emergency Assistance Company. Please see point 6. WHAT TO DO IN THE EVENT OF A MEDICAL EMERGENCY under IMPORTANT INFORMATION AND CONDITIONS APPLYING TO ALL SECTIONS (page 6).**