



**ANNUAL MULTI TRIP
TRAVEL INSURANCE 2023/2024**

CONTENTS

1. REGULATORY INFORMATION	Page 3
2. MEDICAL WARRANTY	Page 4
3. DEFINITIONS	Page 5
4. IMPORTANT INFORMATION AND CONDITIONS APPLYING TO ALL SECTIONS	Page 8
5. WHAT TO DO IN A MEDICAL EMERGENCY	Page 9
6. ABOUT THE COVER AND CONDITIONS	Page 11
7. WHAT TO DO IF YOU WISH TO MAKE A CLAIM	Page 13
8. DATA PROTECTION	Page 14
9. GENERAL EXCLUSIONS	Page 15
10. STANDARD COVER SECTIONS	Page 16
11. OPTIONAL COVER SECTIONS	Page 28
12. COMPLAINTS PROCEDURE	Page 37
13. FINANCIAL SERVICES COMPENSATION SCHEME	Page 38
14. SCHEDULE OF COVER	Page 38
15. HAZARDOUS PURSUITS	Page 40
16. IMPORTANT CONTACT NUMBERS	Page 42

POLICY DOCUMENT – LEISURECARE

REGULATORY INFORMATION

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 Healix Insurance Services Ltd on behalf of the **Insurer**, Hamilton Insurance DAC.

Healix Insurance Services Ltd is registered in England and Wales under No. 5484190 and authorised and regulated by the Financial Conduct Authority under No. 437248.

Hamilton Insurance DAC is registered in Ireland under No. 484148 and authorised by the Central Bank of Ireland and subject to limited regulation by the Financial Conduct Authority and Prudential Regulation Authority in connection with their UK branch.

Leisurecare is a trading name of Campbell Irvine Limited, who is authorised and regulated by the Financial Conduct Authority No. 306242.

You can check all of these details on the Financial Services Register www.register.fca.org.uk/ or by calling the FCA on 0800 111 6768 (freephone) or 0300 500 8082.

If **You** are travelling to European Union countries **You** should obtain a Global Health Insurance Card (GHIC). **You** can apply either online through www.nhs.uk/GHIC 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 a GHIC 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 note that this is a travel insurance policy and not a private medical insurance. Therefore, it does not cover medical expenses incurred in private facilities if public facilities are available, unless specifically authorised by the medical assistance service.

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 **Your Pre-Existing Medical Conditions** unless disclosed to **Us** and **We** agree cover.

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 7).
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 use the online medical screening process.

If **You** have answered Yes to any of these questions, **You** must complete the online medical screening process which is part of **Your** online insurance purchase journey. This process allows **Us** to assess **Your Medical Conditions** and allows **Us** to confirm whether or not cover is available for the conditions. An additional premium may be payable. Failure to complete the online medical screening process or providing an incomplete or inaccurate declaration may invalidate any claim.

MEDICAL EXCLUSIONS

At the time of taking out this policy, there is no cover 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.

At any time between the time of taking out this policy and during the period of cover, there is no cover 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 be aware that this is a travel insurance policy and not a private medical insurance, therefore it does not cover medical expenses incurred in private facilities if public facilities are available, unless specifically authorised by the emergency assistance service.

CHANGES IN HEALTH

In addition to applying terms and conditions to **Your** policy at the point of purchase, **You** must also contact the change in health service immediately if **Your** health changes at any time prior to a **Trip** requiring **You** to now answer Yes to any of the three Important Medical Questions. **You** should do this as soon as **Your** health changes.

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 the medical screening service 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, the medical screening service 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 the change in health service 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.

**To notify any changes in health please call
0204 599 4657**

CANCELLATION AND 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 section of this policy:-

Accommodation - The lodging room of no greater standard than that provided as part of **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.

Business Equipment - Computer equipment, communication devices and other business related equipment which is carried by **You** in the course of **Your Trip**.

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.

Country of Residence – The place where **You** normally live in the **United Kingdom, Channel Isles/Isle of Man**.

Curtail/Curtailment/Curtailing/Curtailed – Abandonment of the planned **Trip** by return to the **United Kingdom, Channel Isles/Isle of Man** (whichever is **Your Country of Residence**) after commencement of the **Outward Journey**. The amount payable will be the unused proportion of **Your** irrecoverable prepaid charges calculated from the date of **Your** return to the **United Kingdom, Channel Isles/Isle of Man** (whichever is **Your Country of Residence**). All **Curtailment** claims will need authorisation from the emergency assistance service 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 18 years at the 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** (whichever is **Your Country of Residence**) within the **Period of Insurance**.

- Europe west of the Ural Mountains including all countries with a Mediterranean coastline excluding Libya and Lebanon.

- Worldwide including the United States of America, Canada, Hong Kong, Singapore, Mexico and the Caribbean Islands.

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 'Hazardous Pursuits' in 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.

Home – Your permanent place of residence in the **United Kingdom, Channel Isles/Isle of Man**.

Ill/Illness - a condition, disease, set of symptoms or sickness as diagnosed and confirmed by a doctor.

Insurer – Hamilton Insurance DAC

Known Event - An existing, publicly announced or publicly broadcasted occurrence such as government directives, unusual weather conditions, road traffic accidents, passport or customs delays or a strike voted upon by union members.

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 purposes; 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** (whichever is **Your Country of Residence**).

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** (whichever is **Your Country of Residence**).

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 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**. The **Outward Journey** must take place during the start and end date shown on the validation certificate and 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. If the **Return Journey** is after the expiry date of **Your** policy, **You** must have purchased another Annual Multi-Trip policy with no break in cover before **You** start **Your Outward Journey** or all cover for the **Trip** will be void.

Trips within the **United Kingdom, Channel Isles or Isle of Man** must involve at least 2 nights pre-booked accommodation 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** (whichever is **Your Country of Residence**), 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; and 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 page 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** (whichever is **Your Country of Residence**).

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.

Travel companion - a person(s) with whom **You** have booked to travel on the same **Trip**.

Trip/Trips – Each return **Trip** must start and end in the **United Kingdom, Channel Isles/Isle of Man** (whichever is **Your Country of Residence**), 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** (whichever is **Your Country of Residence**) 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, CDs, drones, games, laptops, computer equipment, tapes, cassettes or cartridges, cameras, video cameras, camera cases, stand, films, discs or cartridges, musical instruments, furs, or leather clothing, but excluding footwear.

We/Our/Us – Healix Insurance Services Ltd on behalf of the **Insurer**, Hamilton Insurance DAC.

Wintersports Equipment - snowboard or skis (including bindings), boots and poles

You/Your/Insured Person - Any person named on the validation certificate who is a permanent resident in the **United Kingdom, Channel Isles/Isle of Man**; and who has been present in the **United Kingdom, 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

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.

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.

DEPRECIATION SCALES

Claims for any **Personal Possessions, Valuables, Sports Equipment, Winter sports equipment, Golf Equipment, Business Equipment** and *Wedding/Civil Partnership attire*, rings and gifts 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

HAZARDOUS PURSUITS

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 **You** 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.

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.

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 a GHIC or private health insurance, the **Excess** will not apply.

WHAT TO DO IN A MEDICAL EMERGENCY

IN CASE OF A SERIOUS EMERGENCY

PLEASE NOTE: This is not a private medical insurance policy and does not cover private medical treatment, private hospital costs or other related expenses incurred unless these have been specifically agreed and authorised by the emergency assistance service as part of a medical emergency covered by this policy. This policy is only designed to cover **You** for emergency treatment. Emergency treatment means unforeseen and unplanned treatment that is needed for the sudden onset of an acute condition, which for medical reasons and in the opinion of **Our** Medical Officer, cannot be delayed until **You** return to the **United Kingdom, Channel Isles/Isle of Man** (whichever is **Your Country of Residence**) and could be undertaken in the **United Kingdom, Channel Isles/Isle of Man** (whichever is **Your Country of Residence**) if **You** were to return **Home** (at **Your** own cost). The decision of the Medical Officer is final. An acute condition means: A disease, illness or injury that is likely to respond quickly to treatment which aims to return **You** to the state of health **You** were in immediately before suffering the disease, illness or injury, or which leads to **Your** full recovery.

IF THERE IS AN URGENT MEDICAL EMERGENCY WHEN YOU ARE AWAY YOU SHOULD CALL 112 IN EUROPE, 911 IN THE USA AND CANADA AND THE LOCAL EQUIVALENT TO 999 IN ALL OTHER COUNTRIES.

YOU MUST THEN CALL US ON +44 (0) 1444 465 579 AS SOON AS POSSIBLE THEREAFTER SO THAT WE CAN CONFIRM IF COVER IS IN PLACE FOR YOUR CONDITION AND THE MEDICAL FACILITY WHERE YOU ARE UNDERGOING TREATMENT.

International Medical Group Limited (IMG) are **Our** appointed 24/7 emergency medical assistance and claims management partner. The emergency medical assistance service operates under the medical supervision of an in-house team of highly experienced doctors and nurses who oversee all medical cases and may be contacted by dialling +44 (0) 1444 465 579 or emailing 247assistance@imglobal.com.

If **You** do not have a condition which requires the emergency services but **You** become unwell, or sustain an injury whilst abroad which is likely to result in more than £500 of expenses, **You** must call our 24/7 emergency medical assistance team on +44 (0) 1444 465 579 so that they can help **You** find appropriate treatment locally. Whilst the actual medical care **You** receive is in the hands of the local doctors treating **You**, **We** can obtain the medical information **We** need from them to establish what is wrong, as well as their treatment and discharge plans. **We** can support **You** in the event **You** are admitted to a facility that may not be suitable for **Your** clinical needs or where there are concerns over practice. **We** will then advise on, and can put in place, suitable repatriation plans to get **You Home** as soon as it is medically safe to do so. **We** will liaise with the treating Doctor to get a fit to fly certificate when needed, and with aero-medical experts who will advise on both the timing and method of repatriation that is best suited to **Your** individual needs of **Your** recovery.

It is important that You are aware of the following:

Medical Treatment

There is no cover for routine, non-emergency or elective treatment; or treatment that can wait until **You** return **Home**.

- **Our** doctors are not treating **You** and they are not responsible or in control of the clinical care **You** are receiving in a medical facility.
- In some instances, **You** may need to be moved from one local facility to another large/more specialised facility, for treatment. Some medical facilities will raise charges that are far in excess of customary and reasonable costs. **We** will deal with such bills directly. **You** simply need to pass any correspondence about such bills to **Us** to ensure **We** can provide full financial protection.
- Having travel insurance does not ensure a 'fast track' medical service from the treating facility, much like the NHS – emergency service rooms can be busy at certain times and so it is possible **You** may have to wait as **You** would in **Your** local NHS hospital unless **You** require critical care.
- Once **You** are discharged from hospital this does not always mean **You** are fit to fly **Home** – For example, if **You** were in the **United Kingdom** and suffered the same injury/illness, then **You** would not consider flying out on holiday so soon after surgery/treatment/incident.

Repatriation (bringing you home)

- Coming **Home** straight away is not always an option even if **You** are considered 'fit to fly' by the treating Doctor.
- **We** have a medical team with experience in aviation medicine who will advise on both the timing and method of repatriation that is best suited to **Your** individual needs and **Your** recovery.
- Most airlines require specific criteria to be met in order to accept a 'medical passenger'.
- Things change – if **Your** health, stability or vitals change – then so do the plans.
- Availability of air ambulances, stretchers and appropriate medical escorts can be limited in specific areas and at different times of the year.
- Air Ambulances are 'flying intensive care units' and are only used to transport critical patients to a hospital in the **United Kingdom, Channel Isles/Isle of Man** (whichever is **Your Country of Residence**) if treatment is not possible where they are.

OUTPATIENT TREATMENT OF MINOR INJURY OR ILLNESS

IN THE EVENT THAT YOU DO RECEIVE OUT-PATIENT TREATMENT WHEN YOU ARE TRAVELLING

In European Union Countries – if **You** present Yourself at a public facility **You** should show **Your** EHIC/GHIC.

In Australia – **You** should enrol for Medicare, and have it accepted.

Using these agreements in public facilities will mean that medical treatment will be free, or at a reduced cost, and **Your** standard policy **Excess** will be waived from any claim **You** may make. If **You** are unable to use the EHIC/GHIC, **You** will have to pay the medical facility and submit a claim when **You** get **Home**. The policy **Excess** will then be applied.

In Turkey, Cyprus, Egypt and Bulgaria – We utilise the services of Global Excel who can arrange for the bill to be paid directly. **You** simply fill in a Global Excel form in the medical facility to confirm the nature of the treatment received and pay **Your** policy **Excess** to the facility. They will then send the remaining bill directly to Global Excel for payment. More information can be found here: www.globalexcel.com

Everywhere else in the World – if there is no suitable public facility that will treat **You** free of charge, **You** can pay the medical facility and retain all receipts so that **You** can make a claim when **You** get **Home**.

PLEASE NOTE: If the costs are likely to exceed £500 or You are admitted to hospital, You should call us on +44 (0) 1444 465 579.

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.

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** issuing agent. However no refund of premium will be payable.

- a) Where **We** reasonably suspect fraud
- b) Where there has been Non-payment of premium
- c) Following threatening and abusive behaviour
- d) Non-compliance with policy terms and conditions
- e) **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.

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 Medical Warranty. When **You** book **Your** insurance, **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.

Annual Multi Trip Insurance

This 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** (whichever is **Your Country of Residence**) 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.

RECIPROCAL HEALTH AGREEMENTS

If **You** are travelling to European Union countries, **You** should obtain a Global Health Insurance Card (GHIC). **You** can apply either online through www.nhs.uk/GHIC 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 a GHIC, or private health insurance, the deduction of the standard **Excess** under the medical section will not apply. **You** should take the GHIC 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 emergency assistance service 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 the emergency assistance service will not be insured by this policy.

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 wintersports 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 emergency assistance service will provide immediate help in the event of **Your** illness or injury arising outside the **United Kingdom, Channel Isles/Isle of Man** (whichever is **Your Country of Residence**) – they provide a 24 hour multi-lingual emergency service 365 days a year and can be contacted by telephone. Should a serious medical problem arise **You** must contact the emergency assistance services within 24 hours. **You** are responsible for 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 emergency assistance service may limit the benefits payable, or in certain circumstances, cover will not be provided.

When **You** call upon the services of the emergency assistance service, 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** (whichever is **Your Country of Residence**), 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.

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. 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.

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

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.

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.

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.

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, Channel Isles/Isle of Man** in which **Your** main residence is situated.

WHAT TO DO IF YOU WISH TO MAKE A CLAIM

To obtain a claims form, please contact:

Tel: 01444 465 581

Email: travelclaims@imglobal.com

Or access the online claims portal at www.imglobal.com/member/assistance/claims

CANCELLATION OR CURTAILMENT

If **You** cancel **Your Trip** for medical reasons, obtain a claim form. **Your** own medical practitioner should complete the Certificate Section 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 where 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 emergency assistance service 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 I 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.

MEDICAL EXPENSES

- **You** should show your EHIC/GHIC card if **You** present at a public facility and enrol for Medicare if in Australia.
- **You** should keep receipts for all out of pocket medical expenses.
- **You** should 'pay and claim' for any minor expenses where **You** are not admitted to hospital and where costs do not exceed £500.

CLAIMS NOTIFICATION – NOT INCLUDING LEGAL EXPENSES OR EMERGENCY MEDICAL CASES REPORTED WHILST ABROAD

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

Please read **EMERGENCY MEDICAL AND OTHER EXPENSES** on page 9 for full details of what to do in a medical emergency.

DATA PROTECTION

Hamilton Insurance DAC, the Data Controller, is committed to Protecting and respecting **Your** privacy in accordance with the current Data Protection Legislation ("Legislation"). Below is a summary of the main ways in which the **Insurer** processes **Your** personal data. For more information, please visit www.hamiltongroup.com.

How the Insurer uses Your personal data and who they share it with

The **Insurer** may use the personal data they hold about **You** for the purposes of providing insurance, handling claims and any other related purposes (this may include underwriting decisions made via automated means), for offering renewal terms, research or statistical purposes and to provide **You** with information, products or services that **You** request from them or which they feel may interest **You**. The **Insurer** will also use **Your** data to safeguard against fraud and money laundering and to meet their general legal or regulatory obligations.

Sensitive Personal Data

Some of the personal information, such as information relating to health or criminal convictions, may be required by the **Insurer** for the specific purposes of underwriting or as part of the claims handling process. The provision of such data is conditional for them to be able to provide insurance or manage a claim. Such data will only be used for the specific purposes set out in this notice.

Disclosure of Your Personal Data

The **Insurer** may disclose **Your** personal data to third parties involved in providing products or services to them, or to service providers who perform services on their behalf. These include the **Insurer's** group companies, affinity partners, brokers, agents, third party administrators, reinsurers, other insurance intermediaries, insurance reference bureaus, credit agencies, medical service providers, fraud detection agencies, loss adjusters, external law firms, external auditors and accountants, regulatory authorities, and as may be required by law.

International transfers of Data

The **Insurer** may transfer **Your** personal data to destinations outside the European Economic Area ("EEA"). Where they transfer **Your** personal data outside of the EEA, they will ensure that it is treated securely and in accordance with the Legislation.

Privacy Notice

Your Rights

You have the right to ask the **Insurer** not to process **Your** data for marketing purposes; to see a copy of the personal information they hold about **You**; to have **Your** data deleted (subject to certain exemptions); to have any inaccurate or misleading data corrected or deleted; to ask the **Insurer** to provide a copy of **Your** data to any controller; and to lodge a complaint with the local data protection authority.

Retention

Your data will not be retained for longer than is necessary, and will be managed in accordance with the **Insurer's** data retention policy. In most cases, the retention period will be for a period of ten (10) years following the expiry of the insurance contract unless they are required to retain the data for a longer period due to business, legal or regulatory requirements. If **You** have any questions concerning the **Insurer's** use of **Your** personal data, please contact The Data Protection Officer, Hamilton Insurance DAC - please visit www.hamiltongroup.com for full address details.

Healix Insurance Services Ltd

Healix Insurance Services Ltd are a joint Data Controller and are equally committed to protecting and respecting **Your** privacy in accordance with the current Data Protection Legislation ("Legislation"). For more information please visit www.healix.com/insurancecapacitymanagement. If **You** have any concerns, a complaint or any request regarding Healix Insurance Services Ltd use of **Your** personal data, please contact: The Data Protection Officer, Healix Insurance Services Ltd, Healix House, Esher Green, Esher, Surrey, KT10 8AB Or email: HISprivacy@healix.com.

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 **Excess** shown in the Schedule of Cover.
10. 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.
11. Any claims arising directly or indirectly from **You** travelling against British Foreign, Commonwealth & Development Office (FCDO) advice or where it is deemed unsafe for **You** to travel at the time of **Your** departure.
12. 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.
13. 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.
14. 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.
15. Any claims arising from ocean or river cruises unless the appropriate additional premium has been paid and confirmation shown on **Your** validation certificate.

SECTION A – CANCELLATION OR CURTAILMENT

CANCELLATION

What is covered:

We will indemnify **You** up to the amount stated in the Schedule of Cover for **Your** proportional share of any prepaid costs that are directly related to **Your** trip for:

- transport charges;
- accommodation costs;
- foreign car hire;
- and pre-paid excursions booked before **You** go on **Your** trip,

which **You** have paid and cannot get back from anyone else in the first instance, or which cannot be transferred or used for another purpose and results in a financial loss. **We** will indemnify **You** for these costs only if **You** were forced to cancel **Your** Trip because the following unexpectedly happened before **You** left **Home** which **You** would not have been expected to foresee or avoid:

1. **You**, a **Travel Companion**, a family member, a close business colleague, or the person **You** were going to stay with became **Ill**, injured or died including due to an infectious disease like Covid19.
2. **Your** home was burgled, or seriously damaged by fire, storm or flood;
3. **You**, or a **Travel Companion** were called for jury service or required as a witness in a court of law;
4. **You**, or a **Travel Companion** were made redundant provided you have been in **Your** employment for a minimum of two years and qualify for statutory redundancy;

5. You or a **Travel Companion** had leave withdrawn and are in the armed forces (including reserves and territorial), emergency services, medical or nursing professions (in the public sector) or senior employees of the government;

6. As a result of fire; earthquake; storm; flood; riot; or civil unrest, the Foreign, Commonwealth & Development Office (FCDO) or the government of the country **You** were due to visit, change their travel advice to 'advise against all or all but essential travel' or apply comparable prohibitive regulations to any area within 50 miles of **Your** chosen destination.

CURTAILMENT

What is covered:

We will indemnify **You** up to the amount stated in the Schedule of Cover for **Your** proportional share of any unused pre-paid accommodation, foreign car hire and excursions that are directly related to **Your Trip**, which **You** have paid and cannot get back from anyone else in the first instance, or which cannot be transferred or used for another purpose, as well as any additional travel expenses incurred to get **You Home**. **We** will indemnify **You** for these costs, if **You** were forced to cut short **Your Trip** because the following unexpectedly happened after **You** left **Home**, which **You** would not have been expected to foresee or avoid:

- 1. You**, a **Travel Companion**, a family member, a close business colleague, or the person **You** were staying with became **Ill**, injured or died including due to an infectious disease like Covid19.
- 2. Your** pre-booked accommodation was damaged by a natural disaster, and alternative accommodation was not provided;
- 3. You**, or a **Travel Companion** were called for jury service or required as a witness in a court of law;
- 4. You**, or a **Travel Companion** had leave withdrawn and are in the armed forces (including reserves and territorial), emergency services, medical or nursing professions (in the public sector) or senior employees of the government.
- 5.** As a result of fire; earthquake; storm; flood; riot; or civil unrest, the Foreign, Commonwealth & Development Office (FCDO) or the government of the country **You** were due to visit, change their travel advice to 'advise against all or all but essential travel' or apply comparable prohibitive regulations to any area within 50 miles of **Your** chosen destination.

PLEASE NOTE: You must use or re-validate **Your** original ticket for **Your** early return. If this is not possible **You** must provide evidence that additional costs were necessary. Any refunds due on unused original tickets will be deducted from **Your** claim. If **You** do not have an original return ticket, **You** will not be reimbursed for costs incurred for **Your** early return.

IN THE EVENT THAT **YOUR TRIP IS CURTAILED** DUE TO **YOUR** ACCIDENT OR ILLNESS, A DOCTOR AT YOUR HOLIDAY DESTINATION MUST CONFIRM THAT SUCH **CURTAILMENT** WAS MEDICALLY NECESSARY. ALL **CURTAILMENT** COSTS MUST BE AUTHORISED IN ADVANCE BY THE EMERGENCY ASSISTANCE SERVICE.

SPECIFIC EXCLUSIONS APPLYING TO SECTION A

CANCELLATION

What is not covered:

- 1.** Any **Excess** shown in the Schedule of Cover;
- 2.** Cancellation due to a **Known Event**;
- 3.** Cancellation when **You** are unable to provide evidence from a medical professional confirming **Your Illness**;
- 4. You** choosing or being recommended to quarantine or isolate as a result of exposure to an infectious disease including Covid-19;
- 5. You** simply not wanting to travel or having a fear of travelling;
- 6. You** no longer being able to afford to pay for the **Trip**;
- 7.** Cancellation due to a **Pre-Existing Medical Condition** which **You** have not told **Us** about and that **We** have not agreed to cover in writing;
- 8.** Cancellation as a result of any epidemic or pandemic being declared by the World Health Organisation (WHO), unless the cancellation is due to **You**, a **Travel Companion**, a family member, a close business colleague, or the person **You** were going to stay with becoming **Ill** due to the disease which has been declared as an epidemic or pandemic;
- 9.** Cancellation due to FCDO, government or local authority advice relating to any infectious disease;

10. **You** or a **Travelling Companion** not obtaining the required travel documents, inoculations or vaccinations for the area **You** are travelling to;
11. **You** or a **Travelling Companion** being a defendant in a court of law;
12. **You** not obtaining prior authority to take leave or **Your** leave being cancelled on disciplinary grounds;
13. **You** asking **Us** to pay for a loss that is insured or guaranteed by any other existing protection, specifically Package Travel Regulations, Air Passenger Rights, ATOL (including Civil Aviation Authority requirements), or ABTA protection, or from **Your** credit card provider under s75 Consumer Credit Act, or any other specific legislation for transport or travel providers;
14. **You** asking **Us** to pay for any costs already accepted or offered by **Your** transport and/or accommodation provider, even if this is a credit note or alternative travel arrangements;
15. **You** being unable to prove **Your** financial loss;
16. **You** not co-operating with **Us**.
17. **You** purchasing the insurance with the reasonable intention or likelihood of claiming.
18. Any claim relating to course charges or tuition fees unless agreed in writing by **Us**.

CURTAILMENT

What is not covered:

1. Any **Excess** shown in the Schedule of Cover;
2. **Curtailment** due to a **known event**;
3. **Curtailment** when **You** are unable to provide evidence from a medical professional confirming the **Illness** requiring **You** to **Curtail** and where the **Curtailment** has not been authorised by the emergency assistance service;
4. **Curtailment** as a result of any epidemic, or pandemic as declared by the World Health Organisation (WHO);
5. **Curtailment** due to FCDO, government or local authority advice relating to any infectious disease;
6. **You** asking **Us** to pay for the cost of **Your** original return ticket when **We** have paid for a new ticket or arranged **Your** medical repatriation;
7. **You** no longer being able to afford to pay for the **Trip**;
8. **You** not wanting to continue travelling or having a fear of continuing **Your Trip**;
9. **Curtailment** due to a **Pre-Existing Medical Condition** which **You** have not told **Us** about and that **We** have not agreed to cover in writing;
10. **Curtailment** due to normal pregnancy or childbirth where **You** were more than 29 weeks pregnant at the start of **Your Trip**.
11. **You**, or a **Travelling Companion** being a defendant in a court of law;
12. **You** not obtaining prior authority to take leave or **Your** leave being cancelled on disciplinary grounds;
13. **You** asking **Us** to pay for a loss that is insured or guaranteed by any other existing protection, specifically Package Travel Regulations, ATOL, Air Passenger Rights, (including Civil Aviation Authority requirements), or ABTA protection, or from **Your** credit card provider under s75 Consumer Credit Act, or any other specific legislation for transport or travel providers;
14. **You** asking **Us** to pay for any costs already accepted or offered by **Your** transport and/or accommodation provider, even if this is a credit note or alternative travel arrangements;
15. **You** being unable to prove **Your** financial loss;
16. **You** not co-operating with **Us**.

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

SECTION B – EMERGENCY MEDICAL AND OTHER EXPENSES

Please note that this is a travel insurance policy and not a private medical insurance. Therefore, it does not cover medical expenses incurred in private facilities if public facilities are available, unless specifically authorised by the emergency assistance service.

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** (whichever is **Your Country of Residence**), if **You** sustain actual bodily injury or suffer a new **Illness** outside the **United Kingdom, Channel Isles/Isle of Man** (whichever is **Your Country of Residence**):

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 the emergency assistance service, to remain with or to travel with **You**.

3. The expense of a qualified medical attendant or other person authorised by the emergency assistance service 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 emergency assistance service. 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 Channel Isles/Isle of Man** (whichever is **Your Country of Residence**), 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 Channel Isles/Isle of Man** (whichever is **Your Country of Residence**), **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** (whichever is **Your Country of Residence**),.

SPECIAL PROVISION TO SECTION B

In accepting the cover provided by Section B, **You** have given the emergency assistance service 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.** Any **Excess** shown in the Schedule of Cover;
- 2.** 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** (whichever is **Your Country of Residence**)).
- 3.** Any surgery or MRI'S, CT scans or invasive procedures including but not restricted to cardiac catheterisation or organ transplants unless pre-approved by the emergency assistance service prior to it being performed.
- 4.** Any in-patient hospital treatment or treatment costs or additional travelling expenses not specifically authorised by the emergency assistance service.
- 5.** Any expense which **You** incur more than twelve months after the occurrence of the injury or **Illness** to which the claim refers.
- 6.** Any expense which is not usual, reasonable or customary for the medical services and/or supply.
- 7.** 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** (whichever is **Your Country of Residence**), or for the cost of a single bed ward unless authorised by the emergency assistance service for medical reasons only; or for the service of a chiropractor, chiropodist or osteopath; or for non-medical costs.
- 8.** Any private medical treatment carried out in countries operating a reciprocal health care agreement with the **United Kingdom, Channel Isles/Isle of Man** unless specifically authorised by the emergency assistance service and only in circumstances where a transfer to a public hospital is impossible.
- 9.** 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.

10. Any additional travel and **Accommodation** expenses detailed under 2 above if it is not deemed medically necessary by the emergency assistance service and is not due to any authority requiring **You** to isolate or quarantine due to an infectious disease including Covid19.

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 for up to the amount shown in the Schedule of Cover for:

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.

NB different limits apply if you are under 18 or over 65

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 of an **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 Medical 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 Medical 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 Medical 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 unless **You** have added the optional cover provided in Section T in respect of **Your** return journey and the terms of cover are met.

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

What is covered:

1. TRAVEL DELAY OR ABANDONMENT

i) Where the outbreak of **Strike** or **Industrial Action**; weather conditions affecting scheduled public transport; or mechanical or electrical breakdown of motor transport/train/aircraft or watercraft 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 the 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.

For cover to be valid, any delay must have been for transport that was the subject of **Advanced Booking** by **You**;

2. MISSED DEPARTURE

If **You** miss **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 due 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,

We will indemnify **You** up to the amount shown on the Schedule of Cover, for additional travel charges which **You** necessarily and reasonably incur in the purchase of a ticket for an alternative journey to get you to **Your** pre-booked destination.

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 above will be deducted from any further claim should **You** then subsequently abandon **Your Trip** under (ii) shown above.
- 3. In respect of 1. shown above, **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.(i) 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. Any **Excess** shown in the Schedule of Cover for Abandonment, Missed Departure and Missed Connection after 24 hours.
2. Circumstances which could reasonably have been anticipated at the date this policy was issued.
3. 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.
4. Any claim related to a **Known Event** that was in existence prior to **You** purchasing the policy or booking a **Trip**.
5. 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 the new flight departure time is scheduled to be more than three hours from **Your** original scheduled flight departure time.

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 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 less 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 depreciation scales detailed on page 8.
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 the 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 AND DOCUMENTS

What is covered:

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

1. 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** (whichever is **Your Country of Residence**) following the accidental loss or theft of **Your Passport** whilst outside the **United Kingdom, Channel Isles/Isle of Man** (whichever is **Your Country of Residence**);
2. 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:

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

2. Loss due to delay, detention, confiscation, requisition or damage by Customs or other officials or authorities.
3. 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.
4. 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.
5. Theft of property left **Unattended** other than as provided above or whilst in **Your** securely locked accommodation.
6. Loss of or theft of **Valuables** or **Money** whilst in a suitcase or holdall or bag or similar receptacle outside **Your** immediate control.

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:

1. Bodily injury or death to any person not being a member of **Your Family**, or household, or in **Your** service.
2. 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:

1. Any **Excess** shown in the Schedule of Cover.
2. Claims arising:
 - (i) 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,
 - (ii) directly or indirectly out of the ownership, possession or use of animals, weapons or firearms,
 - (iii) from certain activities as detailed in the list of **Hazardous Pursuits** as shown in this policy document.
 - (iv) directly or indirectly out of or incidental to **Your** business or trade or profession including voluntary work or any form of child minding,
 - (v) out of actions between persons insured by **Us**,
 - (vi) directly or indirectly out of **Your** ownership possession or control of any land or buildings,
 - (vii) out of any liability assumed under a contract unless such liability would have attached in any event in the absence of such contract,
 - (viii) directly or indirectly due to an infectious disease.

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:

1. any legal proceedings will be dealt with by a court or other body which **We** agree to;
2. 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
3. the **Insured Incident** happens during the **Period of Insurance**

Provided that:

You must do the following:

1. Send everything **We** ask for in writing and give **Us** full details of any claim, and any information **We** need, as soon as possible.
2. Agree that **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.
3. 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).
4. Before **You** choose a lawyer, **We** can appoint an **Appointed Lawyer**.
5. **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.
6. **We** will have direct contact with the **Appointed Lawyer**.
7. **You** must co-operate fully with **Us** and the **Appointed Lawyer** and must keep **Us** up-to-date with the progress of the claim.
8. **You** must give the **Appointed Lawyer** any instructions that **We** ask for.
9. **You** must tell **Us** if anyone offers to settle the claim.
10. If **You** do not accept a reasonable offer to settle a claim, **We** may refuse to pay further **Legal Costs**.
11. **You** must not negotiate or agree to settle a claim without **Our** approval.
12. **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:

- a) any illness that develops gradually or is not caused by a specific or sudden accident;
- b) **You** driving a motor vehicle for which **You** do not have valid motor insurance;
- c) 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 indemnify **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** (whichever is **Your Country of Residence**), should **You** be forced to move from **Your** pre-booked and prepaid accommodation outside of the **United Kingdom, Channel Isles/Isle of Man** (whichever is **Your Country of Residence**), 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 the local or national authority.

SPECIFIC EXCLUSIONS APPLYING TO SECTION L

What is not covered:

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

No compensation will be payable for:

2. 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.
3. Any cost or expense payable by or recoverable from the tour operator, airline, hotel or other provider of services.
4. 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 if the 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 – TRAVEL DISRUPTION COVER

Cover only applies where **Your** destination is outside the **United Kingdom, Channel Isles/Isle of Man** (whichever is **Your Country of Residence**).

Cover operates from **Your** latest overseas departure time to commence **Your** journey back to the **United Kingdom, Channel Isles/Isle of Man** (whichever is **Your Country of Residence**) 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** for the following irrecoverable costs incurred, if upon **Your** scheduled return to the **United Kingdom, Channel Isles/Isle of Man** (whichever is **Your Country of Residence**), **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** (whichever is **Your Country of Residence**).

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** (whichever is **Your Country of Residence**), if **Your** return to the **United Kingdom, Channel Isles/Isle of Man** (whichever is **Your Country of Residence**) 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** (whichever is **Your Country of Residence**) 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** (whichever is **Your Country of Residence**) 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 N

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 ARE OPTIONAL AND ONLY APPLY IF THE APPROPRIATE ADDITIONAL PREMIUM HAS BEEN PAID AND CONFIRMATION IS SHOWN ON YOUR VALIDATION CERTIFICATE.

SECTION O – WINTER SPORTS EXTENSION

Cover in respect of Section O1, O2, O3, O4 and O5 only operates if the appropriate winter sports cover extension has been chosen and the appropriate additional premium has been paid and is shown on the validation certificate. Cover is only available if **You** are under 70 at the date of purchase of this insurance and is limited 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, skidooing 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.
3. The following extra cover up to the maximum limits shown in the Schedule of Cover is also included in the winter sports extension.

SECTION O1 - WINTER SPORTS EQUIPMENT

What is covered:

1. If **You** 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 depreciation scales detailed on page 8 based on the original purchase price of the equipment and the age of the item(s).

SECTION O2 - WINTER SPORTS EQUIPMENT HIRE

What is covered:

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

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 O1 & O2

What is not covered:

1. Any **Excess** shown in the Schedule of Cover.
2. **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.
3. **You** are not covered for claims for which **You** receive compensation from someone else.
4. **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 O3 – WINTERSPORTS PACK (LESSONS, HIRE, LIFT PASS)

What is covered:

1. If **You** fall ill or are injured during the **Trip** and **We** accept a valid claim under Section B (Medical Expenses), **We** will indemnify **You** up to the amount stated in the Schedule of Cover for the proportional costs for the part of the wintersports pack which **You** cannot use. Wintersports pack expenses are limited to irrecoverable prepaid costs for ski/snowboard lessons, ski/snowboard 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 O3

What is not covered:

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

SECTION O4 – 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.

1. If **Adverse Weather** conditions cause the total closure of all ski/snowboard facilities for more than one day at the resort **You** are booked into, **We** will indemnify **You** up to the amount stated in the Schedule of Cover for reasonable additional transport costs and lift hire costs to enable **You** to ski/snowboard in a different resort. If

it is not possible to arrange transport to a different resort, **We** will pay **You** the daily benefit for each whole day's skiing/snowboarding lost.

Provided that:

1. Cover will only apply for as long as there are **Adverse Weather** conditions closing all skiing/snowboarding facilities at **Your** resort.
2. Cover will only apply if **Your** resort area has ski/snowboard 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 O4

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 O5 – AVALANCHE CLOSURE

What is covered:

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

SPECIFIC EXCLUSIONS APPLYING TO SECTION O5

What is not covered:

1. **You** will not be covered if the tour operator pays for **Your** extra travel and accommodation costs. If **You** receive compensation from someone or somewhere else, **We** will take this off **Your** claim.

SECTION P – WEDDING/CIVIL PARTNERSHIP COVER EXTENSION

Cover in respect of Section P only operates 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. Below are the details of the wedding/civil partnership cover provided by this extension:

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 indemnify 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**, Channel Isles or 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:

a) obtain a Property Irregularity Report from the airline.

b) give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).

c) 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. Any **Excess** 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:

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.

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, Wintersports 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 Q – GOLF COVER EXTENSION

Cover in respect of Section Q1, Q2, Q3 and Q4 only operates if the appropriate golf cover extension has been chosen and the appropriate additional premium has been paid and is shown on the 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 the golf cover provided by this extension:

SECTION Q1 – 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 depreciation scales detailed on page 8 based on the original purchase price of the equipment and the age of the item(s).
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 Q2 - GOLF EQUIPMENT HIRE

What is Covered:

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

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 Q1 – GOLF EQUIPMENT AND Q2 – GOLF EQUIPMENT HIRE

What is not Covered:

1. Any **Excess** shown in the Schedule of Cover.
2. **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.
3. **You** are not covered for claims for which **You** receive compensation from someone else.
4. **You** are not covered for more than the amount shown in the Schedule of Cover for any one club or item of equipment.

SECTION Q3 – HOLE-IN-ONE COVER

What is Covered:

1. **We** will indemnify **You** 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 Q4 – GOLF COURSE CLOSURE

What is Covered:

1. 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, **We** will indemnify **You** 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, **We** will pay **You** 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** pre-booked golf course were closed and/or that it was not possible to travel to an alternative golf course.

SPECIFIC EXCLUSIONS APPLYING TO SECTION Q4 – GOLF COURSE CLOSURE

What is not Covered:

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

SECTION R – BUSINESS COVER EXTENSION

Cover in respect of Sections R1, R2 and R3 only operates if the appropriate business cover extension has been chosen and the appropriate additional premium has been paid and is shown on the validation certificate. Below are the details of the modifications to the insurance specifically in respect of any business **Trip** made by **You** during the **Period of Insurance** that are provided by this extension:

SECTION R1 – 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. **You** must obtain a Property Irregularity Report (PIR) or official report from the airline or carrier or their handling agent if the loss, theft or damage of **Your Business Equipment** occurs during a journey or whilst in the custody of an airline.
2. For items damaged whilst on **Your Trip**, **You** must obtain an official report from an appropriate retailer confirming the date and nature of the damage and that it occurred during **Your Trip**.
3. If **Your Business Equipment** is delayed whilst in the custody of a carrier, **You** must obtain written confirmation from them of the exact nature and length of delay.
4. **You** must supply receipts for the essential items purchased as a result of any delay.
5. **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 per the depreciation scales detailed on page 8.

SECTION R2 - BUSINESS EQUIPMENT HIRE

What is Covered:

1. If **Your** own **Business Equipment** is lost, stolen, damaged or delayed after commencement of **Your Outward Journey**, **We** will indemnify **You** up to the amount stated in the Schedule of Cover for the reasonable cost of hiring **Business Equipment** essential for business purposes during **Your Trip**.

Provided that:

1. **You** must take proper care of **Your Business Equipment** and act as if **You** did not have this insurance policy.
2. **You** must keep any of **Your** own damaged **Business Equipment** to enable **Us** to inspect it.
3. **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**.
4. **You** must obtain a Property Irregularity Report (PIR) or official report from the airline or carrier or their handling agent if the loss, theft or damage of **Your Business Equipment** occurs during a journey or whilst in the custody of an airline.
5. If **Your Business Equipment** is delayed whilst in the custody of a carrier, **You** must obtain written confirmation from them of the exact nature and length of delay.
6. For items damaged whilst on **Your Trip**, **You** must obtain an official report from an appropriate retailer.
7. **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 R1 – BUSINESS EQUIPMENT and SECTION R2 – BUSINESS EQUIPMENT HIRE

What is not covered:

1. Any **Excess** 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 **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 for which **You** receive compensation from someone else.

SECTION R3 – BUSINESS MONEY

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 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 R3 – BUSINESS MONEY

What is not covered:

1. Any **Excess** 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 5 – CRUISE COVER EXTENSION

Cover in respect of Sections S1, S2, S3 and S4, in relation to ocean and river cruising, only operates if the appropriate cruise cover extension has been chosen and the appropriate additional premium has been paid and is shown on the validation certificate. Below are the details of the cruise cover provided by this extension:

SECTION S1 - CRUISE CABIN CONFINEMENT

What is covered:

1. **We** will indemnify **You** up to the amount stated in the Schedule of Cover for each 24 hour period that **You** are confined 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 S1

What is not covered:

1. Any confinement to **Your** cabin which has been confirmed in writing by the ship's medical officer.
2. Anything mentioned in the general exclusions.

SECTION S2 – UNUSED CRUISE EXCURSIONS

What is covered:

1. **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 S2

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 S3 – CRUISE ITINERARY CHANGE

What is covered:

1. **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 S3

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 S4 – MISSED CRUISE CONNECTION

What is covered:

1. 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 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 S4

What is not covered:

1. Any **Excess** shown in the Schedule of Cover.
2. 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.
3. Additional expenses where the scheduled public transport operator has offered reasonable alternative travel arrangements.
4. 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.
5. Anything mentioned in the general exclusions.

SECTION T – TRIP DISRUPTION AND DENIED BOARDING

Cover in respect of Section T only operates if the appropriate trip disruption and denied boarding cover extension has been chosen and the appropriate additional premium has been paid and is shown on the validation certificate. Below are the details of trip disruption and denied boarding cover provided by this extension:

What is covered:

If **You** were denied boarding on the return journey of **Your** trip due to having or being suspected of having an infectious disease (including Covid-19), **We** will indemnify **You** up to the amount stated in the Schedule of Cover:

1. for additional accommodation (of a standard no greater than **Your** original booking) for each full 24-hour period that **You** are unable to return to **Your Home** country.
2. towards the cost of return transportation to **Your Home** country (of a standard no greater than the class of journey and in the same mode of transport **You** paid for on **Your Outward Journey**) at the earliest possible date based on medical or local authority advice.

SPECIFIC EXCLUSIONS APPLYING TO SECTION T

What is not covered:

1. Any **Excess** shown in the Schedule of Cover;
2. When **Your** transport provider has made arrangements to revalidate **Your** original ticket but **You** chose not to accept it;

3. A **Trip** that was part of a package holiday;
4. **You** choosing not to undertake **Your** return journey;
5. **You** not being denied boarding by **Your** transport provider;
6. **You** asking **Us** to pay for travel to anywhere other than **Your Home** country;
7. Any costs relating to food or drink;
8. **You** asking **Us** to pay for a loss that is insured or guaranteed by any other existing protection, specifically Package Travel Regulations, ATOL, Air Passenger Rights, (including Civil Aviation Authority requirements), or ABTA protection, or any other specific legislation for transport or travel providers;
9. **You** asking **Us** to pay for any costs already accepted or offered by **Your** transport and/or **Accommodation** provider;
10. Claims when **You** cannot provide **Us** with a written report from the transport provider confirming the refusal of boarding;
11. Any costs associated with **You** attempting to return prior to the recommended return date following **Your** initial refusal of boarding;
12. Any costs of any **Travelling Companion** other than:
 - a) **Your** children who are under 18 years of age; or
 - b) A legal dependant who is unable to travel without **You**, who is insured on this policy and where there is no responsible adult to supervise them until **You** are able to return to **Your Home** country.
13. **You** not co-operating with **Us**.

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:

Does **Your** complaint relate to the sale of **Your** policy?

In the first instance, please contact:

The General Manager, Campbell Irvine Limited, 52 Earls Court Road, Kensington, London, W8 6EJ

Tel: 0207 938 1734

Does **Your** complaint relate to a claim or **Your** policy terms and conditions?

In the first instance, please contact:

The Complaints Officer, International Medical Group, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff. CF24 0EL

Tel: 01444 465 581

Email: qualityassurance@imglobal.com

When **You** make contact, please provide the following information:

- **Your** name, address and postcode, telephone number and e-mail address (if **You** have one)
- **Your** policy and/or claim number, and the type of policy **You** hold
- The reason for **Your** complaint.

Any written correspondence should be headed 'COMPLAINT' and **You** may include copies of supporting material.

If **We** are unable to resolve **Your** complaint immediately, **We** will send **You** a written acknowledgement within three (3) days of receipt. **We** will then investigate **Your** complaint and, in most cases, send **You** a full response in writing within four (4) weeks of receipt. In exceptional cases, where **We** are unable to complete **Our** investigations within four (4) weeks, **We** will send **You** a full written response as soon as **We** can, and in any event within eight (8) weeks of receipt of **Your** complaint.

In the event that **You** are unhappy with **Our** response to **Your** complaint, or **You** have not received **Our** response within 8 weeks of the date **We** received **Your** complaint, **You** may be eligible to refer **Your** case to the Financial Ombudsman Service, who can review complaints from eligible complainants, but **You** must do so within 6 months of receiving **Our** final response. Further information can be found at: www.financial-ombudsman.org.uk

The Financial Ombudsman Service exists to help resolve complaints when **We** have not been able to resolve matters to **Your** satisfaction, and the service they provide is free and impartial. Their contact details are as follows:

Financial Ombudsman Service, Exchange Tower, Harbour Exchange Square, London. E14 9SR

Telephone: 0800 023 4567 (calls to this number are free on mobile phones and landline) or 0300 123 9123 (calls to this number cost no more than calls to 01 and 02 numbers.)

Email: complaint.info@financial-ombudsman.org.uk

Complaints about non-insured events and **Your** travel arrangements must be referred to **Your** travel organiser. This complaints procedure does not affect **Your** legal rights.

Financial Services Compensation Scheme (FSCS):

You may be entitled to compensation from the FSCS (depending on the type of insurance and the circumstances of the claim) if **We** are unable to meet **Our** financial obligations under this policy. A claim under this type of insurance is covered for 90% of the claim without any upper limit.

Further information about the compensation scheme is available from: Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU

Tel: 020 7741 4100 or 0800 678 1100

Website: www.fscs.org.uk.

SCHEDULE OF COVER

		<u>Leisurecare Cover</u>	<u>Leisurecare Cover</u>
	Section	Maximum Limit	Excess
A	Cancellation or Curtailment	£3,000	£90 (£25 LOD)
B	Emergency Medical Expenses Max incl:	£5,000,000	£90
	Emergency Dental Treatment	£250	Nil
	Hospital Benefit	£25 per day up to £200	Nil
	Overseas Funeral Expenses or Body Repat	£2,000	£90
C	Personal Accident Max incl:	£10,000	Nil
	Personal Total Disablement (under 66)	£10,000	Nil
	Loss of Limb or Sight (under 66)	£10,000	Nil
	Death (age 18-65)	£10,000	Nil
	Death (under 18 to over 65)	£5,000	Nil
	All benefits (66 years and over)	£5,000	Nil
D1	Travel Delay	£30 per 12hr period up to £300	Nil
D2	Holiday Abandonment	£3,000	£60
D3	Missed Departure	£1,000	£60
D4	Missed Connection	£500	£60
E	Seat Bumping	£250	Nil
F	Personal Possessions Max incl:	£1,500	£60
	Single Item/Pair/Set Limit	£300	
	Total Valuables Limit	£300	
	Delayed Baggage after 12 hours	£50 per 12 hours up to £250	Nil
G	Money Max incl:	£500	£60
	Cash Limit	£300	
	Cash Limit (under 18)	£100	
H	Passports, Tickets and Documents	£250	£60
I	Personal Liability Max incl:	£2,000,000	£200
	Rented Accommodation Limit	£100,000	
J	Legal Expenses	£15,000	Nil
K	Hijack	£100 per day up to £1,000	Nil

L	Catastrophe Cover	£1,000	£60
M	Withdrawal of Service	£75 per day up to £750	Nil
N	Travel Disruption Max incl:	£1,000	Nil
	Additional Accommodation	£50 per day	
	Additional Food and Drink	£50 per day	
	Alternative Return Travel Arrangements	£350	
	Essential Prescription Medecine	£100	
	Additional Essential Items	£10 per day up to £100	
	Additional Transport Expenses	£100	
	Vehicle Collection	£100	
	Parking Fees	£50	
	Loss of Wages	£100 per day	
	Kennel/Cattery Fees	£100	
O	Wintersports Optional Extension		
O1	Wintersports Equipment incl:	£300	
	Owned	£300	£60
	Hired	£300	£60
	Inc Single Item/Pair/Set Limit	£300	
O2	Wintersports Equipment Hire	£30 per day up to £300	Nil
O3	Wintersports Pack	£30 per day up to £300	Nil
O4	Piste Closure	£30 per day up to £300	Nil
O5	Avalanche Closure	£300	£60
P	Wedding/Civil Partnership Optional Extension		
P1	Wedding/Civil Partnership Cover incl	£1,500	£60
	Wedding Ring Limit	£300	
	Wedding Gifts Limit	£200 per couple	
	Wedding Attire Limit	£200	
	Wedding Photos/Video Limit	£200 per couple	
	Unreceipted Items Total Limit	£300	
	Unreceipted Single Item/Pair/Set Limit	£50	
Q	Golf Cover Optional Extension		
Q1	Golf Cover Equipment	£1,500	£60
	Inc Single Item/Pair/Set Limit	£250	
Q2	Golf Equipment Hire	£50 per day up to £400	Nil
Q3	Hole in One Cover	£100	Nil
Q4	Golf Course Closure	£75 per day up to £300	Nil
R	Business Cover Optional Extension		
R1	Business Cover incl:	£1,500	£60
	Single Item/Pair/Set Limit	£500	
	Computer Equipment	£1,000	
	Samples Limit	£500	
	Unreceipted Items Total Limit	£300	
	Unreceipted Single Item/Pair/Set Limit	£100	
	Emergency Courier of Essential Business Equipment	£500	
	Delayed Business Equipment	£100 per day up to £300	
R2	Business Equipment Hire	£150 per day up to £750	Nil
R3	Business Money incl:	£1,000	£60
	Cash Limit	£500	
S	Cruise Cover Optional Extension		
S1	Cruise Cabin Confinement	£50 per 24 hours up to £300	Nil
S2	Unused Excursions	£300	Nil
S3	Cruise Itinerary Change	£100 per port up to £300	Nil
S4	Missed Cruise Connection	£1,500	£60

T	Trip Disruption Denied Boarding Optional Extension		
T1	Additional Accommodation	£40 per 24 hours up to £560	Nil
T2	Return Transportation	£300 Europe, £500 Worldwide	£60

HAZARDOUS PURSUITS

LEVEL 1 – NO ADDITIONAL CHARGE

Incidental, recreational, non-professional (amateur) and non-competitive activities covered as standard – please see the Personal Liability section as cover for some standard activities are excluded under this section.

Archery	Paintballing
Badminton	Parascending/parasailing (over water)
Baseball	Pony trekking
Basketball	Racquetball
Beach Games	Rambling
Bungee jump (1)	River canoeing up to grade 3
Camel/elephant riding	Roller blading
Canoeing (up to grade 3)	Roller skating
Clay pigeon shooting	Rounders
Cricket	Rowing
Cycling (other than specified under Grade 2 Hazardous Activities below)	Running (sprint or long distance)
Dinghy sailing	Safari (UK organised)
Fell walking	Sailboarding
Fencing	Sailing within Territorial Waters
Fishing	*Scuba diving (up to 30m if adequately supervised - see notes below)
Football	Skate boarding
Golf	Snorkelling
Hiking (under 2000m)	Squash
Hockey	Surfing (amateur under 14 days)
Horse riding (up to 7 days - no polo, hunting, jumping)	Tennis
Jet boating	Tour operator safari
Jogging	Track events
Manual work (bar and restaurant waitress, waiter, chalet maids, au pair, nannys)	Trekking (under 2000m)
Marathon running	Volleyball
Occasional light manual work incl retail work and fruit picking but no use of power tools/machinery)	War games
Motorcycling up to 50cc (wearing a crash helmet, no racing)	Water polo
Netball	Water skiing
Non manual work (including professional, admin or clerical duties)	Windsurfing
Orienteering	Yachting (racing/crewing inside territorial limits)
Outward bound pursuits	
*Scuba Diving providing 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 you are not travelling alone:	
PADI open water - 18 metres	
PADI advanced open water - 20 metres	
BSAC Ocean Diver - 20 metres	

BSAC Sports Diver - 30 metres	
BSAC Dive Leader - 30 metres	
We must agree with any equivalent qualification. If you do not hold a qualification, we will only cover you to dive to a depth of 18m.No cover if you travel by air within 24hrs of scuba diving.	

LEVEL 2 – Incidental, recreational, non-professional (amateur) and non-competitive activities covered where the additional premium has been paid and cover is shown on Your validation certificate.

Medical Excess for claims arising from participating in these activities is increased to £320 and the sums under the Personal Accident section are reduced by 50%. There is no cover under the Personal Liability section.

Boxing training (no contact)	Parascending/Parasailing over water, non incidental
Black water rafting (grade 1 to 4) Life jacket and helmet worn	Rambling/trekking between 2001 and 4000m
Bungee jump (up to 3 additional)	Safari (non UK organised)
Camel/elephant riding/trekking (sole purpose)	Scuba diving (non incidental/down to 50m) See notes below
Cycle touring	Sea canoeing
Go karting (specific use)	Sea fishing (non incidental)
Horse Riding (no Polo, Hunting or Jumping)	Snorkelling (non incidental)
Hot air ballooning (non incidental)	Surfing
Hurling (amateur)	Triathlon
Jet skiing (non incidental)	Waterskiing (non incidental)
Martial arts (training only)	White water rafting (grades 1 to 4)
Mountain biking	Windsurfing (non incidental)
*Scuba Diving providing 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 you are not travelling alone:	
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	
We must agree with any equivalent qualification. If you do not hold a qualification, we will only cover you to dive to a depth of 18m.No cover if you travel by air within 24hrs of scuba diving.	

LEVEL 3 - Incidental, recreational, non-professional (amateur) and non-competitive activities covered where the additional premium has been paid and cover is shown on Your validation certificate.

Medical Excess for claims arising from participating in these activities is increased to £650 and the sums under the Personal Accident section are reduced by 50%. There is no cover under the Personal Liability section.

Abseiling	Paragliding
American football	Rugby (amateur competition)
Gliding	Sand yachting
Kayaking Rugby (amateur competition)	Tandem skydive up to 2 jumps
Motorcycling with a licence (over 50cc) - crash helmet/no racing	Yachting (racing/crewing outside territorial waters)

IMPORTANT CONTACT NUMBERS

NOTIFICATION OF CHANGES TO PRE-EXISTING MEDICAL CONDITIONS AND DEVELOPMENT OF NEW CONDITIONS

To notify **Us** of changes to **Pre-Existing Medical Conditions** or development of new **Medical Conditions** which would require **You** to answer 'Yes' to any of the 3 Medical Questions in the Health Warranty, please contact: 0204 599 4657

CLAIMS

To notify a claim and request a claims form please contact:

Tel: 01444 465 581

Email: travelclaims@imglobal.com

Or access the online claims portal at: www.imglobal.com/member/assistance/claims

EMERGENCY MEDICAL ASSISTANCE

In the event of a medical emergency, please contact the emergency assistance service on +44(0)1444 465 579.

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