

SINGLE & ANNUAL MULTI TRIP TRAVEL INSURANCE POLICY

V.Axa0311

MASTER POLICY NUMBER
AXA-2010-0007

This travel insurance has been arranged by ASUA Ltd on behalf of Globelink International Travel Insurance Consultants Ltd. FSA registration Number 300144.

84 Cannon Street, Little Downham, Ely, Cambridgeshire. CB6 2SS. Telephone: 01353 699082.

The insurer for this policy AXA Insurance (UK) Plc. Civic Drive, Ipswich. IP1 2AN.



If you are a resident of a European Union member State all reference to the **United Kingdom** in this policy of insurance shall be deemed to mean **Your** country of European Union Residence.

This evidence of insurance is to confirm that those persons who have paid the appropriate premium are insured under **MASTER POLICY NUMBER: AXA-2010-0007**.

This document only constitutes a valid evidence of insurance when it is issued in conjunction with a validation certificate issued between **1st April 2010** and **31st March 2011**, for trips commencing up to **30th April 2012**.

TRAVEL INSURANCE POLICY WORDING INTRODUCTION

This is **your** travel insurance policy, and is insured by AXA Insurance UK plc other than for Section N Scheduled Airline Failure which is insured by The Independent's Advantage Insurance Company Ltd. It contains details of what is covered, conditions and what is not covered, for each **insured person** and is the basis on which all claims will be settled. It is validated by the issue of the schedule which **we** recommend be attached to the policy. In return for having accepted **your** premium **we** will in the event of **bodily injury**, death, illness, disease, loss, theft, damage, legal liability or other specified events happening within the **period of insurance** provide insurance in accordance with the operative sections of **your** policy as referred to in **your** schedule. **Please note that the following sections of cover only apply if a sum insured is shown in the schedule. If the schedule does not specify that section or shows a sum insured of NIL then no cover will apply to that section under your policy.**

The schedule and any endorsements are all part of the policy. **Your** policy is evidence of the contract of insurance.

UNITED KINGDOM - EUROPEAN RESIDENTS

This policy is only available to **you** if **you** are currently legally resident in the **United Kingdom** or European Union and registered with a **medical practitioner** or entitled to free public health under reciprocal arrangements currently in place in the **United Kingdom** or European Union. If **you** are a permanent resident of a European Union country (other than the United Kingdom) all reference to the United Kingdom in this policy shall mean **your** European Union country of residence. All benefits and cover provided by this policy will be applied solely as would be applicable to a permanent United Kingdom or European Union resident.

THE LAW WHICH APPLIES TO THIS POLICY

You and **we** are free to choose the laws applicable to the policy. As **we** are based in England, **we** propose to apply the laws of England and Wales and by purchasing this policy **you** have agreed to this.

EMERGENCY AND MEDICAL SERVICE

You must contact the 24 hour emergency medical service as shown on the schedule of cover in the event of an illness or accident which may lead to in-patient hospital treatment or before any arrangements are made for repatriation; or in the event of **curtailment** necessitating **your** early return **home**. The service operates 24 hours a day, 365 days a year for advice, assistance, making arrangements for hospital admission, repatriation (returning **you** to **your home area**) and authorisation of medical expenses. If this is not possible because the condition requires emergency treatment **you** must contact 24 hour emergency medical service as soon as possible. Private medical treatment is not covered in countries where reciprocal health agreements entitle **you** to benefit from public health care arrangements unless authorised specifically by the 24 hour emergency medical service.

MEDICAL ASSISTANCE ABROAD

The 24 hour emergency medical service has the medical expertise, contacts and facilities to help should **you** be injured in an accident or fall ill. The 24 hour emergency medical service will also arrange transport **home** when this is considered to be medically necessary or when **you** are told about the illness or death of a **close relative** or a **close business associate** at home.

PAYMENT FOR MEDICAL TREATMENT ABROAD

If **you** are admitted to a hospital/clinic while abroad, the 24 hour emergency medical service will arrange for medical expenses, covered by the policy, to be paid direct to the hospital/clinic. To take advantage of this benefit someone must contact the 24 hour emergency medical service for **you** as soon as possible. For out-patient treatment, **you** should pay the hospital/clinic **yourself** and claim back medical expenses from **us** on **your** return to **your home area**. Beware of requests for **you** to sign for excessive treatment or charges. If **you** are in doubt, please call the 24 hour emergency medical service for guidance.

RECIPROCAL HEALTH AGREEMENTS WITH OTHER COUNTRIES

EU, EEA or Switzerland

If **you** are travelling to countries within the European Union (EU), the European Economic Area (EEA) or Switzerland **you** are strongly advised to obtain a European Health Insurance Card (EHIC) postal application form from **your** local Post Office. **You** can also apply either online through www.dh.gov.uk/travellers or by telephoning 0845 606 2030. This will entitle **you** to benefit from the health care arrangements which exist between countries within the EU/EEA or Switzerland. If **we** agree to pay for a medical expense which has been reduced because **you** have used either a European Health Insurance Card or private health insurance, **we** will not deduct the excess under Section B - Emergency medical and other expenses. If **you** are admitted to hospital **you** must contact the 24 hour emergency medical service as soon as possible and get their authorisation for any treatment not available under EHIC.

Australia

If **you** need medical treatment in Australia **you** must enrol with a local MEDICARE office. **You** do not need to enrol when **you** arrive, but **you** must do this after the first occasion **you** receive treatment. In-patient and out-patient treatment at a public hospital will then be available free of charge. Details of how to enrol and the free treatment available can be found in the Health advice for Travellers booklet available from **your** local Post Office or by visiting either www.dh.gov.uk/travellers or the MEDICARE website on www.hic.gov.au. Alternatively please call the 24 hour emergency medical service for guidance. If **you** are admitted to hospital **you** must contact the 24 hour emergency medical service as soon as possible and get their authorisation for any treatment not available under MEDICARE.

NON-EMERGENCY HELPLINES

Claims - You must contact **us** by phone if **you** want to make a claim using the relevant numbers shown on the schedule of cover, depending on the type of claim (see claims conditions below).

Pre-existing medical conditions - You must contact **us** by phone if **you** need to declare a health condition not normally covered by this policy (see important conditions relating to health below).

Policy information and advice - If you would like more information or if **you** feel the insurance may not meet **your** needs please contact the agent who sold **you** this policy or telephone the customer helpline shown on the schedule.

AGE ELIGIBILITY

This policy is not available to anyone older than the maximum age limit shown in **your** schedule of cover. If **you** reach any of the ages mentioned in **your** schedule during the **period of insurance**, cover will continue until the next renewal date but not after that.

If **you** are aged under 18 **you** are only insured when travelling with one or both of the insured adults (or accompanied by another responsible adult).

POLICY EXCESS

Under most sections of the policy, claims will be subject to an excess. This means that **you** will be responsible for paying the first part of each and every claim per incident claimed for, under each section by each **insured person**, unless **you** have paid the additional premium to waive the excess as stated in the schedule. If **family cover** or **single parent cover** applies then **we** will not apply more than two excess charges to any incident claimed for.

AXA INSURANCE

AXA Insurance UK plc is authorised and regulated by the Financial Services Authority. This can be checked on the FSA's register by visiting the FSA's website at www.fsa.gov.uk/register or by contacting them on 0845 606 1234.

FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)

We are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme in the unlikely event **we** cannot meet our obligations to **you**. This depends on the type of insurance and the circumstances of the claim. Further information about the compensation scheme arrangements is available from the FSCS (www.fscs.org.uk).

DEFINITIONS

These definitions apply throughout **your** policy booklet. Where **we** explain what a word means that word will appear highlighted in bold print and have the same meaning wherever it is used in the policy. **We** have listed the definitions alphabetically.

Baggage - means luggage, clothing, personal effects, valuables and other articles (but excluding business equipment, ski equipment, golf equipment, personal money and documents of any kind) which belong to you (or for which you are legally responsible) which are worn, used or carried by you during any trip.

Bodily injury - means an identifiable physical injury caused by sudden, unexpected, external and visible means including injury as a result of unavoidable exposure to the elements.

Business equipment - means items used by **you** and which belong to you in support of **your** business activity including office equipment which is portable by design including, but not restricted to, personal computers, telephones and calculators.

Business trip - means a **trip** taken wholly or in part for business purposes.

Close business associate - means any person whose absence from business for one or more complete days at the same time as **your** absence prevents the proper continuation of that business.

Close relative - means mother, father, sister, brother, wife, husband, civil partner, daughter, son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step parent, step child, step sister, step brother, foster child, legal guardian, domestic partner or fiancé/fiancée.

Couple - means **you** and **your close relative** who lives with **you** in a domestic relationship at the same address as **you**.

Curtailment / Curtail - means either:

- a) abandoning or cutting short the **trip** by direct early return to **your home area**, in which case claims will be calculated from the day **you** returned to **your home area** and based on the number of complete days of **your trip you** have not used, or
- b) by attending a hospital outside **your home area** as an in-patient or being confined to **your** accommodation abroad due to compulsory quarantine or on the orders of a **medical practitioner**, in either case for a period in excess of 48 hours. Claims will be calculated from the day the ill/injured person was admitted to hospital or confined to **your** accommodation and based on the number of complete days for which **you** were hospitalised, quarantined or confined to **your** accommodation. Cover only applies to ill/injured persons.

Excess means the amount **you** will have to pay towards the cost of each claim under the policy after the application of the policy limits.

Family cover - means up to two adults and any number of their children, step children or foster children aged under 18 (or aged under 22 if in full time education), accompanying the parents or legal guardian insured on the same policy travelling on any trip to the same destination. The children are only insured when travelling with one or both of the insured adults, (or accompanied by another responsible adult) but under annual multi trip cover either adult is also insured to travel on their own.

Golf equipment - means golf clubs, golf balls, golf bag, golf trolley and golf shoes.

Home - means **your** normal place of residence in the **United Kingdom** or European Union.

Home area - For residents of the **United Kingdom** excluding Channel Islands and the Isle of Man, **your** home area means the **United Kingdom** excluding Channel Islands and the Isle of Man. For residents of the Channel Islands and the Isle of Man, **your** home area means either the Channel Islands or the Isle of Man depending on where **your home** is. For residents of the European Union, **your** home area is **your** country of residence in the European Union.

Insured Person - See definition of You/Your/Yourself/Insured person.

Medical condition - means any disease, illness or injury.

Medical practitioner - means a registered practising member of the medical profession recognised by the law of the country where they are practising, who is not related to **you** or any person who **you** are travelling with

Period of insurance - means if annual multi trip cover is selected: the period for which **we** have accepted the premium as stated in the schedule. During this period any **trip** not exceeding 31 days (or as otherwise shown in the schedule) is covered, but limited to 17 days in total in each period of insurance for winter sports (provided **you** have paid the appropriate winter sports premium to include this cover). Under these policies Section A - Cancellation cover will be operative from the date stated in the schedule or the time of booking any **trip** (whichever is the later date) and terminates on commencement of any **trip**.

- means if single trip cover is selected: the period of the **trip** and terminating upon its completion, but not in any case exceeding the period shown in the schedule. Under these policies Section A - Cancellation cover will be operative from the time **you** pay the premium.

In respect of **One Way Trips** all insurance cover shall cease 72 hours after the time **You** first leave the immigration control of **Your** final destination country or at the expiry of the Policy **Period of Insurance** if this is earlier. For the purposes of this insurance **Your** country of final destination will be treated as being **Your** home address in the **United Kingdom** and all indemnity under the policy shall be applied accordingly.

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. We do not guarantee that any **Extension of Cover** will be provided.

For all other sections of the policy, whichever cover is selected, the insurance starts when **you** leave **your home** or for a **business trip your** place of business (whichever is the later) to start the **trip** and ends at the time of **your** return to **your home** or place of business (whichever is the earlier) on completion of the **trip**.

However any **trip** that had already begun when **you** purchased this insurance will not be covered, except where **you** renew an existing annual multi trip policy which fell due for renewal during the **trip**.

The period of insurance is automatically extended for the period of the delay in the event that **your** return to **your home area** is unavoidably delayed due to an event insured by this policy.

Personal money - means bank notes, currency notes and coins in current use, travellers' and other cheques, postal or money orders, pre-paid coupons or vouchers, travel tickets, event and entertainment tickets, phonecards, money cards and credit/debit or pre-pay charge cards all held for private purposes.

Pre-existing medical condition - means:

- a) Any respiratory condition (relating to the lungs or breathing), heart condition, stroke, Crohn's disease, epilepsy or cancer for which **you** have ever received treatment (including surgery, tests or investigations by **your** doctor or a consultant/specialist and prescribed drugs or medication).
- b) Any **medical condition** for which **you** have received surgery, in-patient treatment or investigations in a hospital or clinic within the last twelve months.
- c) Any **medical condition** for which **you** are taking prescribed drugs or medication.

Public transport - means any publicly licensed aircraft, sea vessel, train, coach or bus on which **you** are booked or had planned to travel.

Secure baggage area - means any of the following, as and where appropriate:

- a) The locked dashboard, boot or luggage compartment of a motor vehicle
- b) The locked luggage compartment of a hatchback vehicle fitted with a lid closing off the luggage area, or of an estate car with a fitted and engaged tray or roller blind cover behind the rear seats
- c) The fixed storage units of a locked motorised or towed caravan
- d) A locked luggage box, locked to a roof rack which is itself locked to the vehicle roof.

Single parent cover - means one adult and any number of his or her children, step children or foster children aged under 18 accompanying the parent insured on the same policy, travelling on any trip to the same destination. The children are only insured when travelling with the insured adult, (or accompanied by another responsible adult) but under annual multi trip cover the adult is also insured to travel on their own.

Ski equipment - means skis (including bindings), ski boots, ski poles and snowboards.

Terrorism - means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or governments, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

Trip - means any holiday, business or pleasure trip or journey made by **you** within the area of travel shown in the schedule which begins and ends in **your home area** or place of business during the **period of insurance**, but excluding one way trips or journeys.

If annual multi trip cover is selected any trip not exceeding 31 days is covered (unless otherwise shown in the schedule of cover) , but limited to 17 days in total in each **period of insurance** for winter sports (provided **you** have paid the appropriate winter sports premium to include this cover). In addition, any trip solely within **your home area** is only covered where **you** have pre - booked at least two nights accommodation in a hotel, motel, holiday camp, bed and breakfast, holiday cottage or similar accommodation rented for a fee. Each trip under annual multi trip cover is considered to be a separate insurance, with the terms, definitions, What is not covered and conditions contained in this policy applying to each trip. Where **we** have agreed to cover **your medical condition**, this applies to each **trip** during the **period of insurance**.

Unattended - means when you are not in full view of and not in a position to prevent unauthorised interference with your property or vehicle.

United Kingdom - means England, Scotland, Wales, Northern Ireland, the Isle of Man and the Channel Islands. If **you** are a permanent resident of a European Union country (other than the United Kingdom) all reference to the United Kingdom in this policy shall mean **your** country of residence.

Valuables - means jewellery, gold, silver, precious metal or precious or semiprecious stone articles, watches, furs, cameras, camcorders, portable satellite navigation systems, photographic, audio, video, computer, television and telecommunications equipment (including MP3/4 players, CD's, DVD's, tapes, films, cassettes, cartridges and headphones), computer games and associated equipment, telescopes and binoculars.

Vermin - means rats, mice, squirrels, owls, pigeons, foxes, bees, wasps or hornets.

We/Us/Our - means AXA Insurance UK plc. Registered in England No. 78950. Registered Office: 5 Old Broad Street, London, EC2N 1AD.

You/Your/Yourself/Insured person - means each person travelling on a **trip** whose name appears in the policy schedule.

GENERAL CONDITIONS APPLICABLE TO THE WHOLE POLICY

You must comply with the following conditions to have the full protection of **your** policy. If **you** do not comply **we** may cancel the policy or refuse to deal with **your** claim or reduce the amount of any claim payment.

1. Dual insurance

If at the time of any incident which results in a claim under this policy, there is another insurance covering the same loss, damage, expense or liability **we** will not pay more than **our** proportional share (not applicable to Section D – Personal accident).

2. Reasonable precautions

At all times **you** must take all reasonable precautions to avoid injury, illness, disease, loss, theft or damage and take all reasonable steps to safeguard **your** property from loss or damage and to recover property lost or stolen.

3. Cancellation - Statutory cancellation rights

You may cancel this policy within 14 days of receipt of the policy documents (new business) and for annual policies the renewal date (the **cancellation period**) by writing to the address shown in **your** schedule during the **cancellation period**. Any premium already paid will be refunded to **you** providing **you** have not travelled, no claim has been made or is intended to be made and no incident likely to result in a claim has occurred.

CANCELLATION OUTSIDE THE STATUTORY PERIOD

You may cancel this policy at any time after the **cancellation period** by writing to the address above/shown in **your** schedule. If **you** cancel after the **cancellation period** no premium refund will be made.

NON PAYMENT OF PREMIUMS

We can cancel the policy immediately by sending **you** written notice if **you** do not pay the premium or miss an instalment.

CLAIMS CONDITIONS

You must comply with the following conditions to have the full protection of **your** policy.

If **you** do not comply **we** may cancel the policy or refuse to deal with **your** claim or reduce the amount of any claim payment.

1. **Claims** - **You** must contact **us** by phone if **you** want to make a claim using the relevant numbers shown on the schedule of cover, depending on the type of claim:

- The claim notification must be made within 31 days or as soon as possible after that following any **bodily injury**, illness, disease, incident, event, redundancy or the discovery of any loss, theft or damage which may lead to a claim under this policy. Make a statement in support of a claim knowing the statement to be false in any way; or
- You** must also tell **us** if **you** are aware of any writ, summons or impending prosecution. Every communication relating to a claim must be sent to **us**

as soon as possible. **You** or anyone acting on **your** behalf must not negotiate, admit or repudiate (refuse) any claim without **our** permission in writing.

c) **You** or **your** legal representatives must supply at **your** own expense, all relevant information requested by us, evidence, details of household insurance, proof of ownership and medical certificates as required by **us**. **You** should refer to the section under which **you** are claiming for further details of the evidence that **we** need to deal with **your** claim.

d) **We** reserve the right to require **you** to undergo an independent medical examination at **our** expense. **We** may also request and will pay for a post mortem examination.

e) **You** must retain any property which is damaged, and if requested, send it to **us** at **your** own expense. If **we** pay a claim for the full value of the property and it is then recovered it will then become **our** property. **We** may refuse to reimburse **you** for any property which **you** cannot provide proof of ownership such as an original receipt, a valuation, user manual or bank or credit card statements.

2. **Transferring of rights** - **We** are entitled to take over any rights in the defence or settlement of any claim and to take proceedings in **your** name for **our** benefit against any other party.

3. **Fraud** - **You** must not act in a fraudulent manner.

If **you** or anyone acting for **you**

a) Make a claim under the policy knowing the claim to be false or fraudulently exaggerated in any way; or

b) Make a statement in support of a claim knowing the statement to be false in any way; or

c) Submit a document in support of a claim knowing the document to be forged or false in any way; or

d) Make a claim for any loss or damage caused by **your** wilful act or with **your** connivance

Then

a) **we** will not pay the claim

b) **we** will not pay any other claim which has been or will be made under the policy

c) **we** may make the policy void from the date of the fraudulent act

d) **we** will be entitled to recover from **you** the amount of any claim already paid under the policy

e) **we** will not refund any premium

f) **we** may inform the police of the circumstances.

IMPORTANT CONDITIONS RELATING TO HEALTH

You must comply with the following conditions to have the full protection of **your** policy.

If **you** do not comply **we** may cancel the policy or refuse to deal with **your** claim or reduce the amount of any claim payment.

1. It is a condition of this policy that **you** will not be covered under Section A – Cancellation or curtailment charges, Section B – Emergency medical and other expenses, Section C – Hospital benefit and Section D – Personal accident for any claims arising directly or indirectly from:

a) At the time of taking out this policy:

i) Any **pre-existing medical condition** that **you** have unless **you** have contacted the ASUA medical screening line on the number shown in **your** schedule of cover and **we** have agreed to provide cover, or all of the **pre-existing medical conditions** that **you** have are included in the list of NO SCREEN CONDITIONS* shown on page 4 below and the words in brackets apply to **you**

ii) Any **medical condition** for which **you** have received a terminal prognosis

iii) Any **medical condition** **you** are aware of but for which **you** have not had a diagnosis

iv) 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

v) Any **medical condition** affecting **you**, a **close relative** or a **close business associate** that **you** are aware of, that could reasonably be expected to result in a claim on this policy

unless **you** have been given **our** agreement.

b) At any time:

i) Any **medical condition** **you** have which a **medical practitioner** has advised **you** not to travel (or would have done so had **you** sought his/her advice), but despite this **you** still travel

ii) Any surgery, treatment or investigations for which **you** intend to travel outside of **your home area** to receive (including any expenses incurred due to the discovery of other **medical conditions** during and/or complications arising from these procedures)

- iii) Any **medical condition** for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**
- iv) **You** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.

If **your** health changes after the start date of **your** policy and the date **your** travel tickets or confirmation of booking were issued, **you** must telephone **our** customer helpline shown on the **your** schedule to make sure **your** cover is not affected.

You should also refer to What is not covered – applicable to all sections of the policy.

*** NO SCREEN CONDITIONS**

(For which **you** do not need to contact **us** if all the **pre- existing medical conditions** that **you** have, are included in this list and the words in brackets apply to **you**).

<p>Acne ADHD (Attention Deficit Hyperactivity Disorder) Asthma (diagnosed before age 50, no more than 2 medications/inhalers and no hospital admission in last year) Carpal tunnel syndrome Cataracts Corneal graft Deafness Diabetes (no complications such as impaired kidney function, heart disease, peripheral vascular disease, leg or foot ulcers, retinal damage, nerve damage, amputation of foot or leg, liver damage) Fungal nail infection</p>	<p>Glaucoma Hayfever High blood pressure (have not suffered from any heart disease, kidney damage, stroke or mini stroke) High Cholesterol (not the inherited form) Impetigo Meniere's disease Migraine (confirmed diagnosis, no ongoing investigations) RSI (Repetitive strain injury/Tendinitis) Tendonitis Tinnitus Tonsillitis</p>
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WHAT IS NOT COVERED - APPLICABLE TO ALL SECTIONS OF THE POLICY

We will not pay for claims arising directly or indirectly from:

1. **War risks, civil commotion and terrorism:** War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, **terrorism**, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power but this exclusion shall not apply to losses under Section B – Emergency medical and other expenses, Section C – Hospital benefit and Section D – Personal accident unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any **trip**.
2. **Radioactive contamination:** Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
3. **Sonic bangs:** Loss, destruction or damage directly caused by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
4. **Winter sports:** **Your** participation in winter sports unless the appropriate winter sports premium has been paid, then cover will apply under those sections shown as covered for winter sports in **your** schedule for:
 - a) the winter sports specified in the list on page 17 and
 - b) any other winter sports shown as covered in **your** schedule for a period of no more than 17 days in total in each **period of insurance** under annual multi trip policies and for the period of the **trip** under single trip policies.
5. **Professional sports or entertaining:** **Your** participation in or practice of any professional sports or professional entertaining.
6. **Other sports or activities:** **Your** participation in or practice of any other sport or activity, manual work, **driving any motorised vehicle in motor rallies or competitions or racing unless:**
 - a) **specified in the list under category 1 or**
 - b) shown as covered in **your** schedule.
7. **Suicide, drug use, alcohol or solvent abuse and putting yourself at needless risk:** **Your** wilfully, self-inflicted injury or illness, suicide or attempted suicide, sexually transmitted diseases, solvent abuse, alcohol abuse, drug use (other than drugs taken in accordance with treatment prescribed and directed by a **medical practitioner**, but not for the

treatment of drug addiction), and putting **yourself** at needless risk (except in an attempt to save human life).

8. **Unlawful action:** **Your** own unlawful action or any criminal proceedings against **you**.
9. **Additional loss or expense:** Any other loss, damage or additional expense following on from the event for which **you** are claiming, unless **we** provide cover under this insurance. *Examples 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, illness or disease.***
10. **Armed Forces:** Operational duties of a member of the Armed Forces (other than claims arising from authorised leave being cancelled due to operational reasons, as provided for under sub section 4. of Section A – Cancellation or curtailment charges).
11. **Travelling against FCO or WHO advice:** **Your** travel to a country, specific area or event when the Travel Advice Unit of the Foreign & Commonwealth Office (FCO) or the World Health Organisation (WHO) or regulatory authority in a country to/from which **you** are travelling has advised against all, or all but essential travel (other than claims arising from **you** not being able to travel and use **your** booked accommodation or **curtailing** the **trip** before completion, as provided for under the extended cancellation or curtailment cover under Section T – Independent travellers cover when operative).
12. **Family and single parent cover travel restrictions:** If **you** are aged under 18 **you** are only insured when travelling with one or both of the insured adults (ir accompanied by another responsible adult). If **you** reach any of the ages mentioned above during the **period of insurance**, cover will continue until the next renewal date but not after that.

SPORTS AND ACTIVITIES COVERED

The following lists detail the sports and activities that this policy will cover. If **you** are participating in any other sports or activities not mentioned, please telephone **our** customer helpline shown on **your** schedule of cover as **we** may be able to offer cover at an additional premium. Details of those sports and activities which **you** have purchased cover for will be added to **your** policy schedule.

COVERED AS STANDARD WITHOUT CHARGE

No cover is provided under Section H – Personal liability for those sports or activities marked with *

CATEGORY 1

Archery, Badminton, Banana Boating, Baseball, Basketball, Beach Games, Black Water Rafting (Grade 3), Blade Skating, Bowls, Bungee Jumping (Max 3 Jumps), Canoeing, Clay Pigeon Shooting, Cricket, Cycling (On Road), Deep Sea Fishing, Dinghy Sailing, Fell Funning/Walking, Fencing, Fishing, Football (Amateur), Go Karting, Golf, Hiking Under 2,000m, Horse Riding, Jet Boating, Jet Skiing, Kayaking, Lacrosse, Lapland Activates (Husky/Reindeer Ride, Snowmobile, Sledging Short 3 Days Trips) Excludes Bobsleighs, Manual Occupations Involving Hand Tools And At Ground Level Only, Marathon Running, Netball, Non Manual Occupations, Manual Occupations, Orienteering, Parascending Over Water, Pony Trekking, Racket Ball, Rambling, River Canoeing, Roller Blading, Roller Skating, Rounders, Rowing, Safari Trekking (Organised Tours Only), Sail Boarding, Sailing, Scuba (Max 30m), Skate Boarding, Snorkelling, Squash, Surfing, Tennis, Track Events, Trekking, Triathlon, Volley Ball, War Games/Paint Balling, Water Polo, Water Skiing, White Water Rafting (Grade 3), Windsurfing, Yachting.

No cover is provided under Section C – Personal Accident or Section H – Personal liability Cover and subject to an increased excess to £100

CATEGORY 2

Abseiling, Ballooning, BMX Riding, Boxing, Catamaran Sailing (Territorial Waters Only), Gymnastics, Heptathlon, Ice Hockey, Judo, Karate, Kung Fu, Martial Arts, Motorcycling (Max 250cc), Polo, Street Hockey.

COVERED ONLY IF THE APPROPRIATE PREMIUM HAS BEEN PAID AND SUBJECT TO AN INCREASED EXCESS TO £150

No cover is provided under Section C – Personal Accident or Section H – Personal liability Cover

CATEGORY 3

American Football, Black Water Rafting, Canyoning, Dry Skiing, Hang Gliding, Heli Skiing, Hockey, Kick Boxing, Kite Surfing, Mountain Biking, Paragliding, Quad Biking, Rifle Range, Rock Climbing (Not Mountain climbing), Rugby, Trekking/Hiking 2,000m to 5,500m, Weight Lifting, White Water Rafting Grades 4 & 5.

**COVERED ONLY IF THE APPROPRIATE PREMIUM HAS BEEN PAID
SUBJECT TO AN INCREASED EXCESS TO £500**

No cover is provided under Section C – Personal Accident or Section H – Personal liability Cover

CATEGORY 4

Bobsleigh, Cave Diving, Flying, Gliding, High Diving, Lugging/Tobogganing, Parachuting, Pot Holing, Scuba To Max 50m, Shooting/Hunting, Sky Diving.

**** A piste is a recognised and marked ski run within the resort boundaries.**

SECTION A – CANCELLATION OR CURTAILMENT CHARGES

What is covered

We will pay **you** up to the amount shown in the schedule of cover for any irrecoverable unused travel and accommodation costs (including excursions up to £250) and other pre-paid charges which **you** have paid or are contracted to pay, together with any reasonable additional travel expenses incurred if

- a) cancellation of the **trip** is necessary and unavoidable or
- b) the **trip** is **curtailed** before completion

as a result of any of the following events:

1. The death, **bodily injury**, illness, disease, or complications arising as a direct result of pregnancy of:
 - a) **you**
 - b) any person who **you** are travelling or have arranged to travel with
 - c) any person who **you** have arranged to stay with
 - d) **your close relative**
 - e) **your close business associate**.
2. **You** or any person who **you** are travelling or have arranged to travel with being quarantined, called as a witness at a Court of Law or for jury service attendance.
3. Redundancy of **you** or any person who **you** are travelling or have arranged to travel with (which qualifies for payment under current **United Kingdom** redundancy payment legislation, and at the time of booking the **trip** there was no reason to believe anyone would be made redundant).
4. **You** or any person who **you** are travelling or have arranged to travel with, are a member of the Armed Forces, Territorial Army, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and have **your**/their authorised leave cancelled or are called up for operational reasons, provided that the cancellation or **curtailment** could not reasonably have been expected at the time when **you** purchased this insurance or at the time of booking any **trip**.
5. The Police or other authorities requesting **you** to stay at or return to **your home** due to serious damage to **your home** caused by fire, aircraft, explosion, storm, flood, subsidence, fallen trees, collision by road vehicles, malicious people or theft.

If the same costs, charges or expenses are also covered under Section T – Independent travellers cover or Section U – Special events cancellation or curtailment charges cover, **you** can only claim for these under one section for the same event.

Special conditions relating to claims

1. **You** must get (at **your** own expense) a medical certificate from a **medical practitioner** and the prior approval of the 24 hour emergency medical service to confirm the necessity to return **home**, prior to **curtailment** of the **trip** due to death, **bodily injury**, illness, disease or complications arising as a direct result of pregnancy.
2. If **you** fail to notify the travel agent, tour operator or provider of transport or accommodation as soon as **you** find out it is necessary to cancel the **trip**, the amount **we** will pay will be limited to the cancellation charges that would have otherwise applied.
3. If **you** cancel the **trip** due to:
 - a) stress, anxiety, depression or any other mental or nervous disorder that **you** are suffering from **you** must provide (at **your** own expense) a medical certificate from a consultant specialising in the relevant field or
 - b) any other **bodily injury**, illness, disease or complications arising as a direct result of pregnancy, **you** must provide (at **your** own expense) a medical certificate from a **medical practitioner** stating that this necessarily and reasonably prevented **you** from travelling.

What is not covered

1. The **excess** shown in the schedule of cover.
2. The cost of Airport Departure Duty/Tax (whether irrecoverable or not).
3. Any claims arising directly or indirectly from:
 - a) Redundancy caused by or resulting from misconduct leading to dismissal or resignation or voluntary redundancy, or where **you**

- b) received a warning or notification of redundancy before **you** purchased this insurance or at the time of booking any **trip**
- b) Circumstances known to **you** before **you** purchased this insurance or at the time of booking any **trip** which could reasonably have been expected to lead to cancellation or **curtailment** of the **trip**.

4. Travel tickets paid for using any airline mileage or supermarket reward scheme, for example Air Miles, unless specific evidence of the monetary value of the tickets can be provided.
5. Accommodation costs paid for using any Timeshare, Holiday Property Bond or other holiday point's scheme unless specific evidence of the monetary value of the accommodation costs can be provided.
6. Anything mentioned in What is not covered applicable to all sections of the policy.

You should also refer to the important conditions relating to health.

Claims Evidence

We will require (at **your** own expense) the following evidence where relevant:

- A medical certificate from the treating **medical practitioner** (or in the case of stress, anxiety, depression or any other mental or nervous disorder, a consultant specialising in the relevant field) explaining why it was necessary for **you** to cancel or **curtail** the **trip**.
- In the case of death causing cancellation or **curtailment** of the **trip**, the original death certificate.
- Booking confirmation together with a cancellation invoice from **your** travel agent, tour operator or provider of transport/accommodation.
- In the case of **curtailment** claims, written details from **your** travel agent, tour operator or provider of transport/accommodation of the separate costs of transport, accommodation and other pre-paid costs or charges that made up the total cost of the **trip**.
- **Your** unused travel tickets.
- Receipts or bills for any costs, charges or expenses claimed for.
- In the case of compulsory quarantine, a letter from the relevant authority or the treating **medical practitioner**.
- In the case of jury service or witness attendance, the court summons.
- The letter of redundancy for redundancy claims.
- A letter from the commanding officer concerned, confirming cancellation of authorised leave or call up for operational reasons.
- In the case of serious damage to **your home** a report from the Police or relevant authority.

SECTION B – EMERGENCY MEDICAL, REPATRIATION AND OTHER EXPENSES

What is covered

We will pay **you** up to the amount shown in the schedule of cover for the following expenses which are necessarily incurred within 12 months of the incident as a result of **you** suffering unforeseen **bodily injury**, illness, disease and/or compulsory quarantine:

1. Emergency medical, surgical, hospital, ambulance and nursing fees and charges incurred outside of **your home area**.
2. Emergency dental treatment for the immediate relief of pain (to natural teeth only) up to a limit of £200 incurred outside of **your home area**.
3. Costs of telephone calls:
 - a) to the 24 hour emergency medical service notifying and dealing with the problem for which **you** are able to provide receipts or other reasonable evidence to show the cost of the calls and the numbers **you** telephoned
 - b) incurred by **you** when **you** receive calls on **your** mobile phone from the 24 hour emergency medical service for which **you** are able to provide receipts or other reasonable evidence to show the cost of the calls.
4. The cost of taxi fares for **your** travel to or from hospital relating to **your** admission, discharge or attendance for outpatient treatment or appointments or for collection of medication prescribed for **you** by the hospital.
5. If **you** die:
 - a) outside **your home area** the reasonable additional cost of funeral expenses abroad up to a maximum of £1,500 plus the reasonable cost of returning **your** ashes to **your home**, or the additional costs of returning **your** body to **your home**
 - b) within **your home area** the reasonable additional cost of returning **your** ashes or body to **your home** up to a maximum of £750.
6. Reasonable additional transport and/or accommodation expenses incurred, up to the standard of **your** original booking (for example full or half board, bed and breakfast, self catering or room only), if it is medically necessary for **you** to stay beyond **your** scheduled return date.

This includes, with the prior authorisation of the 24 hour emergency medical service, reasonable additional transport and/or accommodation expenses for a travelling companion, friend or **close relative** to stay with **you** or travel to **you** from the **United Kingdom** or escort **you**. Also additional travel expenses to return **you** to **your home** or a suitable hospital nearby if **you** cannot use the return ticket.

7. With the prior authorisation of the 24 hour emergency medical service, the additional costs incurred in the use of air transport or other suitable means, including qualified attendants, to repatriate **you** to **your home** if it is medically necessary. These expenses will be for the identical class of travel utilised on the outward journey unless the 24 hour emergency medical service agree otherwise.

Special conditions relating to claims

1. **You** must tell the 24 hour emergency medical service as soon as possible of any **bodily injury**, illness or disease which necessitates **your** admittance to hospital as an in-patient or before any arrangements are made for **your** repatriation.
2. If **you** suffer **bodily injury**, illness or disease **we** reserve the right to move **you** from one hospital to another and/or arrange for **your** repatriation to the **United Kingdom** at any time during the **trip**. **We** will do this, if in the opinion of the **medical practitioner** in attendance, or the 24 hour emergency medical service, **you** can be moved safely and / or travel safely to **your home area** or a suitable hospital nearby to continue treatment.

What is not covered

1. The **excess** shown in the schedule of cover.
2. Normal pregnancy, without any accompanying **bodily injury**, illness, disease or complication. This section is designed to provide cover for unforeseen events, accidents, illnesses and diseases and normal childbirth would not constitute an unforeseen event.
3. Any claims arising directly or indirectly for:
 - a) The cost of treatment or surgery, including exploratory tests, which are not related to the **bodily injury** or illness which necessitated **your** admittance into hospital.
 - b) Any expenses which are not usual, reasonable or customary to treat **your bodily injury**, illness or disease.
 - c) Any form of treatment or surgery which in the opinion of the **medical practitioner** in attendance and the 24 hour emergency medical service can be delayed reasonably until **your** return to **your home area**.
 - d) Expenses incurred in obtaining or replacing medication, which **you** know **you** will need at the time of departure or which will have to be continued outside of **your home area**.
 - e) Additional costs arising from single or private room accommodation.
 - f) Treatment or services provided by a health spa, convalescent or nursing home or any rehabilitation centre unless agreed by the 24 hour emergency medical service.
 - g) Any costs incurred by **you** to visit another person in hospital.
 - h) Any expenses incurred after **you** have returned to **your home area**.
 - i) Any expenses incurred in England, Scotland, Wales or Northern Ireland which are:
 - i. or private treatment or
 - ii. are funded by, or are recoverable from the Health Authority in **your home area**.
 - j) Expenses incurred as a result of a tropical disease where **you** have not had the recommended inoculations and/or taken the recommended medication.
 - k) Any expenses incurred after the date on which **we** exercise **our** rights under this section to move **you** from one hospital to another and/or arrange for **your** repatriation but **you** decide not to be moved or repatriated.
4. Anything mentioned in What is not covered applicable to all sections of the policy.

You should also refer to the important conditions relating to health.

Claims Evidence

We will require (at **your** own expense) the following evidence where relevant:

- Receipts or bills for all in-patient/out-patient treatment or emergency dental treatment received.
- In the event of death, the original death certificate and receipts or bills for funeral, cremation or repatriation expenses.
- Receipts or bills for taxi fares to or from hospital claimed for, stating details of the date, name and location of the hospital concerned.

- Receipts or bills or proof of purchase for any other transport, accommodation or other costs, charges or expenses claimed for, including calls to the 24 hour emergency medical service.

SECTION B1 – HOSPITAL CONFINEMENT BENEFIT

What is covered

We will pay **you** the amount shown in the schedule of cover for every complete 24 hours **you** have to stay in hospital as an in-patient or are confined to **your** accommodation due to **your** compulsory quarantine or on the orders of a **medical practitioner** outside **your home area**, up to the maximum amount shown in the schedule of cover as a result of **bodily injury**, illness or disease **you** sustain.

We will pay the amount above in addition to any amount payable under Section B – Emergency medical and other expenses. *This payment is meant to help **you** pay for additional expenses such as taxi fares and phone calls incurred by **your** visitors during **your** stay in hospital.*

You can only claim benefit under this section or subsection 3 of Section Q – Cruise cover for the same event, not both.

Special conditions relating to claims

1. **You** must tell the 24 hour emergency medical service as soon as possible of any **bodily injury**, illness or disease which necessitates **your** admittance to hospital as an in-patient, compulsory quarantine or confinement to **your** accommodation on the orders of a **medical practitioner**.

What is not covered

1. Any claims arising directly or indirectly from:
 - a) Any additional period of hospitalisation, compulsory quarantine or confinement to **your** accommodation:
 - i) relating to treatment or surgery, including exploratory tests, which are not directly related to the **bodily injury**, illness or disease which necessitated **your** admittance into hospital.
 - ii) relating to treatment or services provided by a convalescent or nursing home or any rehabilitation centre.
 - iii) following **your** decision not to be repatriated after the date, when in the opinion of the 24 hour emergency medical service it is safe to do so.
 - b) Hospitalisation, compulsory quarantine or confinement to **your** accommodation:
 - i) relating to any form of treatment or surgery which in the opinion of the **medical practitioner** in attendance and the 24 hour emergency medical service can be delayed reasonably until **your** return to **your home area**.
 - ii) as a result of a tropical disease where **you** have not had the recommended inoculations and/or taken the recommended medication.
 - iii) occurring in England, Scotland, Wales or Northern Ireland and relating to either private treatment or tests, surgery or other treatment, the costs of which are funded by, or are recoverable from the Health Authority in **your home area**.
2. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims Evidence

We will require (at **your** own expense) the following evidence where relevant:

- Confirmation in writing from the hospital, relevant authority or the treating **medical practitioner** of the dates when **you** were admitted and subsequently discharged from hospital, compulsory quarantine or confinement to **your** accommodation.

SECTION C – PERSONAL ACCIDENT

Special definitions relating to this section (which are shown in italics)

Loss of limb - means loss by permanent severance of an entire hand or foot or the total and permanent loss of use of an entire hand or foot.

Loss of sight - means total and irrecoverable loss of sight which shall be considered as having occurred:

- a) *in both eyes, if your name is added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist and*
- b) *in one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen scale.*

Item 1 - Death

Item 2 – Loss of Limb or Loss of Sight

Item 3 - Permanent total disablement.

What is covered

We will pay one of the benefits shown in the schedule of cover if **you** sustain **bodily injury** which shall solely and independently of any other cause, result within two years in **your** death, **loss of limb, loss of sight** or permanent total disablement.

Special conditions relating to claims

1. Our medical practitioner may examine **you** as often as they consider necessary if **you** make a claim.

PROVISIONS

1. Benefit is not payable to **you**:
 - a) Under more than one of items 1, 2 or 3.
 - b) Under item 3. until one year after the date **you** sustain **bodily injury**
 - c) Under item 3. if **you** are able or may be able to carry out any relevant occupation.
2. Benefit 1 will be paid to the deceased Insured person's estate.

What is not covered

1. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims Evidence

We will require (at **your** own expense) the following evidence where relevant:

- In the event of death, the original death certificate.
- A medical certificate or report in relation to claims for **loss of limb, loss of sight** or permanent total disablement.

SECTION D – DELAYED DEPARTURE

What is covered

If departure of the **public transport** on which **you** are booked to travel, is delayed at the final departure point from or to the **United Kingdom** (including delays to any subsequent outbound or return connecting **public transport**. A minimum of 3 hours must be given between connecting **public transport**) for at least the amount of time shown in the schedule of cover from the scheduled time of departure due to:

- a) strike or
- b) industrial action or
- c) adverse weather conditions or
- d) mechanical breakdown of or a technical fault occurring in the **public transport** on which **you** are booked to travel

we will pay **you**:

1. the amount shown in the schedule of cover for the first completed full 12 hours delay and the amount shown in the schedule of cover for the each additional full 12 hours of delay after that, up to a maximum of the amount shown in the schedule of cover (*which is meant to help **you** pay for telephone calls made, meals and refreshments purchased during the delay*) provided **you** eventually travel, or
2. Up to the amount shown in the schedule of cover for any irrecoverable unused travel and accommodation costs and other pre-paid charges which **you** have paid or are contracted to pay, if after a delay of at least 24 hours, **you** choose to cancel **your trip** before departure from the **United Kingdom**.

You can only claim under subsection 1. or 2. above for the same event, not both.

You can only claim under one of either Section D – Delayed departure, Section D1 – Missed departure or Section T – Independent travellers cover for the same event.

Special conditions relating to claims

1. **You** must check in according to the itinerary given to **you**.
2. **You** must get written confirmation (at **your** own expense) from the carriers (or their handling agents) of the number of hours of delay and the reason for the delay.
3. **You** must comply with the terms of contract of the travel agent, tour operator, carrier or transport provider.

What is not covered

1. The **excess** shown in the schedule of cover under subsection 2. of What is covered.
2. Claims arising directly or indirectly from:
 - a) Strike or industrial action existing or being publicly announced by the date **you** purchased this insurance or at the time of booking any **trip**.
 - b) An aircraft or sea vessel being withdrawn from service (temporary or otherwise) on the recommendation of the Civil Aviation Authority, Port Authority or any such regulatory body in a country to/from which **you** are travelling.

- c) Any delays to any subsequent outbound or return connecting **public transport** following **your** departure from the final departure point from or to the **United Kingdom** (including delays to any subsequent outbound or return connecting **public transport**. A minimum of 3 hours must be given between connecting **public transport**).

3. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims Evidence

We will require (at **your** own expense) the following evidence where relevant:

- Full details of the travel itinerary supplied to **you**.
- A letter from the carriers (or their handling agents) confirming the number of hours delay, the reason for the delay and confirmation of **your** check in time.
- In the case of cancellation claims, **your** booking confirmation together with written details from **your** travel agent, tour operator or provider of transport/accommodation of the separate costs of transport, accommodation and other pre-paid costs or charges that made up the total cost of the **trip**.
- **Your** unused travel tickets.
- Receipts or bills for any transport, accommodation or other costs, charges or expenses claimed for.

SECTION D1 – MISSED DEPARTURE

What is covered

We will pay **you** up to the amount shown in the schedule of cover for reasonable additional accommodation (room only) and travel expenses necessarily incurred in reaching **your** overseas destination or returning to the **United Kingdom**, if **you** fail to arrive at the departure point in time to board the **public transport** on which **you** are booked to travel on for the initial international outbound and return legs of the **trip** or as a result of:

1. the failure of other **public transport** or
2. an accident to or breakdown of the vehicle in which **you** are travelling or
3. an accident or breakdown happening 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, industrial action or adverse weather conditions.

If the same expenses are also covered under Section H – Delayed departure or Section T – Independent travellers cover **you** can only claim under one section for the same event.

Special conditions relating to claims

1. If **you** make a claim caused by any delay happening on a motorway or dual carriage way **you** must get written confirmation or proof of the incident happening (at **your** own expense) from the Police or emergency breakdown services, of the location, reason for and duration of the delay.
2. **You** must allow enough time for the **public transport** or other transport to arrive on schedule and to deliver **you** to the departure point.

What is not covered

1. The **excess** shown in the schedule of cover.
2. Claims arising directly or indirectly from:
 - a) Strike or industrial action existing or being publicly announced by the date **you** purchased this insurance or at the time of booking any **trip**.
 - b) An accident to or breakdown of the vehicle in which **you** are travelling when a repairers report or other evidence is not provided.
 - c) Breakdown of any vehicle owned by **you** which has not been serviced properly and maintained in accordance with manufacturer's instructions.
 - d) An aircraft or sea vessel being withdrawn from service (temporary or otherwise) on the recommendation of the Civil Aviation Authority, Port Authority or any such regulatory body in a country to/from which **you** are travelling.
 - e) **Your** failure to arrive at the departure point in time to board any connecting **public transport** after **your** departure on the initial international outbound and return legs of the **trip**.
3. Additional expenses where the scheduled **public transport** operator has offered reasonable alternative travel arrangements.
4. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims Evidence

We will require (at **your** own expense) the following evidence where relevant:

- A letter from the **public transport** provider detailing the reasons for failure.
- A letter or written proof from the Police or emergency breakdown services confirming the location, reason for and duration of the delay on a motorway or dual carriage way if appropriate.
- A letter from the relevant **public transport** provider, carrier or authority confirming details of the strike, industrial action or adverse weather conditions.
- **Your** unused travel tickets.
- Receipts or bills or proof of purchase for any transport, accommodation or other costs, charges or expenses claimed for.

SECTION E – BAGGAGE

What is covered

1. We will pay **you** up to the amount shown in the schedule of cover for the accidental loss of, theft of or damage to **baggage**. The amount payable will be the value at today's prices less a deduction for wear tear and depreciation (loss of value), or **we** may replace, reinstate or repair the lost or damaged **baggage**.

The maximum **we** will pay **you** for the following items is:

- a) the amount shown in the schedule of cover for any one article, pair or set of articles
 - b) the amount shown in the schedule of cover for the total for all **valuables**.
2. We will also pay **you** up to the amount shown in the schedule of cover, for the emergency replacement of clothing, medication and toiletries if **your baggage** is temporarily lost in transit during the outward journey and not returned to **you** within 12 hours, as long as **we** receive written confirmation from the carrier, confirming the number of hours the **baggage** was delayed.

If the loss is permanent **we** will deduct the amount paid from the final amount to be paid under this section.

If items of **baggage** are also covered under Section Q – Cruise cover or Section S – Wedding/Civil partnership cover **you** can only claim for these under one section for the same event.

Special conditions relating to claims

1. **You** must report to the local Police in the country where the incident occurred within 24 hours of discovery, or as soon as possible after that and get (at **your** own expense) a written report of the loss, theft or attempted theft of all **baggage**.
2. If **baggage** is lost, stolen or damaged while in the care of a carrier, transport company, authority, hotel or **your** accommodation provider **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation.
3. If **baggage** is lost, stolen or damaged whilst in the care of an airline **you** must:
 - a) get a Property Irregularity Report from the airline.
 - b) give written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
 - c) keep all travel tickets and tags for submission if **you** are going to make a claim under this policy.
4. **You** must provide (at **your** own expense) an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to substantiate **your** claim.

What is not covered

1. The **excess** shown in the schedule of cover (except claims under subsection 2 of What is covered).
2. Loss, theft of or damage to **valuables** left **unattended** at any time (including in a vehicle, in checked in luggage or while in the custody of a carrier, tour operator or **public transport** operator) unless deposited in a hotel safe, safety deposit box or left in **your** locked accommodation.
3. Loss, theft of or damage to **baggage** contained in an **unattended** vehicle:
 - a) overnight between 9 pm and 9 am (local time) or
 - b) at any time between 9 am and 9 pm (local time) unless:
 - i) it is locked out of sight in a **secure baggage area** and
 - ii) forcible and violent means have been used by an unauthorised person to gain entry into the vehicle and evidence of such entry is available.
4. Loss or damage due to delay, confiscation or detention by customs or any 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, motor accessories, documents of any kind, bonds, securities, perishable goods (such as foodstuffs), bicycles, **ski equipment**, **golf equipment** and damage to suitcases (unless the suitcases are 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 an accident to the aircraft, sea vessel, 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 equipment**, business goods, samples, tools of trade and other items used in connection with **your** business, trade, profession or occupation.
9. Loss or damage caused by wear and tear, depreciation (loss in value), atmospheric or climatic conditions, moth, **vermin**, any process of cleaning repairing or restoring, mechanical or electrical breakdown.
10. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims Evidence

We will require (at **your** own expense) the following evidence where relevant:

- A police report from the local Police in the country where the incident occurred for all loss, theft or attempted theft.
- A Property Irregularity Report from the airline or a letter from the carrier where loss, theft or damage occurred in their custody.
- A letter from **your** tour operator's representative, hotel or accommodation provider where appropriate.
- All travel tickets and tags for submission.
- An original receipt, proof of ownership or valuations for items lost, stolen or damaged and for all items of clothing, medication and toiletries replaced if **your baggage** is temporarily lost in transit for more than 12 hours.
- A letter from the carrier confirming the number of hours **your baggage** was delayed for.
- Repair report where applicable.

SECTION F – PERSONAL MONEY, PASSPORT AND DOCUMENTS

What is covered

1. We will pay **you** up to the amounts shown below for the accidental loss of, theft of or damage to **personal money** and documents (including the unused portion of passports, visas and driving licences). We will also cover foreign currency during the 72 hours immediately before **your** departure on the outward journey.

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

- a) the amount shown in the schedule of cover for bank notes, currency notes and coins
 - b) the amount shown in the schedule of cover for bank notes, currency notes and coins, if **you** are under the age of 16
 - c) the amount shown in the schedule of cover for all other **personal money** and documents (including the cost of the emergency replacement or temporary passport or visa).
2. We will pay up to the amount shown in the schedule of cover for each **insured person** for reasonable additional travel and accommodation expenses necessarily incurred outside **your home area** to obtain a replacement of **your** passport or visa which has been lost or stolen outside **your home area**.

Special conditions relating to claims

1. **You** must report to the local Police in the country where the incident occurred within 24 hours of discovery or as soon as possible after that and get (at **your** own expense) a written report of the loss, theft or attempted theft of all **personal money**, passports or documents.
2. If **personal money**, passports or documents are lost, stolen or damaged while in the care of a hotel or **your** accommodation provider **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation. Keep all travel tickets and tags for submission if a claim is to be made under this policy.
3. If documents are lost, stolen or damaged while in the care of a carrier, transport company, authority, hotel or **your** accommodation provider **you** must details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation.

4. If documents are lost, stolen or damaged whilst in the care of an airline **you** must:
 - a) give formal written notice of the claim to the airline within the time limit set out in their conditions of carriage (please keep a copy).
 - b) keep all travel tickets and tags for submission to us if **you** are going to make a claim under this policy.
5. **You** must provide (at **your** own expense) an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to substantiate **your** claim.

What is not covered

1. The **excess** shown in the schedule of cover.
2. Loss, theft of or damage to **personal money** or **your** passport or visa if left **unattended** at any time (including in a vehicle, in checked in luggage or while in the custody of a carrier, tour operator or **public transport** operator) unless deposited in a hotel safe, safety deposit box or left in **your** locked accommodation.
3. Loss, theft of or damage to travellers' cheques if **you** have not complied with the issuer's conditions or where the issuer provides a replacement service.
4. Loss or damage due to delay, confiscation or detention by customs or any other authority.
5. Loss or damage due to depreciation (loss in value), variations in exchange rates or shortages due to error or omission.
6. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims Evidence

We will require (at **your** own expense) the following evidence where relevant:

- A police report from the local Police in the country where the incident occurred for all loss, theft or attempted theft.
- A letter from **your** tour operator's representative, hotel or accommodation provider where appropriate.
- All travel tickets and tags for submission.
- Original receipts, proof of ownership or valuations for items lost, stolen or damaged.
- Receipts or bills or proof of purchase for any transport and accommodation expenses claimed for.
- Receipt for all currency and travellers cheques transactions.

SECTION G - EXTENDED KENNEL AND/OR CATTERY FEES

What is covered

We will pay **you** up to the amount shown in the schedule of cover (£150 for **trips** in the **United Kingdom**) for any additional kennel/cattery fees incurred, if **your** domestic dog(s)/cat(s) are in a kennel/cattery during **your** trip and **your** return to **your** home has been delayed due to **your** **bodily injury**, illness or disease.

What is not covered

1. Claims arising from **your** **bodily injury**, illness or disease that is not covered under Section B – Emergency medical and other expenses
2. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims Evidence

We will require (at **your** own expense) the following evidence where relevant:

- Written confirmation from the appropriate kennel or cattery confirming the amount of additional fees that **you** have had to pay together with the dates when these were payable.
- A medical certificate from the treating **medical practitioner** explaining why **you** were unable to return **home** on time.

Your unused travel tickets.

SECTION H – PERSONAL LIABILITY

What is covered

We will pay **you** up to the amount shown in the schedule of cover (including legal costs and expenses) against any amount **you** become legally liable to pay as compensation for any claim or series of claims arising from any one event or source of original cause for accidental:

1. **Bodily injury**, death, illness or disease to any person who is not in **your** employment or who is not a **close relative** or persons residing with **you** but not paying for their accommodation.
2. Loss of or damage to property that does not belong to and is neither in the charge of or under the control of **you**, a **close relative** and/or anyone in **your** employment other than any temporary holiday accommodation occupied (but not owned) by **you**.

Special conditions relating to claims

1. **You** must give **us** written notice of any incident, which may result in a claim as soon as possible.
2. **You** must send **us** every writ, summons, letter of claim or other document as soon as **you** receive it.
3. **You** must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without **our** permission in writing.
4. **We** will be entitled to take over and carry out in **your** name the defence of any claims for compensation or damages or otherwise against any third party. **We** will have full discretion in the conduct of any negotiation or proceedings or in the settlement of any claim and **you** will give **us** all necessary information and assistance which **we** may require.
5. If **you** die, **your** legal representative(s) will have the protection of this cover as long as they comply with the terms and conditions outlined in this policy.

What is not covered

1. The first £100 of each and every claim, arising from the same incident claimed for under this section in relation to any temporary holiday accommodation occupied by **you**.
2. Compensation or legal costs arising directly or indirectly from:
 - a) Liability which has been assumed by **you** under agreement (such as a hire agreement) unless the liability would have existed without the agreement.
 - b) Pursuit of any business, trade, profession or occupation or the supply of goods or services.
 - c) Ownership, possession or use of mechanically propelled vehicles, aircraft or watercraft (other than surfboards or manually propelled rowing boats, punts or canoes).
 - d) The transmission of any contagious or infectious disease or virus.
3. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims Evidence

We will require (at **your** own expense) the following evidence where relevant:

- Full details in writing of any incident.
- Any writ, summons, letter of claim or other document must be sent to **us** as soon as **you** receive it.

SECTION I – LEGAL EXPENSES AND ASSISTANCE

What is covered

We will pay up to the amount shown in the schedule of cover for legal costs to pursue a civil action for compensation, against someone else who causes **you** **bodily injury**, illness or death.

Where there are two or more **insured persons** insured by this policy, then the maximum amount **we** will pay for all such claims shall not exceed the amount shown in the schedule of cover.

Special conditions relating to claims

1. **We** shall have complete control over the legal case through agents **we** nominate, by appointing agents of **our** choice on **your** behalf with the expertise to pursue **your** claim.
2. **You** must follow **our** agent's advice and provide any information and assistance required within a reasonable timescale.
3. **You** must advise **us** of any offers of settlement made by the negligent third party and **you** must not accept any such offer without **our** permission.
4. **We** may include a claim for **our** legal costs and other related expenses.
5. **We** may, at **our** own expense, take proceedings in **your** name to recover compensation from any third party for any legal costs incurred under this policy. **You** must give **us** any assistance **we** require from **you** and any amount recovered shall belong to **us**.

What is not covered

We shall not be liable for:

1. Any claim where in **our** opinion there is insufficient prospect of success in obtaining reasonable compensation.
2. Legal costs and expenses incurred in pursuit of any claim against a travel agent, tour operator, carrier, **us**, the 24 hour emergency medical service or their agents or any service supplier detailed on the schedule, someone **you** were travelling with, a person related to **you**, or another **insured person**.
3. Legal costs and expenses incurred prior to **our** written acceptance of the case.
4. Any claim where the legal costs and expenses are likely to be greater than the anticipated amount of compensation.
5. Any claim where legal costs and expenses are variable depending on the outcome of the claim.

6. Legal costs and expenses incurred if an action is brought in more than one country.
7. Any claim where in **our** opinion the estimated amount of compensation payment is less than £1,000 for each **insured person**.
8. Travel, accommodation and incidental costs incurred to pursue a civil action for compensation.
9. The costs of any Appeal.
10. Claims by **you** other than in **your** private capacity.
11. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims Evidence

We will require (at **your** own expense) 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 J - WITHDRAWAL OF SERVICES

What is covered:

We will pay **you** a benefit as stated if **you** suffer **withdrawal of services** as defined below continuously for at least 24 hours during **your** trip up to the maximum stated in the schedule of cover.

What is not covered:

1. Where this policy is issued within 4 weeks of the departure date of **your** trip.
2. For a strike or industrial action existing at the date **your** trip was booked.
3. For services which were not part of **your** pre-paid package deal.
4. Unless supported by written confirmation from the tour operator or hotel to substantiate **your** claim.

DEFINITION: Withdrawal of Services

- (i) the withdrawal of all water or electrical facilities in **your** hotel or trip accommodation, or
- (ii) the withdrawal of waiter/waitress services at meals, or
- (iii) the withdrawal of kitchen services of such nature that no food is Served, or
- (iv) the withdrawal of room cleaning services.

Claims Evidence

We will require (at **your** own expense) the following evidence where relevant:

- Relevant documentation and evidence to support **your** claim from **your** accommodation provider.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

SECTION K - HIJACK COVER

What is covered

If **you** are prevented from reaching **your** scheduled destination as a result of hijack of the aircraft or ship in which **you** are travelling **we** will pay **you** up to the amount shown in the schedule of cover for each full 24 hours of delay. This benefit is only payable if no claim is made under Section A - Cancellation or curtailment charges or Section H - Delayed departure.

Special conditions relating to claims

1. **You** have not engaged in any political or other activity which would prejudice this insurance.
2. **You** have no family or business connections that could be expected to prejudice this insurance or increase **our** risk.
3. All **your** visas and documents are in order.
4. **You** must report the matter to the Police immediately upon **your** release and provide **us** within 30 days of returning from the **trip** with a police report confirming that **you** were unlawfully detained and the dates of such detention.

What is not covered

1. Any claim relating to payment of ransom monies.
2. Any claim arising out of any act(s) by **you** which would be considered an offence by a court of the **United Kingdom** if they had been committed in the **United Kingdom**.
3. Any claim where the detainment, internment, hijack or kidnap of **you** has not been reported to or investigated by the Police or local authority.
4. Anything mentioned in General Exclusions applicable to all sections of the policy on page 15.

Claims Evidence

We will require (at **your** own expense) the following evidence where relevant:

- A police report from the local Police in the country where the incident occurred confirming that **you** were unlawfully detained and the dates of such detention.

SECTION L – MUGGING BENEFIT

What is covered

We will pay **you** up to the amount shown in the schedule of cover for each complete 24 hour period which **you** spend as an in-patient in hospital outside **your** home area as a direct result of injuries sustained whilst being mugged.

Special conditions relating to claims

1. **You** must tell the 24 hour emergency medical service as soon as possible of any **bodily injury** caused by mugging which necessitates **your** admittance to hospital as an in-patient.
2. **You** must report to the local Police in the country where the mugging occurred within 24 hours of the incident, or as soon as possible after that and get (at **your** own expense) a written report of the circumstances of the mugging.

Claims Evidence

We will require (at **your** own expense) the following evidence where relevant:

- Confirmation in writing from the hospital or the treating **medical practitioner** of the dates when **you** were admitted and subsequently discharged from hospital.
- A police report from the local Police in the country where the mugging occurred.

SECTION M - CATASTROPHE

What is covered:

We will pay **you** up to the limit shown in the schedule of cover should **you** be forced to move from **your** pre-booked and pre-paid accommodation outside of the **United Kingdom** as a result of fire, lightning, explosion, earthquake, storm, tempest, hurricane, flood, medical epidemic or local Government directive occurring while **you** are abroad and which is confirmed in writing by local or national authority 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**.

What is not covered:

No compensation will be payable for:

1. Any expense following **your** disinclination to travel or to continue with **your** trip when official directives from the local or national authority state it is acceptable to do so.
2. Any cost or expense payable by or recoverable from the tour operator, airline, hotel or other provider of services.
3. Any cost or expense resulting from circumstances existing prior to **your** arrival at **your** pre-paid and pre-booked accommodation.

Claims Evidence

We will require (at **your** own expense) the following evidence where relevant:

- Relevant documentation and evidence to support **your** claim from the local or national authority and **your** accommodation provider.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

SECTION N – SCHEDULED AIRLINE FAILURE

(Insured by The Independent's Advantage Insurance Company Ltd)

This is to certify that **The Independent's Advantage Insurance Company Ltd** will insure in accordance with the terms and conditions contained herein or endorsed hereon. The Policy Wording sets out in full details of the cover provided and is only valid if attached to a Validation Certificate detailing the premium, geographical area, period of cover and person(s) insured. **The Independent's Advantage Insurance Company Ltd** is authorised and regulated by the Guernsey Financial Services Commission.

MAKING A CLAIM

First, check **Your** Certificate and the appropriate Section of **Your** policy to make sure that what **You** are claiming for is covered.

UK CLAIMS TEL: 0207 481 2399

OUTSIDE THE UK: +44 207 481 2399

E-MAIL: claims@asua.co.uk

Claims Office open Mon-Fri 09:30 to 17:00 excluding Public Holidays. To obtain a claim form, give **Your** name and Certificate number, and brief details of **Your** claim. All claims must be notified within 28 days of **Your** return on a policy claim form, accompanied by original invoices, receipts, reports, etc.

INFORMATION WE REQUIRE: Your original confirmation and invoice of booking and travel tickets. A written confirmation from the Airline or relevant service supplier of the financial failure and inability to provide the service or refund. Your proof of insurance and validation certificate.

Please remember that it is always advisable to retain copies of all documents when submitting **Your** claim form. **We** recommend **You** use registered post. In order to handle claims quickly, **We** may use appointed claims handling agents.

COOLING OFF PERIOD: Please read this document carefully. If **You** find the Insurance does not meet **Your requirements** please return this policy and proof of premium to the selling agent within 14 days of receipt but before the trip departure date. Provided no claim has been made **Your** premium will be refunded in full.

ABOUT THE COVER AND CONDITIONS: This is **Your** contract of insurance. It contains certain conditions exclusions to all sections. **You** must meet the conditions or **We** will not accept **Your** claim.

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.

CLAIMS YOUR DUTIES:

(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 no later than 28 days from the date of the loss and shall supply to **Us** at **Your own expense** 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 at all times act in a reasonable manner to prevent or minimize a claim.

CLAIMS OUR RIGHTS

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

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

(c) **We** may, at any time, pay to **You** **Our** full liability under this policy after which no further liability shall attach to **Us** in any respect or as a consequence of such action.

(d) In the event of a valid claim **You** shall allow **Us** the use of any relevant Travel Documents **You** are not able to use because of the claim.

FRAUD: If any person makes any misrepresentation or concealment in obtaining this Policy or in support of any claim the insurance by this Policy will be void and the premium paid shall be forfeited. Any benefits so claimed and received must be repaid to **Us**.

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. Where it is possible for **Us** to recover sums that **We** have paid out under the terms of the policy, **You** will co-operate fully with **Us** in any recovery attempt **We** make and **We** will pay all costs associated with the recovery of **Our** outlay. **You** agree not take any action that may prejudice **Our** recovery rights and will advise **Us** if **You** instigate proceedings to recover compensation arising from any incident which has led to a successful claim against this policy. The sums **We** have paid out under the terms of the policy will be reimbursed from any recovery made.

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.

JURISDICTION: Unless specifically agreed to the contrary this insurance shall be subject to English Law.

DATA PROTECTION: The Independent's Advantage Insurance Company Ltd will use the information supplied during the formation and performance of this Policy for policy administration, customer services, paying claims and fraud prevention. **We** may disclose this information to **Our** service providers and both **You** and **Our** agents for these purposes. **We** will keep this information for a reasonable period. Individuals whose information has been supplied to **Us** have a right to ask for a copy of that information and to have any inaccuracies corrected. **We** may record telephone calls to make sure it follows instructions correctly and for staff training purposes. When personal or sensitive data is supplied to **Us** about third parties other than the insured, both during the formation and performance of this policy, **We** assume that those third parties consent to the supply of this information to **Us**, to **Us** processing this data, including sensitive personal data, and to the transfer of their

information abroad. **We** will also assume that the supplier of the information is authorised to receive, on their behalf, any data protection notices.

DEFINITIONS

The following words or expressions carry the meaning shown below whenever they appear in bold print within the wording of the Policy.

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

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

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.

Period of Insurance -The validation certificate/policy schedule 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: - Cancellation cover starts when **You** book **Your** trip or when the policy was issued (whichever is the later) and finishes when **You** start **Your Outward Journey**. Cover under all other sections begins when **You** start **Your Outward Journey** and ends upon **Your** return home from the trip. **Your Outward** and **Return Journey** must take place during the period of cover shown on the Validation Certificate and for which the correct premium has been paid. If **You** have chosen an Annual Multi Trip Insurance the **Outward** and **Return Journey** must take place during the start and end date shown on the Validation Certificate. 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.

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.

Terrorism - An act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

WE/OUR/US/THE INSURERS: The Insurers are **The Independent's Advantage Insurance Company Ltd**, Second Floor, St Andrews House, The Bodge, St Peter Port, Guernsey. GY1 1BR.

You / Your - Any person named on the Validation Certificate who is eligible to be Insured and for whom premium has been paid.

Definitions which only apply to this Section **Irrecoverable Loss** – Deposits and charges paid by **You** for **Your Trip** which are not recoverable from any other source including but not limited to insurance policies or financial bonds and guarantees provided by the **Scheduled Airline** or another insurance company or a government agency or a travel agent or credit card company.

Trip – The **Outward Journey** and **Return Journey** on a **Scheduled Airline** booked and paid for by **You**.

Scheduled Airline – An airline upon whom **Your Trip** depends operating a regular systematic service to a published timetable whose flights are available to paying members of the general public on a seat only basis and which is not part of a package holiday arranged by a tour operator.

Insolvency or Financial Failure – An event causing the cancellation of all or part of **Your Trip** happening after **You** purchased this insurance which results in the **Scheduled Airline** no longer carrying on its business or service as a result of financial failure within the meaning of the Insolvency Act 1986 or any statutory modification or re-enactment thereof or a similar legal action in consequence of debt under the jurisdiction of a competent court in another country.

SECTION N – SCHEDULED AIRLINE FAILURE

What is covered:

We will indemnify **You** for Irrecoverable Loss of:

- (a) unused flight ticket charges paid for a **Scheduled Airline** flight associated with **Your Trip** that are not refundable and which were incurred before **Your** departure date if **You** have to cancel **Your Trip** or if **You** have already completed the **Outward Journey**.
- (b) the extra cost of a one way airfare of a standard no greater than the class of journey on the **Outward Journey** to allow **You** to complete the **Return Journey** of **Your Trip** as a result of the **Insolvency** or **Financial Failure** of the airline on which **You** are booked to travel causing the flight (or flights) on which **Your** trip depends that were subject to **Advanced Booking** being discontinued and **You** not being offered from any other source any reasonable alternative flight or refund of charges **You** have already paid.

EXCLUSIONS APPLYING TO SECTION N

What is not covered:

1. Any expense following **You** disinclination to travel or to continue with **Your Trip** or loss of enjoyment on **Your Trip**.
2. Any expense arising from circumstances which could reasonably have been anticipated at the time **You** booked **Your trip**.
3. Any form of travel delay or other temporary disruption to **Your trip**.
4. Any loss sustained by **You** when the Certificate of Insurance or other evidence or coverage was effected after the date of the first Threat of **Insolvency or Financial Failure** (as defined herein) of the **Scheduled Airline** or other relevant company was announced.
5. Any loss sustained in respect of Charter flight tickets associated with a package holiday and/or other flight tickets not on a **Scheduled Airline** as defined.
6. Claims directly or indirectly occasioned by, happening through or in consequence of war, invasion, acts of foreign enemy, hostilities or warlike operation (whether war be declared or not), civil war, mutiny, military rising, insurrection, rebellion, revolution, military or usurped power.
7. Consequential loss of any kind
8. Damage to, or loss or destruction of any property or any loss or expense whatsoever arising indirectly caused by or contributed to, by or arising from:
 - (a) ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel
 - (b) the radioactive toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component of such assembly
9. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
10. Claims arising from flying or aerial activity of any kind (other than as a fare paying passenger in a fully licensed passenger carrying aircraft).
11. Claims arising directly or indirectly from **You** wilful, malicious or unlawful acts or whilst under the influence of alcohol or drugs.
12. 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.
13. Any claim arising directly or indirectly from any injury, illness, death, loss, expense or other liability attributable to HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutual derivative or variations thereof however caused (unless declared to **Us** prior to effecting this insurance, please refer to the Medical Declaration.
14. Any **Excess** shown in the schedule.
15. Claims arising directly or indirectly from an act of **Terrorism**.

COMPLAINTS PROCEDURE (Section N Only)

If, for any reason, **You** consider that **We** have not kept **Our** promise or **You** have any cause for complaint regarding this insurance please contact the agent who sold this policy to **You** in the first instance. If **Your** complaint is regarding a claim, in the first instance write to the Claims Manager at the claims service detailed on the Travel Insurance Schedule.

If **Your** complaint is not resolved to **Your** satisfaction or if **Your** complaint is not regarding a claim, **You** should write to

The Managing Director, All Seasons Underwriting Agencies Ltd. (ASUA). 6-8 Fenchurch Buildings, Fenchurch Street, London. EC3M 5HT. ASUA are regulated by the Financial Services Authority. Reg. No. 308488.

If **Your** complaint is not resolved to **Your** satisfaction by ASUA then **You** should write to: The Manager, **The Independents' Advantage Insurance Company Limited**, Second Floor, St Andrews House, The Bordage, St Peter Port, Guernsey. GY1 1BR.

If after taking this action **You** are still dissatisfied **You** may write to the: Customer Satisfaction Manager, Advantage Travel Centres Limited, 21 Provost Street, London, N1 7NH. Regulated by the Financial Services Authority. Reg. No. 308377.

In the unlikely event that the dispute cannot be settled this shall be referred to a single arbitrator which shall be agreed between the parties and in the absence of agreement shall be appointed by the Chairman of the Law Society for the time being.

SECTION O1 – SKI EQUIPMENT

What is covered

We will pay **you** up to the amount shown in the schedule of cover for the accidental loss of, theft of or damage to **your** own **ski equipment**, or up to the amount shown in the schedule of cover for hired **ski equipment**. The amount payable will be the value at today's prices less a deduction for wear tear and

depreciation (loss of value - calculated from the table below), or **we** may replace, reinstate or repair the lost or damaged **ski equipment**.

Age of ski equipment	Amount payable
Less than 1 year old	90% of value
Over 1 year old	70% of value
Over 2 years old	50% of value
Over 3 years old	30% of value
Over 4 years old	20% of value
Over 5 years old	No payment

The maximum **we** will pay for any one article, pair or set of articles is the amount payable calculated from the table above or the amount shown in the schedule of cover whichever is less.

Special conditions relating to claims

1. **You** must report to the local Police in the country where the incident occurred within 24 hours of discovery or as soon as possible after that and get a written report (at **your** own expense) of the loss, theft or attempted theft of all **ski equipment**.
2. If **ski equipment** is lost, stolen or damaged while in the care of a carrier, transport company, authority, hotel or **your** accommodation provider **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation.
3. If **ski equipment** is lost, stolen or damaged whilst in the care of an airline **you** must:
 - a) get a Property Irregularity Report from the airline
 - b) give formal written notice of the claim to the airline, within the time limit set out in their conditions of carriage (please keep a copy)
 - c) keep all travel tickets and tags for submission if **you** are going to make a claim under this policy.
4. **You** must provide (at **your** own expense) an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to substantiate **your** claim.

What is not covered

1. The **excess** shown in the schedule of cover.
2. Loss, theft of or damage to **ski equipment** contained in or stolen from an **unattended** vehicle:
 - a) overnight between 9 pm and 9 am (local time) or
 - b) at any time between 9 am and 9 pm (local time) unless:
 - i) it is locked out of sight in a **secure baggage area** and
 - ii) forcible and violent means have been used by an unauthorised person to gain entry into the vehicle and evidence of this entry is available.
3. Loss or damage due to delay, confiscation or detention by customs or any other authority.
4. Loss or damage caused by wear and tear, depreciation (loss in value), atmospheric or climatic conditions, moth, **vermin**, any process of cleaning repairing or restoring, mechanical or electrical breakdown.
5. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims Evidence

We will require (at **your** own expense) the following evidence where relevant:

- A police report from the local Police in the country where the incident occurred for all loss, theft or attempted theft.
- A Property Irregularity Report from the airline or a letter from the carrier where loss, theft or damage occurred in their custody.
- A letter from **your** tour operator's representative, hotel or accommodation provider where appropriate.
- All travel tickets and tags for submission.
- An original receipt or proof of ownership for items lost, stolen or damaged.
- Repair report where applicable.

SECTION O2 – SKI EQUIPMENT HIRE

What is covered

We will pay **you** up to the amount shown in the schedule of cover for the reasonable cost of hiring replacement **ski equipment** as a result of the accidental loss of, theft of or damage to or temporary loss in transit for more than 24 hours of **your** own **ski equipment**.

Special conditions relating to claims

1. **You** must report to the local Police in the country where the incident occurred within 24 hours of discovery or as soon as possible after that and get (at **your** own expense) a written report of the loss, theft or attempted theft of **your** own **ski equipment**.

2. If **ski equipment** is lost, stolen or damaged while in the care of a carrier, transport company, authority, hotel or **your** accommodation provider **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation.
3. If **ski equipment** is lost, stolen or damaged whilst in the care of an airline **you** must:
 - a) get a Property Irregularity Report from the airline.
 - b) give formal written notice of the claim to the airline within the time limit set out in their conditions of carriage (please keep a copy).
 - c) keep all travel tickets and tags for submission if **you** are going to make a claim under this policy.
4. **You** must provide (at **your** own expense) an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to substantiate **your** claim.

What is not covered

1. Loss, theft of or damage to **ski equipment** contained in an **unattended** vehicle:
 - a) overnight between 9 pm and 9 am (local time) or
 - b) at any time between 9 am and 9 pm (local time) unless:
 - i) it is locked out of sight in a **secure baggage area** and
 - ii) forcible and violent means have been used by an unauthorised person to gain entry into the vehicle and evidence of this entry is available.
2. Loss or damage due to delay, confiscation or detention by customs or any other authority.
3. Loss or damage caused by wear and tear, depreciation (loss of value), atmospheric or climatic conditions, moth, **vermin**, any process of cleaning repairing or restoring, mechanical or electrical breakdown.
4. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims Evidence

We will require (at **your** own expense) the following evidence where relevant:

- A police report from the local Police in the country where the incident occurred for all loss, theft or attempted theft.
- A Property Irregularity Report from the airline or a letter from the carrier where loss, theft or damage occurred in their custody.
- A letter from **your** tour operator's representative, hotel or accommodation provider where appropriate.
- All travel tickets and tags for submission.
- An original receipt, proof of ownership or valuations for items lost, stolen or damaged together with receipts or bills detailing the costs incurred of hiring replacement **ski equipment**.

SECTION 03 – SKI PACK

What is covered

We will pay **you**:

- a) Up to the amount shown in the schedule of cover for the unused portion of **your** ski pack (ski school fees, lift passes and hired **ski equipment**) following **your** **bodily injury**, illness or disease.
- b) Up to the amount shown in the schedule of cover for the unused portion of **your** lift pass if **you** lose it.

Special conditions relating to claims

1. **You** must provide (at **your** own expense) written confirmation to **us** from a **medical practitioner** that the **bodily injury**, illness or disease prevented **you** from using **your** ski pack.

What is not covered

1. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims Evidence

We will require (at **your** own expense) the following evidence where relevant:

- A medical certificate from the treating **medical practitioner** explaining why **you** were unable to use **your** ski pack.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

SECTION 04 – PISTE CLOSURE

What is covered

We will pay **you** up to the amount shown in the schedule of cover for transport costs necessarily incurred by **you**, to travel to and from an alternative site if either lack of or excess of snow, or an avalanche results in the skiing facilities (excluding cross-country skiing) in **your** resort being closed and it is not possible to ski. The cover only applies:

- a) To the resort which **you** have pre-booked for a period more than 12 hours and for as long as these conditions continue at the resort, but not more than the pre-booked period of **your** trip and
- b) To **trips** taken outside the **United Kingdom** during the published ski season for **your** resort.

If no alternative sites are available, **we** will pay **you** compensation up to the amount shown in the schedule of cover.

Special conditions relating to claims

1. **You** must get (at **your** own expense) written confirmation from the relevant authority, ski lift operator or **your** tour operator's representative of the number of days skiing facilities were closed in **your** resort and the reason for the closure.

What is not covered

1. Any circumstances where transport costs, compensation or alternative skiing facilities are provided to **you**.
2. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims Evidence

We will require (at **your** own expense) the following evidence where relevant:

- A letter from the relevant authority, ski lift operator or **your** tour operator's representative of the number of days skiing facilities were closed in **your** resort and the reason for the closure.
- Receipts or bills for any transport costs claimed for.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

SECTION 05 – AVALANCHE OR LANDSLIDE COVER

What is covered

We will pay **you** up to the amount shown in the schedule of cover for reasonable additional accommodation (room only) and travel expenses necessarily incurred in reaching **your** booked resort or returning **home** if **you** are delayed for more than 12 hours by avalanche or landslide. The cover only applies to **trips** taken outside the **United Kingdom** during the published ski season for **your** resort.

Special conditions relating to claims

1. **You** must get (at **your** own expense) written confirmation from the relevant authority or **your** tour operator's representative confirming the event.

What is not covered

1. Anything mentioned in What is not covered applicable to all sections of the policy.

CLAIMS EVIDENCE

We will require (at **your** own expense) the following evidence where relevant:

- A letter from the relevant authority or **your** tour operator's representative confirming details of the avalanche or landslide that caused the delay and the period of delay.
- Receipts or bills for any accommodation and travel expenses claimed for.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

COMPLAINTS PROCEDURE (Not applicable to Section N) Making yourself heard

We are committed to providing **you** with an exceptional level of service and customer care. **We** realise that things can go wrong and there may be occasions when **you** feel that **we** have not provided the service **you** expected. When this happens, **we** want to hear about it so that **we** can try to put things right.

Who to contact?

The most important factors in getting **your** complaint dealt with as quickly and efficiently as possible are:

- a) to be sure **you** are talking to the right person, and;
- b) that **you** are giving them the right information.

When you contact us?

Please give **us** **your** name and contact telephone number.

Please quote **your** policy and/or claim number and the type of policy **you** hold.

Please explain clearly and concisely the reason for **your** complaint.

So **we** begin by establishing **your** first point of contact:

Step One – initiating your complaint:

Does your complaint relate to:

A: your policy?

B: a claim on your policy?

If **A, you** need to contact the agent who sold **you your** policy. Call the number on **your** schedule of cover and state **your** complaint.

If **B, you** need to contact whoever is currently dealing with **your** claim and state **your** complaint. The claims handler will be shown on your schedule of cover.

In either case, if **you** wish to provide written details, the following checklist has been prepared for **you** to use when drafting **your** letter.

Head **your** letter 'COMPLAINT'.

Give **your** full name, post code and contact telephone number(s).

Quote the type of policy and **your** policy and/or claim number.

Explain clearly and concisely the reason(s) for **your** complaint.

The letter should be sent to the person dealing with **your** complaint along with any other material required.

We expect that the majority of complaints will be quickly and satisfactorily resolved at this stage, but if **you** are not satisfied, **you** can take the issue further:

Step Two – if you are still unhappy:

Should their response be unsatisfactory and **your** complaint is not resolved to **your** satisfaction, or if **your** complaint is not regarding a claim, **you** should write to:

Managing Director

All Seasons Underwriting Agencies Ltd, 6-8 Fenchurch Buildings,
Fenchurch Street, London EC3M 5HT
Tel: 020 7481 2399 Fax: 0870 051 2778

Step Three – contacting AXA Head Office:

If **your** complaint is one of the few that cannot be resolved by this stage contact the Head of Customer Care, who will arrange for an investigation on behalf of the Chief Executive:

Head of Customer Care

AXA Insurance, Civic Drive, Ipswich, IP1 2AN

Tel: 01473 205926 Fax: 01473 205101

e-mail: customercare@axa-insurance.co.uk

Step Four – beyond AXA:

If **we** have given **you our** final response and **you** are still not satisfied **you** may refer **your** case to the Financial Ombudsman Service (FOS).

The Ombudsman is an independent body that arbitrates on complaints about general insurance products and other financial services. It will only consider complaints after **we** have provided **you** with written confirmation that **our** internal complaints procedure has been exhausted.

Insurance Division

Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London, E14 9SR

Tel: 0845 080 1800 Fax: 020 7964 1001

Please note that **you** have six months from the date of **our** final response in which to refer **your** complaint to the Ombudsman. Referral to the Ombudsman will not affect **your** right to take legal action.

Our promise to you

We will acknowledge written complaints promptly.

We will investigate quickly and thoroughly.

We will keep **you** informed of progress.

We will do everything possible to resolve **your** complaint.

We will learn from **our** mistakes. **We** will use the information from complaints to continuously improve **our** service.

Calls are recorded and monitored.

USEFUL CONTACT INFORMATION

FOR GENERAL INFORMATION

Globelink International Travel Insurance

Telephone +44 (0)1353 699082

Email info@globelink.co.uk

FOR EMERGENCY ASSISTANCE - 24 HOURS 365 DAYS PER YEAR. (NOT TO BE USED FOR CASUAL ENQUIRIES)

Axa Assistance

Telephone +44 (0203 128 7529)

CLAIMS DEPARTMENT

Claims Settlement Agencies Ltd

Telephone +44 (0)1702 553443

Fax +44 (0)844 826 2645

MEDICAL SCREENING OF PRE-EXISTING MEDICAL CONDITIONS (INCLUDING CHANGES IN CONDITIONS)

Medical Screening

Telephone +44 (0) 1223 446 911 (Quoting “Globelink”)

NOTES

If you are a resident of a European Union member State all reference to the United Kingdom in this policy of insurance shall be deemed to mean Your country of European Union Residence.

Clarification of cover for policies issued to clients living in EU Countries, other than UK. We confirm that cover under Parts 1 and 2 of Section D. Travel Delay and Missed Departure is extended to include cover for pre-booked UK international departure flights provided the scheduled departure time is at least three hours after the scheduled UK arrival time of the pre-booked flight from your country of residence within the European Union. Subject otherwise to the terms, conditions and limitations of the policy.

Globelink International Travel Insurance Consultants Ltd.

84 Cannon Street, Little Downham, Ely, Cambridgeshire CB6 2SS

Some important facts about Your insurance are summarized within this document. This summary does not describe all the terms and conditions of Your policy, so please take time to read the Travel Insurance Policy to make sure You understand the cover it provides at the time of purchase. This Policy Summary does not form part of the contract between us.

INSURANCE PROVIDER

Your Travel Insurance is arranged by All Seasons Underwriting Agencies Limited on behalf of Globelink International Travel Insurance Consultants Ltd. The insurer for this policy is Axa Insurance (UK) Plc. Civic Drive, Ipswich IP1 2AN.

TRAVEL INSURANCE

Your declared cover and period of cover is shown on Your Validation Certificate.

PURPOSE OF THE INSURANCE

This is a travel policy that, subject to the terms, conditions and exclusions contained in the Policy Document, provides certain financial protection and medical assistance for your trip(s).

SIGNIFICANT PRODUCT FEATURES, BENEFITS AND EXCLUSIONS

The levels of cover and excesses that apply are set out in the Schedule of Benefits on the Travel Insurance Schedule or Travel Quotation Schedule. Certain Sections of your Policy carry an excess which means that you have to pay the first sum per person, per incident if you claim. The excess amount varies according to the Section you are claiming under. The table below sets out the significant benefits and exclusions of your Policy. The policy includes many other benefits, conditions and exclusions.

EXCESSES

You and each person named on the deposit receipt will be responsible for the first part of a claim made under certain sections of this insurance (shown in the table above) this is known as the "Excess". If you have paid the additional premium to waive the excess, the standard claims excess will not apply.

YOUR RIGHT TO CANCEL THIS POLICY

We hope you are happy with the cover this policy provides. However, if after reading the policy you have a valid and justifiable reason why this insurance does not meet with your requirements, please return it to Globelink within 14 fourteen days of issue stating the reason for your dissatisfaction and we will refund your premium. In certain cases an administration fee may be deducted from such refund. If your policy is an annual multi-trip policy, the Insurer shall not be bound to accept renewal of any Insurance and may at any time cancel any insurance document by sending 14 days notice to the Insured at his last known address. Provided the premium has been paid in full the Insured shall be entitled to a proportionate rebate of premium in respect of the un-expired period showing on the Insurance

HOW TO MAKE A CLAIM

If you need to make a claim, please obtain a claim form no later than 31 days after the event by telephoning Claims Settlement Agencies Ltd. On +44 (0)1702 553443. If you require emergency medical treatment and/or repatriation assistance or need to curtail your trip whilst abroad you must contact Speciality Assistance 24 Hour Assistance Service on +44 (0)203 128 7529 or we may not pay your claim.

HOW TO MAKE A COMPLAINT

It is the intention to give You the best possible service but if You do have any questions or concerns about this Insurance You should in the first instance contact the Managing Director of the Administrators. The contact details are: Globelink International Travel Insurance Consultants Ltd, 84 Cannon Street, Little Downham, Ely, Cambridgeshire, CB6 2SS, Tel: +44 (0) 1353 699 082, E-mail: info@globelink.co.uk. Please ensure that Your Validation Certificate Number is quoted in all correspondence to assist a quick and efficient response.

If **You** have any concerns or a complaint in relation to the handling of a claim, please follow the process below or refer to the Complaints Procedure on Page 10 of the policy document:-

Contact in writing, Managing Director, All Seasons Underwriting Agencies Ltd, (ASUA) 6-8 Fenchurch Buildings, Fenchurch St, London EC3M 5HT. ASUA are authorized and regulated by the Financial Services Authority. Reg. No. 308488. ASUA act as an agent of the Insurers who are ETI Insurance Company Limited

If after taking the above actions **You** are still consider the matter not resolved, the following action is then open to **You**. Financial Ombudsman Service. South Quay Plaza, 183 Marsh Wall, London E14 9SR.

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

PLEASE NOTE REDUCED SUMS INSURED APPLY TO CERTAIN AGE GROUPS POLICY EXCESSES ARE APPLIED ON A PER PERSON PER CLAIM BASIS

<p>Medical Conditions existing prior to purchasing this policy</p>	<p align="center">IMPORTANT CONDITIONS RELATING TO HEALTH</p> <p>You must comply with the following conditions to have the full protection of your policy.</p> <p>If you do not comply we may cancel the policy or refuse to deal with your claim or reduce the amount of any claim payment.</p> <p>2. It is a condition of this policy that you will not be covered under Section A – Cancellation or curtailment charges, Section B – Emergency medical and other expenses, Section C – Hospital benefit and Section D – Personal accident for any claims arising directly or indirectly from:</p> <p>a) At the time of taking out this policy:</p> <ul style="list-style-type: none"> vi) Any pre-existing medical condition that you have unless you have contacted the ASUA medical screening line on the number shown in your schedule of cover and we have agreed to provide cover, or all of the pre-existing medical conditions that you have are included in the list of NO SCREEN CONDITIONS* shown on page 4 below and the words in brackets apply to you vii) Any medical condition for which you have received a terminal prognosis viii) Any medical condition you are aware of but for which you have not had a diagnosis ix) 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 x) Any medical condition affecting you, a close relative or a close business associate that you are aware of, that could reasonably be expected to result in a claim on this policy 	<p align="center">‘IMPORTANT CONDITIONS RELATING TO HEALTH’</p> <p>Section A, B and C – ‘What is not covered’</p> <p>Section B – Emergency Medical, Repatriation & Other Expenses – ‘What is not covered’</p> <p>To declare Medical Conditions – contact the telephone number detailed on your Travel Insurance Schedule of Cover</p>
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	<p>unless you have been given our agreement.</p> <p>b) At any time:</p> <p>v) Any medical condition you have which a medical practitioner has advised you not to travel (or would have done so had you sought his/her advice), but despite this you still travel</p> <p>vi) Any surgery, treatment or investigations for which you intend to travel outside of your home area to receive (including any expenses incurred due to the discovery of other medical conditions during and/or complications arising from these procedures)</p> <p>vii) Any medical condition for which you are not taking the recommended treatment or prescribed medication as directed by a medical practitioner</p> <p>viii) You travel against any health requirements stipulated by the carrier, their handling agents or any other public transport provider.</p> <p>If your health changes after the start date of your policy and the date your travel tickets or confirmation of booking were issued, you must telephone our customer helpline shown on the your schedule to make sure your cover is not affected.</p> <p>You should also refer to What is not covered – applicable to all sections of the policy.</p>	
Age Limits	There may be Age Restrictions within your Policy. Please ask your issuing agent if this applies to you.	
Country of Residence	This policy is only available to you if you are permanently resident in the United Kingdom or European Union and registered with a medical practitioner in the United Kingdom or European Union. If you are a permanent resident of a European Union country (other than the United Kingdom) all reference to the United Kingdom in this policy shall mean your country of residence.	
Sports and Activities	You are not covered for taking part in any Hazardous Pursuit unless it is listed in the policy wording. If You are going to take part in any activity that may be considered dangerous or Hazardous that is not detailed in the Policy Wording, please contact the selling agent who will contact Us to see if We can provide cover. Please note that under the Personal Liability section You will not be covered for liability caused directly or indirectly by Your owning or using firearms or weapons, animal, aircraft, motorised vehicle, boat and other watercraft, or any other form of motorised leisure equipment, including jet skis and snowmobiles. You may be covered when participating in certain winter sports if you have paid to extend your cover.	<p>Important Information 3</p> <p>‘Hazardous Pursuits’</p> <p>Winter Sports ‘Definitions’</p>
The Law Which Applies to this Policy	You and we are free to choose the laws applicable to the policy. As we are based in England, we propose to apply the laws of England and Wales and by purchasing this policy you have agreed to this.	Important Information 17

Section Of Cover	Significant Features and Benefits	Policy Limits and Exclusions Applying to Significant Covers
CANCELLATION OR CURTAILMENT	Cancellation provides cover for travel and accommodation expenses paid or contracted to be paid by you in respect of your trip. Curtailment provides cover for travel cost necessarily incurred to return you to your home before the booked return date and a pro-rata amount representing the total pre-paid or contracted costs of accommodation, care hire and excursions attributable to each complete day which is not spent overseas. This pro-rata refund excludes all costs attributable to the outward and return travel tickets, whether used or unused.	<p>To be able to claim, the reason why the trip is being cancelled or cut short must be necessary and unavoidable and must fall into one of the reasons listed in the Policy. For example, if a person insured under this policy becomes ill or is injured or dies.</p> <p>‘IMPORTANT CONDITIONS RELATING TO HEALTH’</p> <p>Section A, B and C - ‘What is not covered’</p> <p>Section B – Emergency Medical, Repatriation & Other Expenses – ‘What is not covered’</p>
EMERGENCY MEDICAL AND OTHER EXPENSES	Provides cover for costs arising in the event of illness, injury or death during the trip and where necessary the provision of emergency medical assistance.	<p>To be able to claim, the medical treatment must be required in an emergency and be unable to wait until you have returned to your country of residence. Medical cover does not apply to treatment received in the country in which you reside.</p> <p>‘IMPORTANT CONDITIONS RELATING TO HEALTH’</p> <p>Section A, B and C - ‘What is not covered’</p> <p>Section B – Emergency Medical, Repatriation & Other Expenses – ‘What is not covered’</p>
BAGGAGE MONEY PASSPORT, TICKETS & DOCUMENTS	Provides cover for your own money, documents, personal luggage and valuables if they are lost, stolen or damaged during your trip. You will be expected to provide evidence of ownership and value (such as receipts) in the event of a claim.	<p>To be able to claim, a written report is required to support the loss / theft/ damage. For example, from the local police or from the transport carrier.</p> <p>The amount payable will include an allowance for wear and tear and loss of value.</p> <p>The policy has an inner limit for each single item (this includes a pair or set) and has a limit for valuables as defined overall. Money cover includes a cash limit as shown in the schedule.</p> <p>Valuables and Money are not covered if they are left in an unattended vehicle or are outside your control in transit at any time. All property insured must not be left unattended unless in securely locked holiday accommodation. A written police report must be obtained within 24 hours to support the loss/theft. Claims for loss in transit must be supported by written report from the carrier (e.g. airline or coach company).</p>