

## SINGLE & ANNUAL MULTI TRIP TRAVEL INSURANCE POLICY

V.1016

MASTER POLICY NUMBER  
ANV2016/200/02

This travel insurance has been arranged by ASUA Ltd on behalf of Globelink International Travel Insurance Consultants Ltd. Authorised and regulated by the Financial Conduct Authority, FCA registration Number 300144.

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



Globelink International

This travel insurance has been arranged for Globelink International Travel Insurance Consultants by All Seasons Underwriting Agencies Limited (ASUA) of Alpi House, Suite 2, East Wing, 2<sup>nd</sup> Floor, Miles Gray Road, Basildon, Essex, SS14 3HJ. Financial Conduct Authority Registration No: 308488.

This insurance is underwritten by Lloyd's Consortium 9208. The Consortium Leader is Lloyd's Syndicate 1861, which is managed by ANV Syndicates Limited. ANV Syndicates Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority. Financial Conduct Authority Registration No: 226696. Registered Office: 47 Mark Lane, London, EC3R 7QQ. Registered in England and Wales under company registration number 04434499.

Section S Financial Failure Protection is underwritten by CBL Insurance Europe Limited 2nd Floor 13-17 Dawson Street Dublin 2 Ireland, company registration: 218234 who are authorised and regulated by the Financial Conduct Authority registration number 203120.

### Certification of cover

This policy wording combined with **your** insurance schedule forms **your** Certificate of Insurance and certifies that insurance has been effected between **you** and **us**. In return for payment of the premium **we** agree to insure **you** in accordance with the terms and conditions contained in and endorsed on these documents. **We** have entered into a Binding Authority Contract reference number B6018TP5162016 with Compass Underwriting Limited under which **we** have authorised them to sign these documents on **our** behalf.

Signed by

(Andrew Briant) Authorised signatory for Compass Underwriting Limited.

This policy wording, together with **your** schedule and the information provided on **your** insurance application, when **you** made an amendment or at renewal, is a contract between **you** and **us**. It is important that **you** read this policy wording carefully along with **your** schedule so **you** can be sure of the cover provided and to check that it meets **your** needs.

### Disclosure of Important Information

When **you** applied for this insurance, and/or when **you** applied to make any change to the cover, **you** were asked a number of questions. **We** relied on all of the answers to these questions to decide the terms upon which **we** offered **you** cover or amended cover. This includes the premium to be charged. It is therefore essential that all of the answers **you** gave were truthful, complete and accurate to the best of **your** knowledge. If any of **your** answers are later found to be incorrect, incomplete or misleading, this could lead to **your** insurance being declared invalid and/or to **your** claim not being paid or not fully paid.

### Fraudulent claims or misleading information

**We** take a robust approach to fraud prevention. If any claim under this insurance is fraudulent or is intended to mislead, or if any misleading or fraudulent means are used by **you** or anyone acting on **your** behalf to obtain benefit under this insurance, **your** right to any benefit under this insurance will end, **your** policy will be cancelled and **we** will be entitled to recover any benefit paid and costs incurred as a result of any such fraudulent or misleading claim. **We** may also inform the police.

### Understanding the cover

Some words and phrases in this policy wording and in **your** schedule will have the same meaning wherever they appear. To make it easy to recognise when they are being used, **we** will show them in **bold type**. They are listed in the General Definitions section at the end of this document. All insurance documents and all communications from **us** about this insurance will be in easy to understand English.

Please note that the following sections of cover only apply if a sum insured is shown in **your** 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** insurance.

### Following Government advice

**You** and all **insured persons** must observe travel advice provided by the Foreign and Commonwealth Office (FCO). Travel advice can be obtained from the FCO on telephone number +44 (0)20 7008 1500 or by visiting their website at [www.fco.gov.uk](http://www.fco.gov.uk). No cover is provided under any section of this insurance in respect of travel to a destination to which the FCO has advised against all or all but essential travel unless agreed in writing by **us** prior to purchasing this insurance or travelling.

### Reciprocal Health Agreement

All residents of the European Economic Area (all European Union Countries plus Iceland, Liechtenstein and Norway) travelling to another European Economic Area country are strongly advised to obtain a European Health Insurance Card (EHIC). Residents of England, Scotland, Wales and Northern Ireland can obtain them from their local Post Office or online at:

<http://www.dh.gov.uk/travellers> or by telephone on 0845 606 2030. This EHIC entitles the **insured person** to benefit from the reciprocal health agreements which exist between European Union countries. Great Britain has reciprocal health arrangements with certain other countries e.g. Australia, New Zealand and Russia. Visit <http://www.dh.gov.uk/travellers> for a list of those countries in which the **insured person** may be entitled to free treatment or treatment at reduced cost.

If an insured person has any disability that makes communication difficult, he or she can tell the **claims administrator** and they will be pleased to help.

### EMERGENCY MEDICAL ASSISTANCE ABROAD

#### PLEASE QUOTE THAT YOU ARE INSURED BY GLOBELINK INTERNATIONAL & ASUA LTD AND PROVIDE YOUR VALIDATION CERTIFICATE DETAILS

If **you** require emergency medical assistance abroad **you** should contact Mayday Assistance who provide a 24 hour service:

Telephone: (+44) (0) 1273 624 661

Fax: (+44) (0) 1273 606 390

Email: [operations@maydayassistance.com](mailto:operations@maydayassistance.com)

**You** must contact the 24 hour emergency medical service as shown above 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 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 the 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. 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 insurance, 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 costing less than £200, **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 and authorisation of costs.

**NON-EMERGENCY HELPLINES**

**PLEASE QUOTE SCHEME CODE: A01131 & THAT YOU ARE INSURED BY GLOBELINK INTERNATIONAL & ASUA LTD AND PROVIDE YOUR VALIDATION CERTIFICATE DETAILS**

**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). **You** can register **your** claim online at the website below. **You** will also be able to download the appropriate claim form and access Frequently Asked Questions (FAQ) relevant to your claim and the process in general. Alternatively **you** can contact Rightpath Claims by email or by telephone between 9am and 5pm Monday to Friday (excluding public holidays), or register a claim online at [www.rpclaims.com](http://www.rpclaims.com). The contact details are:

**Rightpath Claims**

Airport House, Purley Way  
Croydon, Surrey, CR0 0XZ  
Telephone: +44 (0) 208 667 1600  
Email: [claim@rpclaims.com](mailto:claim@rpclaims.com)

Register On Line: [www.rpclaims.com](http://www.rpclaims.com)

**Pre-existing medical conditions**

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

The contact number is:

**ASUA Screening customer helpline: +44 (0) 203 327 0556**

**E-mail: [info@asuagroup.co.uk](mailto:info@asuagroup.co.uk) (quoting 'Globelink')**

**Office hours: 9am to 5pm Monday to Friday (excluding bank holidays)**

**Insurance information and advice**

If **you** would like more information or if **you** feel the insurance may not meet **your** needs please contact [Globelink International](http://Globelink International).

**IMPORTANT CONDITIONS RELATING TO HEALTH**

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

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

- a) At the time of taking out this insurance:
  - i) Any **pre-existing medical condition** (please ensure that you read the definition) that **you** have unless **you** have contacted the medical screening line 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 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; or

- 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 insurance 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**; or
  - 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** insurance 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 cover)'.  
\***No Screen Conditions**

**You** do not need to contact **us** in respect of any **pre-existing medical conditions** that are included in this list if the words in brackets apply to **you**, the condition has been stable and well controlled for the last 12 months on GP administered medication and **you** have not required a hospital admission or referral to specialist because of a worsening of **your** condition.

|   |  |
|---|--|
| Acne  | Glaucoma   |
| ADHD (Attention Deficit Hyperactivity Disorder)   | Hayfever   |
| Asthma (diagnosed before age 50, no more than 2 medications/inhalers and no hospital admission in last year)  | High blood pressure (have not suffered from any heart disease, kidney damage, stroke or mini stroke) |
| Carpal tunnel syndrome  | High Cholesterol (not the inherited form)  |
| Cataracts   | Impetigo   |
| Corneal graft   | Meniere's disease  |
| Deafness  | Migraine (confirmed diagnosis, no ongoing investigations)  |
| 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) | RSI (Repetitive strain injury/Tendinitis)  |
| Fungal nail infection   | Tendonitis   |
|   | Tinnitus   |
|   | Tonsillitis  |
|   | Thyroid (over and under active)  |

**Pregnancy**  
Pregnancy, without any directly related **bodily injury**, illness, disease or complication is not insured by this policy. This insurance is designed to provide cover for unforeseen events, accidents, illnesses and diseases and normal childbirth and pregnancy would not constitute an unforeseen event or illness. Claims arising from child birth if **you** have travelled within 12 weeks of the due date will not be insured by this policy. If after taking out this insurance **you** discover **you** are pregnant and will be travelling within 12 weeks of the due date **we** will insure **you** under Section A - Cancellation provided **you** cancel **your trip** within 14 days of becoming aware of the pregnancy term. Should **you** not wish to cancel the **trip** **we** will refund **your** premium provided you have not already travelled or made a claim.

## ELIGIBILITY

1. This insurance is only available to persons who are currently legally resident in the **United Kingdom**, European Union or European Economic Area and registered with a **medical practitioner** or entitled to free public healthcare under reciprocal arrangements currently in place in the **United Kingdom**, European Union or European Economic Area.
2. If an **insured person** is aged under 16 he/she is only insured when travelling with one or both of the insured adults (or accompanied by another responsible adult).

## CERTIFICATE EXCESS

Under most sections of the insurance, 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.

## STATUTORY CANCELLATION RIGHTS

**You** may cancel this insurance within 14 days of arranging cover or, if later, within fourteen days of receiving **your** policy documentation. (This applies to both new business and the renewal of **your** policy.) Please write to the address shown in **your** schedule during the cancellation period. **You** will be entitled to a full refund of any premium **you** have paid, as long as **you** have not made a claim and do not intend to make a claim.

**You** may cancel this insurance after the first 14 days and **we** will allow a refund less a charge equal to the number of days that **your** insurance was in force, as long as **you** have not made a claim and do not intend to make a claim.

**We** or ASUA may cancel your insurance at any time by sending seven days' written notice to **your** last known address. **Your** policy may be cancelled due to the non-payment of premium or if **we** have reasonable suspicion of fraud. This is not an exhaustive list.

## NON PAYMENT OF PREMIUMS

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

## GENERAL CONDITIONS APPLICABLE TO THE WHOLE POLICY

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

1. **Other insurance**  
If, at the time of a valid claim under this policy there is another insurance policy in force which covers **you** or the **insured person** for the same loss or expense (for example home contents insurance), **we** may seek a recovery of some or all of **our** costs from the other insurer. **You** must give **us** any help or information **we** may need to assist **us** with **our** loss recoveries.
2. **Precautions**  
At all times **you** must take precautions to avoid injury, illness, disease, loss, theft or damage and take steps to safeguard **your** property from loss or damage and to recover property lost or stolen.

## CLAIMS CONDITIONS

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

1. **Claims** - If **you** want to make a claim, please contact **us** using the contact details shown in **your** schedule. Depending on the type of claim:
  - a) 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 insurance.

- b) **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, for example **you** must not make a statement in support of a claim knowing the statement to be false in any way.

## WHAT IS NOT COVERED (APPLICABLE TO ALL SECTIONS OF COVER)

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

1. **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 Section O; 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.
2. **Professional sports or entertaining**: **Your** participation in or practice of any professional sports or professional entertaining.
3. **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 Category 1 list under Sports/Pastimes/Activities of this policy wording or
  - b) shown as covered in **your** schedule when the additional premium is paid .
4. **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).
5. **Unlawful action**: **Your** own unlawful action or any criminal proceedings against **you**.
6. **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.
7. **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).

8. **Your** travel to a country, specific area or event if the Foreign & Commonwealth Office (FCO) has advised against all, or all but essential travel.
9. Family and single parent cover travel restrictions: If **you** are aged under the age of 16 **you** are only insured when travelling with one or both of the insured adults (or 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.
10. **War** or acts of **terrorism**: However, this exclusion shall not apply to losses under Section B – Emergency medical and other expenses, Section B1 – Hospital confinement benefit and Section C – Personal accident, unless such losses are caused by nuclear, chemical or biological attack, **your** participation in **active war**, or the disturbances were already taking place at the beginning of any **trip**.
11. An **insured person** engaging in **active war**.
12. **Nuclear risks**
13. Sonic bangs: Loss, destruction or damage directly caused by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
14. Redundancy: **We** will not pay if any **insured person**, either at the time a holiday was booked, or at the time **you** purchased the policy, had any reason to believe that they would be made redundant.
15. **We** will not pay if the tour operator, or anyone **you** have made travel or accommodation arrangements with, fails to fulfil the holiday booking for any reason, including bankruptcy or liquidation

## SECTION A – CANCELLATION OR CURTAILMENT

### What is covered

**We** will pay **you** up to the amount shown in **your** schedule 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 **additional travel expenses** incurred if cancellation of the **trip** is unavoidable or 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 with 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 redundancy payment legislation in **your home country**, 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 R – Special Event Cancellation 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 that it is necessary 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** 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 listed under 'What is not covered (applicable to all sections of cover)'.
  7. Annual maintenance fees/charges for time share holidays or properties.

**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:
1. 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**.
  2. In the case of death causing cancellation or **curtailment** of the **trip**, the original death certificate.
  3. Booking confirmation together with a cancellation invoice from **your** travel agent, tour operator or provider of transport/accommodation.
  4. 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**.

5. **Your** unused travel tickets.
6. Receipts or bills for any costs, charges or expenses claimed for.
7. In the case of compulsory quarantine, a letter from the relevant authority or the treating **medical practitioner**.
8. In the case of jury service or witness attendance, the court summons.
9. The letter of redundancy for redundancy claims.
10. A letter from the commanding officer concerned, confirming cancellation of authorised leave or call up for operational reasons.
11. In the case of serious damage to **your home** a report from the police or relevant authority.

## SECTION B – EMERGENCY MEDICAL AND OTHER EXPENSES

### What is covered

We will pay **you** up to the amount shown in **your** schedule 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; and
  - 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 we will pay for one of the following a), b) or c):
  - a) outside **your home area**; the cost of funeral expenses abroad, up to a maximum of £1,500.
  - b) or the reasonable and customary cost of returning **your body** home.
  - c) or within **your home area**; up to a maximum of £750 for the cost of returning **your ashes** or body to **your home**.
6. **Additional travel** and/or **additional 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, **additional travel** and/or **additional accommodation expenses** for a travelling companion, friend or **close relative** to stay with **you** or travel to **you** from **your home country** 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 **your home country** 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 and pregnancy would not constitute an unforeseen event or illness.
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 for private treatment.
  - 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 listed under 'What is not covered (applicable to all sections of cover)'.

**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:

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

### Special conditions relating to claims

- 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

- Any claims arising directly or indirectly from:
  - Any additional period of hospitalisation, compulsory quarantine or confinement to **your** accommodation:
    - 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.
    - relating to treatment or services provided by a convalescent or nursing **home** or any rehabilitation centre.
    - 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.
  - Hospitalisation, compulsory quarantine or confinement to **your** accommodation:
    - 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**.
    - as a result of a tropical disease where **you** have not had the recommended inoculations and/or taken the recommended medication.
    - occurring in **your home area** 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**.
- Anything listed under 'What is not covered (applicable to all sections of cover)'.

### 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

For the purposes of this Section C – Personal Accident, the following have the following meanings:

**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 **your** schedule 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

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

## PROVISIONS

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

### What is not covered

- Anything listed under 'What is not covered (applicable to all sections of cover)'.

### 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 **your home country** (including delays to any subsequent outbound or return connecting **public transport**, **you** can submit a claim under sub-sections 1 or 2 below. 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:

- strike or
  - industrial action or
  - adverse weather conditions or
  - mechanical breakdown of or a technical fault occurring in the **public transport** on which **you** are booked to travel **we** will pay **you**:
- The amount shown in **your** schedule for the first completed full 12 hours delay and the amount shown in **your** schedule for the each additional full 12 hours of delay after that, up to a maximum of the amount shown in **your** schedule (which is meant to help **you** pay for telephone calls made, meals and refreshments purchased during the delay) provided **you** eventually travel, or
  - Up to the amount shown in **your** schedule 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 **your home country**.

**You** can only claim under sub-section 1. or 2. above for the same event, not both.

**You** can only claim under one of either Section D – Delayed departure or Section D1 – Missed departure for the same event.

### Special conditions relating to claims

- You** must check in according to the itinerary given to **you**.
- 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.
- You** must comply with the terms of contract of the travel agent, tour operator, carrier or transport provider.

### What is not covered

- The **excess** shown in the schedule of cover under sub-section 2. of 'What is covered'.
- Claims arising directly or indirectly from:
  - Strike or industrial action existing or being publicly announced by the date **you** purchased this insurance or at the time of booking any **trip**.
  - 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 **your home country** (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 listed under 'What is not covered (applicable to all sections of cover)'.

#### Claims Evidence

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

1. Full details of the travel itinerary supplied to **you**.
2. 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.
3. 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**.
4. **Your** unused travel tickets.
5. 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 **your** schedule for additional accommodation (room only) and **additional travel expenses** necessarily incurred in reaching **your** overseas destination or returning to **your home country**, 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 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.

**You** can only claim under one of either Section D – Delayed departure or Section D1 – Missed departure 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 carriageway, **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 **your** schedule.
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 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 listed under 'What is not covered (applicable to all sections of cover)'.

#### Claims Evidence

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

1. A letter from the **public transport** provider detailing the reasons for failure.
2. 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.
3. A letter from the relevant **public transport** provider, carrier or authority confirming details of the strike, industrial action or adverse weather conditions.
4. **Your** unused travel tickets.
5. 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 **your** schedule 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 **your** schedule for any one article, pair or set of articles
- b) the amount shown in **your** schedule for the total for all **valuables**.

2. We will also pay **you** up to the amount shown in **your** schedule, 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 – Wedding/Civil partnership cover, **you** can only claim for these under one section for the same event. Section Q is provided only if **You** have paid the premium required and cover is shown on **Your** Insurance Schedule of cover.

#### 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 insurance.
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.

5. 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.
6. A letter from the carrier confirming the number of hours **your baggage** was delayed for.
7. Repair report where applicable.

## SECTION F – PERSONAL MONEY, PASSPORT AND DOCUMENTS

### What is not covered

1. The **excess** shown in **your** schedule (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 unless it is:
  - a) locked out of sight in a **secure baggage area** and
  - b) 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 listed under 'What is not covered (applicable to all sections of cover)'.

### Claims Evidence

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

1. A police report from the local police in the country where the incident occurred for all loss, theft or attempted theft.
2. A Property Irregularity Report from the airline or a letter from the carrier where loss, theft or damage occurred in their custody.
3. A letter from **your** tour operator's representative, hotel or accommodation provider where appropriate.
4. All travel tickets and tags for submission.

### 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 **your** schedule for bank notes, currency notes and coins.
  - b) the amount shown in **your** schedule for bank notes, currency notes and coins, if **you** are under the age of 16.
  - c) the amount shown in **your** schedule 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 **your** schedule 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 insurance.
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 report 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 insurance.
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 **your** schedule.
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 listed under 'What is not covered (applicable to all sections of cover)'.

#### Claims Evidence

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

1. A police report from the local police in the country where the incident occurred for all loss, theft or attempted theft.
2. A letter from **your** tour operator's representative, hotel or accommodation provider where appropriate.
3. All travel tickets and tags for submission.
4. Original receipts, proof of ownership or valuations for items lost, stolen or damaged.
5. Receipts or bills or proof of purchase for any transport and accommodation expenses claimed for.
6. 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 **your** schedule (£150 for **trips** in **your home country**) 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 are not covered under Section B – Emergency medical and other expenses
2. Anything listed under 'What is not covered (applicable to all sections of cover)'.

#### Claims Evidence

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

1. 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.
2. A medical certificate from the treating **medical practitioner** explaining why **you** were unable to return **home** on time.

### SECTION H – PERSONAL LIABILITY

#### What is covered

**We** will pay **you** up to the amount shown in **your** schedule (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:

1. Accidental **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. Accidental 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 wording.

#### What is not covered

1. The first £250 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 including any voluntary or unpaid work, including baby sitting.
  - 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 listed under 'What is not covered (applicable to all sections of cover)'.

#### Claims Evidence

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

1. Full details in writing of any incident.
2. 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 **your** schedule for legal costs to pursue a civil action for compensation, against someone else who causes **your bodily injury**, illness or death.

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

#### 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 insurance. **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. The **excess** shown in **your** schedule.
2. Any claim where in **our** opinion there is insufficient prospect of success in obtaining reasonable compensation.
3. 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**.
4. Legal costs and expenses incurred prior to **our** written acceptance of the case.
5. Any claim where the legal costs and expenses are likely to be greater than the anticipated amount of compensation.
6. Any claim where legal costs and expenses are variable depending on the outcome of the claim.
7. Legal costs and expenses incurred if an action is brought in more than one country.
8. Any claim where in **our** opinion the estimated amount of compensation payment is less than £1,000 for each **insured person**.
9. Travel, accommodation and incidental costs incurred to pursue a civil action for compensation.
10. The costs of any Appeal.
11. Claims by **you** other than in **your** private capacity.
12. Anything listed under 'What is not covered (applicable to all sections of cover)'.

#### Claims Evidence

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

1. Relevant documentation and evidence to support **your** claim, including photographic evidence.
2. Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

### SECTION J – MUGGING BENEFIT

#### What is covered

**We** will pay **you** up to the amount shown in **your** schedule 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:

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

### 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 **your** schedule 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 D - 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 of **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 **your home country** if they had been committed in **your home country**.
3. Any claim where **your** detention, internment, hijack or kidnap has not been reported to or investigated by the police or local authority.
4. Anything listed under 'What is not covered (applicable to all sections of cover)'.

#### Claims Evidence

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

1. 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 – WITHDRAWAL OF SERVICES

The following phrase has the following meaning in this Section L – Withdrawal of Services:

**Withdrawal of services** - means the withdrawal of:

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

#### What is covered:

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

#### What is not covered:

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

#### Claims Evidence

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

1. 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 M - CATASTROPHE

### What is covered:

1. We will pay you up to the amount shown in your schedule if you are forced to move from your pre-booked and pre-paid accommodation outside of your home area as a result of fire, lightning, explosion, earthquake, storm, tempest, hurricane, flood, medical epidemic or local Government directive occurring whilst you are abroad, which is confirmed in writing by local or national authority, for the additional irrecoverable travel or accommodation
2. Costs necessarily incurred to continue with your pre-paid trip or, if the trip cannot be continued, for your return to your home area.

### What is not covered:

No compensation will be payable for:

1. Any expense following your refusal 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:

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

## SECTION O - WINTER SPORTS EXTENSION

This cover is provided only if you are 65 or under and have paid the premium required. Below are the details of winter sports cover provided by this extension.

### Winter sports

1. You will be covered under all sections for the following winter sports: cross country skiing, curling, downhill skiing/ snowboarding and ice-skating. Skiing and snowboarding off-piste is covered provided you are skiing within the boundaries of a recognised resort area designed for public use and are not skiing in areas marked out of bounds or hazardous by the piste authorities. Heli skiing is only covered as part of a pre-paid excursion led by professional guides. Tobogganing and snowmobiling are covered under sections A, B & C but we will not cover any claims under any other section resulting from any bodily injury or damage to property that may arise from your use of sledges, skidoos or powered vehicles of any kind. No cover is provided for any form of ski racing, ski jumping, ice hockey or any other hazardous or extreme sports not specifically listed above.
2. You are not covered for winter sports equipment under Section E - Baggage of this travel insurance. Please see below for details of winter sports equipment cover.
3. Ski lift passes are included in the cover provided by Section F - Personal Money, Passport & Documents of this travel insurance. The following extra cover up to the maximum limits shown in the schedule is also included in the Winter Sports Extension:-

## SECTION O1 – SKI EQUIPMENT

### What is covered

We will pay you up to the amount shown in your schedule for the accidental loss of, theft of or damage to your own ski equipment, or up to the amount shown in your schedule 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

Less than 1 year old  
Over 1 year old  
Over 2 years old  
Over 3 years old  
Over 4 years old  
Over 5 years old

### Amount payable

90% of value  
70% of value  
50% of value  
30% of value  
20% of value  
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 your schedule; 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 insurance.
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 your schedule.
2. Loss, theft of or damage to baggage contained in an unattended vehicle unless it is:
  - a) it is locked out of sight in a secure baggage area and
  - b) forcible and violent means have been used by an unauthorised person to gain entry into the vehicle and evidence of such 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 listed under 'What is not covered (applicable to all sections of cover)'.

### Claims Evidence

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

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

## SECTION 02 – SKI EQUIPMENT HIRE

### What is covered

We will pay **you** up to the amount shown in **your** schedule for the cost of hiring replacement **ski equipment** of a standard similar to **your** original 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 insurance.
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 **baggage** contained in an **unattended** vehicle unless it is:
  - a) it is locked out of sight in a **secure baggage area** and
  - b) forcible and violent means have been used by an unauthorised person to gain entry into the vehicle and evidence of such 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. Any thing listed under 'What is not covered (applicable to all sections of cover)'.  
The cover only applies:

### Claims Evidence

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

1. A police report from the local police in the country where the incident occurred for all loss, theft or attempted theft.
2. A Property Irregularity Report from the airline or a letter from the carrier where loss, theft or damage occurred in their custody.
3. A letter from **your** tour operator's representative, hotel or accommodation provider where appropriate.
4. All travel tickets and tags for submission.
5. An original receipt, proof of ownership or valuations for items lost, stolen or damaged together with receipts or **This cover is provided only if You have paid the premium required and cover is shown on Your validation certificate. Below are the details of cover provided by this extension.**  
**This cover is provided only if You have paid the premium required and cover is shown on Your validation certificate. Below are the details of cover provided by this extension.**  
detailing the costs incurred of hiring replacement **ski equipment**.

## SECTION 03 – SKI PACK

### What is covered

We will pay **you**:

1. Up to the amount shown in **your** schedule for the unused portion of **your** ski pack (ski school fees, lift passes and hired **ski equipment**) following **your** **bodily injury**, illness or disease; or
2. Up to the amount shown in **your** schedule 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 cover)'.  
The cover only applies:

### Claims Evidence

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

1. A medical certificate from the treating **medical practitioner** explaining why **you** were unable to use **your** ski pack.
2. 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 **your** schedule 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:

1. 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
2. To **trips** taken outside **your** home country 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 **your** schedule.

### 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. Any thing listed under 'What is not covered (applicable to all sections of cover)'.  
The cover only applies:

### Claims Evidence

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

1. 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.
2. Receipts or bills for any transport costs claimed for.
3. 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 **your** schedule for additional accommodation (room only) and **additional 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 **your** home country 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. Any thing listed under 'What is not covered (applicable to all sections of cover)'.

### Claims Evidence

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

1. 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.
2. Receipts or bills for any accommodation and travel expenses claimed for.
3. Any other relevant information relating to **your** claim under this section that we may ask **you** for.

### Special conditions relating to claims

Please refer to Section A – Cancellation or curtailment.

### Claims evidence

Please refer to Section A – Cancellation or curtailment.

## Section S 1 - SCHEDULED AIRLINE INSOLVENCY INSURANCE

**This cover is provided only if cover is shown on Your validation certificate. Below are the details of cover provided by this extension.**

### 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.

### What you are covered for:

We will indemnify **You** up to **£3,000** in total for each Insured Person named on the Invoice and Airline Ticket for:

1. Irrecoverable sums paid in advance in the event of Insolvency of the scheduled airline associated with **Your Trip** which was incurred before **Your** departure date if **You** have to cancel **Your Trip** or if **You** have already completed the outward journey;
2. 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 (Union) as a result of the Insolvency or **Financial Failure** of the **Scheduled Airline** on which **You** are booked to travel causing the flight (or flights) on which **Your Trip** depends that were subject to your **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.

### Special condition which apply:

You must obtain written confirmation from the liquidator that the third party supplier has become insolvent.

### What is not covered:

1. Any expense following **Your** disinclination to travel or to continue with **Your Trip** or loss of enjoyment on **Your Trip**;
2. Any expense arising from circumstances which could reasonably have been anticipated at the time you booked **Your Trip**;
3. Any costs incurred by **You** which are recoverable or for which **You** receive or are expected to receive compensation;
4. Any form of travel delay or other temporary disruption to **Your Trip**;
5. Any loss sustained by **You** when the Insurance Policy 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;
6. Any costs recoverable from any company who is bonded or insured elsewhere (even if the bond is insufficient to meet the claim).
7. Any loss for which a third party is liable or which can be recovered by other legal means.
8. Anything mentioned in the General Exclusions unless specifically insured under this Section.

### Your Scheduled Airline Insolvency Policy Cover:

This policy provides cover **ONLY** in the event that **You** cannot recover **Your** losses from any other source. In the event of a loss, **You** should first make **Your** claim against ATOL, **Your** credit or debit card provider under Section 75 of the Consumer Credit Act 1974 or against any other insurance policy which provides compensation for **Your loss**.

This policy will only make payments less the value of any compensation **You** have received from any other source.

### Claims Procedure:

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

**For all claims please e-mail [claims@MGACS.com](mailto:claims@MGACS.com) or call +44 (020 3 540 4422**

We will send **You** the appropriate claim form by email (or post if you prefer). This claim form will have a "check list" of documents and evidence we will need to process **Your** claim.

Once **You** return this form to us we will allocate a claim number and send **You** notice of this by SMS & Email (please keep watch on your spam / junk folders) and give **You** an estimate of when we will be back in touch.

You may return **Your** claim form and evidence by email but **You** should not destroy the originals in case we need them.

Please read the general conditions contained in this policy document and the relevant sections of **Your** policy for more information. We may refuse to reimburse **You** for any expenses for which **You** cannot provide receipts or bills.

MGA Cover Services Limited will only accept claims submitted up to six months after the failure.

Any claims submitted after the six month period will **NOT** be processed.

## Section S2 - END SUPPLIER INSOLVENCY INSURANCE including SCHEDULED AIRLINE INSOLVENCY INSURANCE

**This cover is provided only if cover is shown on Your validation certificate. Below are the details of cover provided by this extension.**

This insurance is underwritten by CBL Insurance Europe Limited 2nd Floor 13-17 Dawson Street Dublin 2 Ireland, company registration: 218234 who are authorized and regulated by the Financial Conduct Authority registration number 203120.

### Definitions which only apply to this Section:

**End Supplier** – Scheduled Airline, Rail Operators, Ferry and Cruise Operators, Coach Operators, Transfer Companies, Car Hire Companies, Hotels and Apartments, Villas, Caravan and Camp Sites, Mobile Homes and Camper Rentals, Destination Management Company, Theme Parks, Tour Operators, Travel and Booking Agents and Consolidators.

**Mode of Transport** – Scheduled Airline (as defined below), Train (i.e. Eurostar and Eurotunnel), Coach, Ferry, Cruise Ship

**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 **End Supplier** 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 **mode of transport** 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 **End Supplier** 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.

#### What you are covered for

We will indemnify **You** up to **£3,000** in total for each Insured Person named on the Invoice for:

1. Irrecoverable sums paid in advance in the event of Insolvency of the End Supplier associated with **Your Trip** which was incurred before **Your** departure date if **You** have to cancel **Your Trip** or if **You** have already completed the outward journey;

2. The extra cost of a one way fare 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** (to your original departure country within the European Union/EEA country of residence ) as a result of the Insolvency or **Financial Failure** of the **mode of transport** on which **You** are booked to travel causing the transport on which **Your Trip** depends that were subject to your **Advanced Booking** being discontinued and **You** not being offered from any other source any reasonable alternative transport or refund of charges **You** have already paid.

3. Irrecoverable loss of unused prepaid expenses as a result of Insolvency or Financial Failure of any company for the following services associated with **Your Trip** booked independently by **You**:

- Scheduled Airline
- short let holiday accommodation providers (including hotels, Apartments and Villas),
- car hire operators
- ferry/cruise operators
- coach operators
- train operators
- Theme Parks
- Caravan / Camp Site
- Mobile Homes and Camper Rentals
- travel agent, tour organiser/Operator, booking agent or consolidator
- Destination Management Company.

You may claim only under End Supplier Insolvency Cover for Cancellation or Curtailment, not both.

#### Special condition which apply:

You must obtain written confirmation from the liquidator that the third party supplier has become insolvent.

#### What is not covered:

1. Any expense following **Your** disinclination to travel or to continue with **Your Trip** or loss of enjoyment on **Your Trip**;
2. Any expense arising from circumstances which could reasonably have been anticipated at the time you booked **Your Trip**;
3. Any costs incurred by **You** which are recoverable or for which You receive or are expected to receive compensation;
4. Any form of travel delay or other temporary disruption to **Your Trip**;
5. Any loss sustained by **You** when the Insurance Policy or other evidence or coverage was effected after the date of the first threat of Insolvency or Financial Failure (as defined herein) of the **End Supplier** or other relevant company was announced;

6. Any costs recoverable from any company who is bonded or insured elsewhere (even if the bond is insufficient to meet the claim).

7. Any loss for which a third party is liable or which can be recovered by other legal means.

8. Anything mentioned in the General Exclusions unless specifically insured under this Section.

#### Your Supplier Insolvency Policy Cover:

This policy provides cover **ONLY** in the event that **You** cannot recover **Your** losses from any other source. In the event of a loss, **You** should first make **Your** claim against ATOL, **Your** credit or debit card provider under Section 75 of the Consumer Credit Act 1974 or against any other insurance policy which provides compensation for **Your** loss.

This policy will only make payments less the value of any compensation **You** have received from any other source.

#### Claims Procedure:

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

For all claims e-mail [claims@MGACS.com](mailto:claims@MGACS.com) or call +44 (0) 20 3 540 4422

We will send **You** the appropriate claim form by email (or post if you prefer).

This claim form will have a "check list" of documents and evidence we will need to process **Your** claim

Once **You** return this form to us we will allocate a claim number and send **You** notice of this by SMS & Email (please keep watch on your spam / junk folders) and give **You** an estimate of when we will be back in touch.

You may return **Your** claim form and evidence by email but **You** should not destroy the originals in case we need them.

Please read the general conditions contained in this policy document and the relevant sections of **Your** policy for more information. We may refuse to reimburse **You** for any expenses for which **You** cannot provide receipts or bills.

MGA Cover Services Limited will only accept claims submitted up to six months after the failure.

Any claims submitted after the six month period will **NOT** be processed.

### Section S 3- FORCE MAJEURE TRAVEL DISRUPTION

**This cover is provided only if cover is shown on Your validation certificate. Below are the details of cover provided by this extension.**

This insurance is underwritten by CBL Insurance Europe Limited 2nd Floor 13-17 Dawson Street Dublin 2 Ireland, company registration: 218234 who are authorized and regulated by the Financial Conduct Authority registration number 203120.

#### Definitions which only apply to this Section:

**Transport Provider** – Airline Companies, Rail Operators, Coach Operators, Ferry and Cruise Operators.

**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 **Transport Provider** or another insurance company or a government agency or a travel agent or credit card company.

**Trip – The Outward Journey and Return Journey** 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 **Transport Provider** 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.

**Force Majeure** - 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, act or terrorism, climatic conditions and acts of nature which first arise during the **Period of Insurance** and give rise to **Your** pre-booked **Outward** or **Return Journey** being delayed by more than 24 hours.

**Outward Journey** - The journey pre-booked and pre-paid by **You** 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 European Union/EEA country of residence.

date if **You** have to cancel **Your** trip because your **Outward Journey** is delayed by more than 24 hours as a result of **Force Majeure**.

#### Special conditions which apply to this section

1. We will only pay costs which are not refundable from any other source.
2. You must provide proof of Your irrecoverable expenses.
3. If requested by Us, You must provide written confirmation from a relevant authority or transport supplier for the reason and length of the delay.

#### Claims evidence required by us in support of a claim

- Travel and accommodation cost documentation, such as invoices, flight booking confirmation, Cancellation invoices or letters from Your tour operator, travel or accommodation provider confirming that You did not use their service and whether any refund is due to You from them
- A letter from the relevant authority or transport provider confirming the cause and length of the delay (if requested to do so by Us)

**Please note:** We may request other evidence to support your claim dependent upon your circumstances.

#### Section B – Additional expenses

##### What you are covered for

We will pay **You up to £1,000** for reasonable (meaning of a standard similar to that originally paid for by you) additional accommodation and travel expenses if **Your Return Journey** to **Your** final destination in the European Union/EEA country of residence (including the Channel Islands and the Isle of Man) is delayed by more than 24 hours due to **Force Majeure**

The maximum **We** will pay per person for accommodation expenses on a bed and breakfast basis is £100 per day for up to 7 days and an allowance of up to £20/day for food. We will not pay for drinks or telephone or other miscellaneous charges incurred.

#### Special conditions which apply to this section

1. We will only pay costs which are not refundable from any other source.
2. You must provide proof of Your expenses.
3. If requested by Us, You must provide written confirmation for the reason and length of the delay.

#### What is not covered:

1. Any expense following **Your** disinclination to travel or to continue with **Your Trip** or loss of enjoyment on **Your Trip**;
2. Any expense arising from circumstances which could reasonably have been anticipated at the time you booked **Your Trip**;
3. Any costs incurred by **You** which are recoverable or for which You receive or are expected to receive compensation;
4. Any form of travel delay or other temporary disruption to **Your Trip**;
5. Any loss sustained by **You** when the Insurance Policy or other evidence or coverage was effected after the date of the first threat of **Force Majeure** (as defined herein) disrupting **Your Trip** was announced;
6. Any costs recoverable from any company who is bonded or insured elsewhere (even if the bond is insufficient to meet the claim).
7. Any loss for which a third party is liable or which can be recovered by other legal means.
8. Anything mentioned in the General Exclusions unless specifically insured under this Section

#### Claims evidence required by us in support of a claim

- Invoices to confirm the cost of the additional travel and accommodation costs incurred

**Return Journey** - The journey by motor transport, train, aircraft or watercraft undertaken in conjunction with the trip in respect of the inbound journey to **Your** home address in the European Union/EEA country of residence .

#### What you are covered for

**We** will indemnify **You** up to **£3,000** in total for each Insured Person named on the Invoice and Airline Ticket for:

#### Section A – Cancellation

##### What you are covered for

**We** will pay **You up to £3,000** for unused charges associated with **Your** trip that are not refundable and which were incurred before **Your** departure

- A letter from the relevant authority or transport provider confirming the cause and length of the delay (if requested to do so by Us)

**Please note:** We may request other evidence to support your claim dependent upon your circumstances.

#### Your Travel Disruption Policy Cover:

This policy provides cover **ONLY** in the event that **You** cannot recover **Your** losses from any other source. In the event of a loss, **You** should first make Your claim against ATOL, **Your** credit or debit card provider under Section 75 of the Consumer Credit Act 1974 or against any other insurance policy which provides compensation for **Your loss**.

This policy will only make payments less the value of any compensation **You** have received from any other source.

#### Claims Procedure:

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

**For all claims please e-mail [claims@MGACS.com](mailto:claims@MGACS.com) or call 020 3 540 4422**

We will send **You** the appropriate claim form by email (or post if you prefer).

This claim form will have a "check list" of documents and evidence we will need to process **Your** claim

Once **You** return this form to us we will allocate a claim number and send **You** notice of this by SMS & Email (please keep watch on your spam / junk folders) and give **You** an estimate of when we will be back in touch.

You may return **Your** claim form and evidence by email but **You** should not destroy the originals in case we need them.

Please read the general conditions contained in this policy document and the relevant sections of **Your** policy for more information. We may refuse to reimburse **You** for any expenses for which You cannot provide receipts or bills.

MGA Cover Services Limited will only accept claims submitted up to six months after the failure.

Any claims submitted after the six month period will **NOT** be processed.

#### SPORTS/PASTIMES/ACTIVITIES

We will not pay for claims arising directly or indirectly from professional sports or entertaining, your participation in or practice of any professional sports or professional entertaining or 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 it is specified as being covered in your schedule.

**Category 3 and 4 activities are only covered when an additional premium is paid.**

If **you** are going to take part in any activity which may be considered dangerous or hazardous that is not detailed below, please contact the selling agent who will contact **us** to see if **we** can provide cover. **You** must ensure the activity is adequately supervised and that appropriate safety equipment (such as protective head wear, life jackets etc.) are worn at all times.

N.B. **Sports/Pastimes/Activities** in **CATEGORY 1** marked with an asterisk \* **Do Not Include Section H - PERSONAL LIABILITY COVER** and those marked with \*\* **Do Not Include Section C – PERSONAL ACCIDENT COVER**. In any event please note that under Section H - Personal Liability **you** will not be covered for liability caused directly or indirectly by **your** owning or using any firearms or

weapons, animal, aircraft, motorised vehicle, boat and other watercraft, or any form of motorised leisure equipment, including jet skis and snowmobiles.

All **Category 1** Hazardous Pursuits below are covered as standard within all policies subject to the terms, conditions and exclusions as defined within the policy wording or below.

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 insurance schedule.

#### CATEGORY 1

##### COVERED AS STANDARD WITHOUT CHARGE

No cover is provided under Section H – personal liability for those Sports/Pastimes/Activities marked with \* and those marked with \*\* Do Not Include Section C – PERSONAL ACCIDENT COVER.

Amateur Athletics, Archery, Badminton, \*Banana Boating (as passenger with no right of control), Baseball, Basketball, Beach Games, Black Water Rafting (Grade 3), Blade Skating, Body Boarding, Bowls, \*\*Bungee Jumping (Max 3 Jumps), Canoeing, \*\*Clay Pigeon Shooting, Cricket, Cycling (On Road), Deep Sea Fishing, Dinghy Sailing, \*\*Falconry, Fell Funning/Walking, \*Fencing, Fishing, Football (Amateur), \*Go Karting, Golf, Hiking up to 2,500m, \*\*Horse Riding, \*Kayaking, Lacrosse, Lapland Activates (Husky/Reindeer Ride, \*Snowmobile, \*Sledging Short 3 Days Trips) Excludes Bobsleighs, , Marathon Running, Netball, \*Non Manual Occupations, Orienteering, \*\*Parascending **Over Water only**, \*\*Pony Trekking (wearing helmet), Racket Ball, Rambling, \*River Canoeing, Roller Blading, Roller Skating, Rounders, \*Rowing, \*\*Safari Trekking (Organised Tours Only), \*Sail Boarding (inland & coastal waters only), \*Sailing, Scuba (Max 30m), Skate Boarding, Snorkelling, Squash, \*Surfing, Tennis, Track Events, Tree Canopy Walking, **Trekking to maximum altitude of 3,500 metres & not involving technical climbing (on Organised Tour along recognised routes)**, Triathlon, Volley Ball, \*Voluntary work, Water Polo, \*White Water Rafting (Grade 3), \*Windsurfing/Sailboarding, \*Yachting, Zip Lining (wearing safety harness).

#### CATEGORY 2

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

Abseiling, Hot Air Ballooning, BMX Riding (up to grade 2 slopes), Camel Riding, Catamaran Sailing (Territorial Waters Only), Gymnastics, Heptathlon, Jet Boating, Jet Skiing, Judo, Karate, Kung Fu, Manual Occupations Involving Hand Tools And At Ground Level Only Martial Arts, Motorcycling (Max 250cc), Street Hockey, War Games/Paint Balling (wearing eye protection), Water Skiing.

#### CATEGORY 3

##### 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

Black Water Rafting, Dry Skiing, Heli Skiing, Hockey, Kick Boxing, Boxing, Kite Surfing, Mountain Biking, Paragliding, Quad Biking, Rifle Range, Rock Climbing (Not Mountain climbing), Rugby, 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

American Football, Bobsleigh, Canyoning, Cave Diving, Flying, Gliding, Hang Gliding, High Diving, Ice Hockey Lugging/Tobogganing, Parachuting, Polo, Pot Holing, Scuba To Max 50m, Shooting/Hunting, Sky Diving.

**NOTE: No professional sports cover included.**

### SCUBA DIVING ENDORSEMENT

This insurance is extended to cover the **insured person** whilst engaging in underwater activities requiring the use of artificial breathing apparatus (scuba), subject to the **insured person** being medically fit to dive. If in doubt, the **insured person** must have consulted his/her medical adviser and has obtained

a certificate to this effect. Cover is subject otherwise to all the Terms, Conditions, Exclusions and Limitations of this insurance.

#### What is not covered:

This insurance does not cover claims directly or indirectly arising from, happening through or in consequence of:

1. Diving by persons not holding a recognised certificate for the type of diving being undertaken, or not under professional instruction.
2. Diving without proper equipment and/or contrary to codes of good practice according to bona fide organisations such as PADI or BSAC.
3. Diving to depths greater than 30 metres (or 50 metres if additional premium paid).
4. Solo diving or night diving or specifically organised cave diving or diving for hire or reward.
5. Flying within 24 hours of last dive or diving whilst suffering from a cold, influenza, infection or obstruction of the sinuses or ears.
1. Diving by persons aged under 12 years of age or over 65.

### LEGAL AND REGULATORY INFORMATION IMPORTANT LEGAL AND REGULATORY INFORMATION / DATA COLLECTION AND USE

#### The law that applies to this insurance

Unless you and we both agree otherwise, the law which applies to this insurance is the law applicable to the part of the United Kingdom, Channel Islands or Isle of Man in which you live.

Any legal proceedings between you and us in connection with this contract will take place in the courts of the part of the United Kingdom, Channel Islands or Isle of Man in which you live.

#### Data Protection Act

We will only use the information you provide to administer your policy and handle any claims. We may pass your information to other parties who act on our behalf for these activities inside and outside of the European Economic Area ("EEA").

We may also share your information with other insurers, regulatory bodies, fraud prevention agencies or other parties as permitted or required by law.

Data protection laws outside of the EEA may not be as comprehensive as those within it and we will take reasonable steps to ensure that your data is always protected in accordance with the EEA standards.

We will take reasonable steps to make sure the information held is accurate and only used and kept for as long as necessary.

You have the right to access or have corrected the personal data that we hold about you. You can do this by sending a written request to the Compliance Officer at ANV Syndicates Limited 47 Mark Lane, London EC3R 7QQ or emailing [syndicatecompliance@anv.eu.com](mailto:syndicatecompliance@anv.eu.com) You may be charged a fee.

Calls may be recorded for training and monitoring purposes.

#### The Financial Services Compensation Scheme

ANV Syndicates Limited is a member of the Financial Services Compensation Scheme. You may be entitled to compensation from the scheme if we cannot meet our obligations to settle a valid claim under this policy.

Further information can be obtained from The Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London, EC3A 7QU Tel: 0800 678 1100 (freephone) or 020 7741 4100. Website: [www.fscs.org.uk](http://www.fscs.org.uk)

#### Safeguarding your claims payments

All claims benefit payments due from us will be held by the **claims administrator**. When doing this, the **claims administrator** will be acting as our authorised agents. This means that all claims benefits due to you or the



**insured person** from **us** are not deemed to have been paid until **you** or the **insured person** have actually received them.

### Insurer's Liability

This insurance is underwritten 100% by a Lloyd's syndicate and each member of the syndicate (rather than the syndicate itself) is an insurer. Each member has underwritten a proportion of the total liability for the syndicate, which is the total of the proportions underwritten by all the members of the syndicate taken together. A member is liable only for that member's proportion and is not jointly liable for any other member's proportion. The business address of each syndicate member is Lloyd's, 1 Lime Street, London EC3M 7HA. The identity of each member and their respective proportion may be obtained by writing to Market Services, Lloyd's, at the above address.

## CUSTOMER SERVICE AND COMPLAINTS

**Please Note:** If **you** have a question or concern about, or if **you** wish to make a complaint about, the sale of **your** policy, or the general service **you** received from All Seasons Underwriting Agency Ltd please refer to the separate instructions at the end of this Policy Section.

### Service

The aim is to provide **you** with a high quality service at all times. Every effort will always be made to sort out any enquiry or problem that **you** may have. If **you** have any questions or concerns about **your** policy or the handling of a claim **you** should, in the first instance, contact:

#### General Policy Administrations Enquiries

Globelink International Travel Insurance Consultants Ltd  
Correspondence: Alpi House, Suite 2, Est Wing, 2<sup>nd</sup> Floor, Miles Gray Road, Basildon, Essex, SS14 3HJ  
Phone: +44 (0)1353 699082  
Email: [Globelink@globelink.co.uk](mailto:Globelink@globelink.co.uk)  
Office hours: 9am to 5pm GMT Monday to Friday (excluding bank holidays).

#### If you remain dissatisfied please contact:

The Customer Services Manager  
All Seasons Underwriting Agencies Ltd  
Alpi House, Suite 2, Est Wing, 2<sup>nd</sup> Floor, Miles Gray Road, Basildon, Essex, SS14 3HJ  
Phone: +44 (0) 203 327 0556  
E-mail: [info@asuagroup.co.uk](mailto:info@asuagroup.co.uk)  
Office hours: 9am to 5pm GMT Monday to Friday (excluding bank holidays)

#### Claims Enquiries: Please Quote SCHEME CODE: A01131

Rightpath Claims  
Airport House, Purley Way  
Croydon, Surrey, CR0 0XZ  
Telephone: +44 (0) 208 667 1600  
Email: [claim@rpclaims.com](mailto:claim@rpclaims.com)

Register On Line: [www.rpclaims.com](http://www.rpclaims.com)

### Complaints

If **you** are dissatisfied after contacting All Seasons Underwriting Agencies Ltd or Rightpath Claims, **you** can contact the Complaints team at Lloyd's to pursue a complaint.

The address is Complaints, Lloyd's, One Lime Street, London EC3M 7HA  
Tel No: 020 7327 5693, Fax No: 020 7327 5225  
E-mail: [complaints@lloyds.com](mailto:complaints@lloyds.com)  
Website: [www.lloyds.com/complaints](http://www.lloyds.com/complaints)

The full details of Lloyd's complaints procedures are set out in a leaflet "Your Complaint - How We Can Help", which is available at [www.lloyds.com](http://www.lloyds.com). **You** can also obtain a copy by contacting Lloyd's using the contact details shown above.

If **you** remain dissatisfied after Lloyd's has considered **your** complaint, **you** can refer **your** case to the Financial Ombudsman Service.

The address is: Financial Ombudsman Service, Exchange Tower, London E14 9SR. Tel: 0800 0234 567 (normally free for land line users) or 0300 1239 123 (charged at the same rate as 01 or 02 numbers on mobile phone tariffs). E-mail: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

This procedure does not affect **your** right to take legal action.

## DEFINITIONS

These definitions apply throughout **your** policy wording. They will appear highlighted in bold print and have the same meaning wherever they are used in the policy wording. **We** have listed the definitions alphabetically.

**Active war** means the active participation in a **war** by an **insured person** who is deemed under English Law to be under instruction from or employed by the armed forces of any country.

**Additional Accommodation Expenses** means room costs incurred up to the standard of **your** original booking (for example; a three star hotel, full or half board, bed and breakfast, self-catering or room only).

**Additional Travel Expenses** means an economy/standard class coach/rail/airline seat on a similar mode of transport used on the originally booked itinerary or the nearest price equivalent on an alternative mode of transport if the original option is not available.

**Advanced Booking** means any booking made at least 24 hours prior to the scheduled departure time shown on **your** ticket.

**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. For the purpose of Section L only it means a **trip** taken wholly or in part for business purposes but excluding manual work.

**Claims administrator** means Rightpath Claims.

**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**.

**Curtailed / 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 insurance after the application of the insurance limits.

**Extension of cover** means, 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 Insurance. We do not guarantee that any **Extension of Cover** will be provided.

For all other sections of the insurance, 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 insurance 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 insurance.

**Family cover** means up to two adults and their children,, step children or foster children named on the validation certificate aged under 18 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 area** means

for residents of the **United Kingdom** including Channel Islands and the Isle of Man depending on where an **insured person's home** is.

For residents of the European Economic Area, an **insured person's** country of residence in the European Economic Area.

**Home country** means the **United Kingdom**, European Union or European Economic Area country in which an **insured person** is legally resident.

**Home** means **your** normal place of residence in **your home country**.

**Insured couple** means the couple travelling to be married or to enter into a civil partnership whose names appear in the insurance schedule.

**Insured person** - See definition of **you/your/yourself/insured person**.

**Irrecoverable loss** means 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.

**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.

**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.

**Nuclear risks** means ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or radioactive toxic explosion or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

**Outward journey** means the 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 **your home country**.

**Period of insurance** means

- a) 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**.
- b) 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.
- c) 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 date of your insurance whichever is the sooner. The final destination country will be treated as **your home area** and cover under this insurance will be applied accordingly.

**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.
- d) any **medical condition** for which **you** have received a terminal prognosis.
- e) any **medical condition** **you** are aware of but for which **you** have not had a diagnosis.
- f) 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**.

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

**Return journey** means the 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 **your home country**.

**Scheduled airline** means an airline upon which **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.

**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 insurance, 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 or threat of force and/or violence, of any person or group(s) or 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 or reasons 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 journey other than travellers from South Africa, Australia and New Zealand – returning home after living in the **United Kingdom**.

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). 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 wording applying to each **trip**. 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, whether single trip or annual multi trip cover is selected. 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.

**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.

**War** means:

- (a) war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; or
- (b) any act of **terrorism**, or
- (c) any act of war or **terrorism** involving the use of or release of a threat to use any nuclear weapon or device or chemical or biological agent.

**We/Us/Our** means Lloyd's Consortium 9208. For section S means CBL Insurance Europe Limited

**Wedding** means the religious or civil ceremony at which the couple become married or registered as civil partners of each other.

**Wedding attire** means dress, suits, shoes and other accessories bought specially for the **wedding** and make-up, hair styling and flowers paid for or purchased for the **wedding**, forming part of **your baggage**.

**You/Your/Yourself/Insured person** means each person travelling on a **trip** whose name appears in the insurance schedule. For the purpose of Section Q only it means each person travelling to be married or to enter into a civil partnership whose names appear in the insurance schedule.

## IMPORTANT INFORMATION AND KEY FACTS

### PERIOD OF INSURANCE

The policy you have purchased will run for the period of insurance shown on your insurance schedule and validation certificate issued by the selling agent.

### YOUR RIGHT TO CANCEL THIS POLICY—"COOLING OFF PERIOD"

We hope you are happy with the cover this policy provides. However, you have the right to cancel it within 14 days of receiving the policy provided you have not travelled or made a claim. Please return it to the selling agent within 14 fourteen days of issue and they will refund Your premium. 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

### 24 HOUR EMERGENCY ASSISTANCE ABROAD

If you require emergency medical assistance abroad you should contact MayDay Assistance Ltd a 24 hour service:

**Telephone: (+44) (0) 1273 624 661 or Fax: (+44) (0) 1273 606 390 Email: [operations@maydayassistance.com](mailto:operations@maydayassistance.com)**

You must contact the 24 hour emergency medical service as shown above 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 for advice, assistance, making arrangements for hospital admission, repatriation (returning you to your home area) and authorisation and payment of medical expenses. 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. For out-patient treatment costing less than £200, 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 and authorisation of costs.

### NON EMERGENCY CLAIMS

**Rightpath Claims:** Tel: +44 (0) 208 667 1600 or Email: [claim@rpclaims.com](mailto:claim@rpclaims.com)

**Office hours: 9am to 5pm Monday to Friday (excluding bank holidays)**

**Register Your Claim On Line 24 Hours a Day:** [www.rpclaims.com](http://www.rpclaims.com). You will need to Quote SCHEME CODE: A01131. You will also be able to download the appropriate claim form and access Frequently Asked Question (FAQ) relevant to your claim.

## PRE-EXISTING MEDICAL CONDITIONS

You must contact ASUA by phone if you need to declare a Pre-existing medical condition not normally covered by this insurance, If you do not comply we may cancel the insurance or refuse to deal with your claim or reduce the amount of any claim payment (see important conditions relating to health below).

**ASUA Screening Customer Helpline: +44 (0) 203 327 0556 or E-mail: [info@asuagroup.co.uk](mailto:info@asuagroup.co.uk) (quoting 'Globelink').**

**Office hours: 9am to 5pm Monday to Friday (excluding bank holidays)**

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.

d) any medical condition for which you have received a terminal prognosis.

e) any medical condition you are aware of but for which you have not had a diagnosis.

f) 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.

If your **HEALTH CHANGES** after the start date of your insurance and the date your travel tickets or confirmation of booking were issued, you must telephone the ASUA Screening customer helpline shown above. If we cannot provide cover for your change of circumstances you will normally be entitled to make a cancellation claim.

## NO SCREEN CONDITIONS

You do not need to contact us in respect of any pre-existing medical conditions that you have that are included in this list and if the words in brackets apply to you and that the condition has been stable and well controlled for the last 12 months on GP administered medication and not required a hospital admission or referral to specialist because of a worsening of your condition.

|   |  |
|---|--|
| Acne  | Glaucoma   |
| ADHD (Attention Deficit Hyperactivity Disorder)   | Hayfever   |
| Asthma (diagnosed before age 50, no more than 2 medications/inhalers and no hospital admission in last year or use of nebulizers)   | High blood pressure (have not suffered from any heart disease, kidney damage, stroke or mini stroke) |
| Carpal tunnel syndrome  | High Cholesterol (not the inherited form)  |
| Cataracts   | Impetigo   |
| Corneal graft   | Meniere's disease  |
| Deafness  | Migraine (confirmed diagnosis, no ongoing investigations)  |
| 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) | RSI (Repetitive strain injury/Tendinitis)  |
| Fungal nail infection   | Tendonitis   |
|   | Tinnitus   |
|   | Tonsillitis  |
|   | Thyroid (under or over active)   |

## PREGNANCY

Pregnancy, without any directly related bodily injury, illness, disease or complication is not insured by this policy. This insurance is designed to provide cover for unforeseen events, accidents, illnesses and diseases and normal childbirth and pregnancy would not constitute an unforeseen event or illness. Claims arising from child birth if you have travelled within 12 weeks of the due date will not be insured by this policy. If after taking out this insurance you discover you are pregnant and will be travelling within 12 weeks of the due date we will insure you under Section A - Cancellation provided you cancel your trip within 14 days of becoming aware of the pregnancy term. Should you not wish to cancel the trip we will refund your premium provided you have not already travelled or made a claim.

## ABOUT THE INSURER

This insurance is underwritten by ANV, Lloyd's Syndicate 1861. The managing agent for Lloyd's Syndicate 1861 is ANV Syndicates Limited. It is entered in the Register of Lloyd's Managing Agents and is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority and entered on its register under number 226696. Registered Office: 47 Mark Lane, London, EC3R 7QQ. Registered in England number 04434499.

## HOW TO COMPLAIN

Your insurance policy contains the full complaints procedure including the Policyholder and Market Assistance team at Lloyd's. A copy of the full complaints procedure is available from the agent who sold you this insurance or from ASUA Ltd. 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 Policy. If your complaint is not resolved to your satisfaction, or if your complaint is not regarding a claim, you should write to:

**The Customer Services Manager, All Seasons Underwriting Agencies Ltd (ASUA Ltd) , Alpi House, Suite 2, East Wing, 2<sup>nd</sup> Floor, Miles Gray Road, Basildon, Essex, SS14 3HJ Phone: 0203 327 0556 E-mail: info@asuagroup.co.uk. Office hours: 9am to 5pm Monday to Friday (excluding bank holidays).**

## **YOUR POLICY SUMMARY**

*Some important facts about your insurance are summarised below. This summary does not describe all the terms and conditions of your policy, so please take time to read the policy document to make sure you understand the cover it provides. This Policy Summary does not form part of the contract between us.*

## **INSURANCE PROVIDER**

Travel Insurance arranged by All Seasons Underwriting Agencies Limited on behalf of Compass Underwriting Limited under Binding Authority Contract reference number B6018TP5162016.

## **SIGNIFICANT PRODUCT FEATURES, BENEFITS AND EXCLUSIONS**

The levels of cover and excesses that apply are set out in the Schedule of Benefits on the Policy. 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. Please refer to the travel insurance schedule for the limits and excess applicable to each section. The policy wording sets out full details of the cover provided and a sample is available from the selling agent for inspection prior to purchasing this insurance.

## **AGE LIMITS**

There may be Age Restrictions on 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.

## **HAZARDOUS SPORTS & LEISURE ACTIVITIES**

You are not covered for taking part in any Hazardous Pursuit unless it is listed in the policy wording. 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, motorized vehicle, boat and other watercraft, or any other form of motorized 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. This insurance covers business and leisure travel as standard.

## **LAW & JURISDICTION**

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.

## **SECTION A - CANCELLATION OR CURTAILMENT**

### **SIGNIFICANT FEATURES AND BENEFITS**

Cancellation provides cover for travel and accommodation expenses paid or contracted to be paid by You in respect of Your trip.

Curtailed 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.

### **POLICY LIMITS AND EXCLUSIONS APPLYING TO SIGNIFICANT COVERS**

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. Cancellation and Curtailment cover is not provided on an all risks basis.

'Important Conditions Relating to Health'

Section B – Emergency Medical & Other Expenses - 'What is not covered'

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

## SIGNIFICANT FEATURES AND BENEFITS

Provides cover for costs arising in the event of illness, injury or death occurring during the trip and where necessary the provision of emergency medical assistance.

### POLICY LIMITS AND EXCLUSIONS APPLYING TO SIGNIFICANT COVERS

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.

This insurance does not cover private health care treatment in countries that operate reciprocal health care agreements unless it is authorised in advance by the 24 Hour Medical Assistance Company You should before you travel obtain from your local Post Office a European Health Insurance Card (EHIC) application pack or apply online at [www.dh.gov.uk/travellers](http://www.dh.gov.uk/travellers).

'Important Conditions Relating to Health'

Section B – Emergency Medical & Other Expenses - 'What is not covered'

## SECTION E – BAGGAGE

## SECTION F – MONEY, PASSPORTS & DOCUMENTS

### SIGNIFICANT FEATURES AND BENEFITS

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.

### POLICY LIMITS AND EXCLUSIONS APPLYING TO SIGNIFICANT COVERS

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.

The amount payable will include an allowance for wear and tear and loss of value and is not on a "new for old" basis.

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.

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).

## GEOGRAPHICAL AREA

The area or country shown on Your Validation Certificate and for which the appropriate premium has been paid and will involve your departure from and your return to your country of residence within the European Union within the Period of Insurance.

**Europe** Madeira, Channel Islands, Canary Islands, Iceland, the Azores, Mediterranean Islands and Non-European countries bordering the Mediterranean (except Algeria, Israel, Lebanon, Libya and Syria). The United Kingdom, Isle of Man and the Republic of Ireland. Russia West of the Ural Mountains.

**Worldwide Excluding** USA, Canada, Caribbean, Mexico and Japan

**Worldwide Including** USA, Canada, Caribbean, Mexico and Japan

## USEFUL CONTACT INFORMATION

### FOR GENERAL POLICY INFORMATION

Globelink International Travel Insurance

Tel: +44 (0)1353 699 082

Email: [info@globelink.co.uk](mailto:info@globelink.co.uk)

### FOR EMERGENCY ASSISTANCE – 24 HR 365 DAYS

(NOT TO BE USED FOR CASUAL ENQUIRIES)

Mayday Assistance

Tel: +44 (0) 1273 624 661

Fax: +44 (0) 1273 606 390

Email: [operations@maydayassistance.com](mailto:operations@maydayassistance.com)

### FOR CLAIMS - Quote SCHEME CODE: A01131

Rightpath Claims

Airport House, Purley Way, Croydon, Surrey, CR0 0XZ

Telephone: +44 (0) 208 667 1600

Email: [claim@rpclaims.com](mailto:claim@rpclaims.com)

Register On Line: [www.rpclaims.com](http://www.rpclaims.com)

### MEDICAL SCREENING OF PRE-EXISTING CONDITIONS (INC CHANGE IN MEDICAL CONDITIONS)

ASUA Medical Screening (Quote 'Globelink').

Tel: +44 (0) 2033 270 556

Email: [info@asuagroup.co.uk](mailto:info@asuagroup.co.uk)