

TRAVEL INSURANCE POLICY

Reference Number: 00650



Relax...You're With Us

INTRODUCTION TO YOUR POLICY

This policy has been arranged by ROCK Insurance Group which is a trading style of Rock Insurance Services Limited on behalf of Leisure Guard Insurance which is a trading style of Business Brokers Limited who collects and holds premium as agents of the Insurers. ROCK Insurance Group is authorised and regulated by the Financial Conduct Authority (FCA). Our FCA registration number is 300317. You can check the regulatory status of Business Brokers Limited by visiting the Financial Services Register via the Financial Conduct Authority Website, www.fca.org.uk or by telephoning 0845 606 1234.

This policy will suit the demands and needs of an individual or group who can meet the medical criteria contained within the Important Health Requirements Section of this policy.



10 THINGS TO DO BEFORE YOU GO

1. Check the Foreign and Commonwealth Office (FCO) travel advice online at www.fco.gov.uk or phone 020 7008 1500.
2. Get travel insurance and check that the cover is appropriate.
3. Get a good guidebook and get to know the place You are going to. Find out about local laws and customs.
4. Make sure You have a valid passport and any visas You need.
5. Check what vaccinations You need at least six weeks before You go.
6. Check to see if You need to take extra health precautions (visit www.dh.gov.uk/en/publichealth).
7. Make sure whoever You book Your Trip through is a member of the Association of British Travel Agents (ABTA) or the Air Travel Organisers' Licensing scheme (ATOL).
8. Photocopy Your passport, insurance policy, 24-hour emergency numbers and Your ticket details and leave copies with family and friends.
9. Take enough money for Your Trip and some back-up funds, for example, traveller's cheques, sterling or US dollars.
10. Tell Your family or friends where You will be staying and what You plan to do, and give them a way of contacting You (such as an e-mail address).

ELIGIBILITY REQUIREMENTS

- You must habitually reside in the EU (i.e. have Your main home in the EU for 6 months prior to issue of the policy and are registered with a local doctor).
- You must not have reached the age of 76 years.
- You must meet the medical criteria of the policy, no claim arising directly or indirectly from a Pre-existing Medical Condition affecting you will be covered. unless you declare all Pre-existing Medical Conditions to us and they are accepted in writing. To declare Pre-existing Medical Conditions please call the medical screening helpline on 0844 800 3609.
- All trips must commence and end within 12 months of the policy being issued.
- You can take any number of trips in the policy year but all trips are limited to 31 days.

You should read the important conditions and exclusions to ensure that this policy is right for You. Specifically You should note that the policy may not be applicable if:

- You reside outside the European Union;
- You are over the age of 76 years old;

Leisure Guard always aim to provide a first class service. However if You have any cause for complaint, any enquiry should be addressed in the first instance to The Compliance Manager, Leisure Guard, HMC House, Sevier Road, Axbridge, Loxton, North Somerset BS26 2XE or email info@leisureguardtravelinsurance.co.uk. Should You remain dissatisfied You may have the right to ask the Financial Ombudsman Service to review Your complaint.

Leisure Guard is covered by the Financial Services Compensation Scheme. You may be entitled to compensation from the scheme if We are unable to meet Our obligations. This depends on the type of business, and circumstances of the claim. Insurance arranging is covered for 90% of the claim, without any upper limit. Further information can be obtained from the Financial Services Compensation Scheme by visiting their website at www.fscs.org.uk.

IMPORTANT

Under the new travel directive from the European Union (EU), You are entitled to claim compensation from Your airline if any of the following happens:

1. **You are not allowed to board or Your flight is cancelled:** If You check-in on time but You are not allowed to board because there are too many passengers for the number of seats available or Your flight is cancelled, the airline operating the flight must offer You financial compensation.
2. **There are long delays:** If You are delayed for two hours or more, the airline must offer You meals and refreshments, hotel accommodation and communication facilities. If You are delayed for more than five hours, the airline must also offer to refund Your ticket.
3. **Your baggage is damaged, lost or delayed:** If Your checked-in baggage is damaged or lost by an EU airline, You must make a claim to the airline within seven days. If Your checked-in baggage is delayed, You must make a claim to the airline within 21 days of when You get Your baggage back.
4. **You are injured or die in an accident:** If You are injured in an accident on a flight by an EU airline, You may claim damages from the airline. If You die as a result of these injuries Your family may claim damages from the airline.
5. **You do not receive the services You have booked:** If Your tour operator does not provide the services You have booked, for example, any flights or a part of Your package holiday, You may claim damages from the tour operator. You can download more details from http://ec.europa.eu/transport/passengers/air/air_en.htm

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INSURANCE POLICY

This contains full details of the cover provided plus the conditions and exclusions which apply.

You must read this insurance policy carefully.

CONDITIONS, EXCLUSIONS AND WARRANTIES

There are conditions and exclusions which apply to individual sections and general conditions, exclusions and warranties which apply to the whole policy.

FRAUDULENT CLAIMS

The making of a fraudulent claim is a criminal offence.

PROPERTY CLAIMS

These claims are paid based on the value of the goods at the time **You** lose them and not on a "new for old" replacement cost basis. Claims for sports equipment damaged whilst in use are not covered (except for **Ski Equipment**). Loss or damage of property not belonging to **You** is also not covered (except for certain hired **Ski Equipment**).

POLICY LIMITS

Each section of **Your** policy has a limit on the amount **We** will pay under that section. Some sections also include other specific limits, for example: for any one item or for **Valuables** in total. **You** are advised to check this policy document if **You** intend taking expensive items with **You**.

POLICY EXCESSES

Under most sections of the policy, claims will be subject to an **Excess**. This means that **You** will be responsible for paying the first part of the claim. The Excess will apply to each person claiming and to each incident and to each section of the policy under which a claim is made.

REASONABLE CARE

You need to take all reasonable care to protect **Yourself** and **Your** property, as **You** would if **You** were not insured.

COMPLAINTS

This insurance policy has in it a Complaints Procedure which tells **You** what steps **You** can take if **You** wish to make a complaint.

"COOLING OFF" PERIOD

We hope **You** are happy with the cover this policy provides. However, if after reading it, this insurance does not meet with **Your** requirements, please return it to the issuing agent within 14 days of receipt of **Your** policy and they will cancel the policy, provided **You** have not commenced **Your Trip** or made a claim.

SPORTS AND ACTIVITIES

The policy contains conditions and exclusions relating to dangerous activities, sports or pastimes where there is a risk of injury, or can be expected to aggravate an existing infirmity. Please see the list of Sports and Activities

GOVERNING LAW

Your policy is governed by the law applicable to where **You** reside within the European Union if this is **Your** usual country of residence.

HEALTH/MEDICAL CONDITIONS

The policy contains conditions related to health of the people travelling and others upon whose well being the **Trip** may depend. It may be that **You** are required to disclose the condition of such people prior to the cover being issued and **You** must be aware that the failure to disclose such matters will prejudice **Your** position.

GEOGRAPHICAL LIMITS

Home Country

Your Home Country within the EU.

Europe

Means the continent of Europe west of the Ural Mountains including the Republic of Ireland, the Isle of Man, Channel Islands and all countries bordering the Mediterranean Sea, as well as Madeira and The Azores, including Spain, The Canaries, Turkey, Cyprus, Malta and Switzerland. For residents of the Isle of Man and Channel Islands travelling to the United Kingdom, the United Kingdom shall be considered as Europe.

Worldwide, excluding USA and Canada

Means anywhere in the world except USA, Canada and the Caribbean

Worldwide, including USA and Canada

Means anywhere in the world

Please note:

No cover is provided under this policy for any **Trip** in, to, or through, Afghanistan, Cuba, Liberia or Sudan.

No cover is provided for claims arising as a direct result of the situation highlighted by the Foreign and Commonwealth Office where **You** have travelled to a specific country or to an area where, prior to **Your Trip** commencing, the Foreign and Commonwealth Office have advised against all (but essential) travel.

IMPORTANT NOTES

1. This policy is only available to residents of the European Union.
2. If **Your Money, Valuables** or any items of personal baggage, are lost or stolen, **You** must notify the local police within 24 hours of discovery and obtain a police report. Failure to do so may invalidate **Your** claim.
3. Insurance cannot be issued once **Your Trip** has commenced,

AGE LIMITS

Annual Multi-Trip policies

75 at date of purchase.

MAXIMUM PERIOD OF INSURANCE

Annual Multi-Trip policies

Any number of **Trips** in the policy year but limited to 31 days per **Trip**.

AMTRUST EUROPE LIMITED

Registered in England number 1229676 at Market Square House, St James's Street, Nottingham NG1 6FG.

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. These details can be checked on the Financial Services Register by visiting: www.fca.org.uk

Financial Services Register number 202189

Member of the Association of British Insurers

The Policy Wording sets out in full details of the cover provided and is only valid if attached to a Schedule showing the sums insured and limits of the insurance provided and detailing the premium, geographical area, period of cover and persons insured.

The policy covers all persons named on the Policy Schedule. **You** must be a resident of the European Union.

HEALTH AND PRE-EXISTING MEDICAL CONDITIONS

This policy can cater for travellers with pre-existing medical conditions and their travelling companions. For the purposes of this insurance, **You** are considered to have a pre-existing medical condition if **You** answer "Yes" to any part of the following questions:

Have You:

1. been prescribed medication, or received medical treatment in the last 12 months
2. attended a hospital or clinic as an out-patient or in-patient in the last two years
3. been currently put on a waiting list for treatment or investigation
4. been diagnosed by a medical practitioner as suffering from a terminal illness

Please note

1. **You** must be fit to undertake **Your** planned **Trip**.
2. **You** must not travel against medical advice or with the intention of obtaining medical treatment or consultation abroad.
3. **We** will cover **You** for pre-existing medical conditions **You** have declared to **Us** and which **We** have accepted in writing. To declare **Your** pre-existing medical conditions please contact **Our** Medical Screening Helpline on 0844 800 3609.
4. **We** will not cover **You** for any pre-existing conditions which do not appear in the "Medical Screening letter".
5. **We** will not cover **You** if **Your** state of health was worse than **You** declared to **Us** at the time **You** purchased this policy.
6. Please check that the information set out in the "Medical Screening letter" is correct. If it is not, **You** must contact the Medical Screening Team on 0844 800 3609.

ELECTING TO EXCLUDE COVER FOR PRE-EXISTING MEDICAL CONDITIONS

You were given a choice to exclude cover for these conditions when **You** applied for insurance. However, **We** do not recommend that **You** do this as **You** are exposing **Yourself** to substantial medical and repatriation expenses if **You** fall ill abroad. Moreover, if **You** cancel or curtail **Your Trip** due to a pre-existing condition **Your** claim will not be covered.

If **You** did choose to exclude pre-existing medical conditions but change **Your** mind before **You** travel, please contact **Our** Medical Screening Helpline on 0844 800 3609.

NON-TRAVELLING RELATIVES

If **You** have a non-travelling **Close Relative** with a pre-existing medical condition who dies or falls seriously ill and as a result **You** wish to cancel or curtail **Your Trip**, **You** will be covered only if the relative's doctor states that at the time insurance was taken out he/she would not have foreseen such a serious deterioration in his or her patient's condition.

WAITING LIST

If **You** are on a waiting list for treatment or investigation, **You** are not covered if **You** have to cancel or curtail **Your Trip** because an appointment or treatment becomes urgently available.

RECIPROCAL HEALTH AGREEMENTS

European Union

If **You** are travelling to countries in the European Union, Iceland, Liechtenstein, Norway or Switzerland, **We** strongly recommend that **You** take a European Health Insurance Card (EHIC) with **You**. Application forms for this can be obtained from the Post Office and should be completed and validated before **You** travel. This will allow **You** to benefit from the reciprocal health arrangements, which exist within these countries. **You** should take reasonable steps to use these arrangements where possible.

If **We** agree to a claim for medical expenses which has been reduced by **You**

using an EHIC **You** will not have to pay the **Excess** amount under the Medical Expenses Section. Where it is necessary for **You** to provide evidence of the medical costs incurred, this must show that the medical fee has been reduced by use of the EHIC.

For further information about the EHIC, please refer to the 'Health Advice For Travellers' booklet from the Post Office or visit the Department of Health website www.dh.gov.uk/travellers.

Australia and Non-European Economic Area (EEA) countries

When **You** are travelling to Australia and **You** have to go to hospital, **You** must enrol for treatment under the National Medicare Scheme. The UK has reciprocal healthcare agreements with other non-EEA countries and territories. Details can be found at www.nhs.uk/NHSEngland/

DEFINITIONS

The following words and expressions used in this policy shall mean as follows when they appear in bold type.

Authorised Representative

A solicitor, firm of solicitors, lawyer, or any appropriately qualified person, firm or company, appointed by **Us** to act on **Your** behalf.

Certificate

The validation page issued in respect of this policy which sets out the names of the Insured Persons, the Geographical Limits, the **Period of Insurance** and any other special terms and conditions.

Close Business Associate

Any person in the same employment as **You** whose absence from work necessitates **You** having to cancel **Your Trip** as certified by **Your** Senior Director or partner.

Close Relative

Mother, father, sister, brother, wife, husband, partner (same or different sex), son, daughter (including fostered/adopted son or daughter), grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step-parent, step-child, step-brother, step-sister, or legal guardian.

Curtail/Curtailment

Return early to **Your Home** after the commencement of the **Outward Journey**.

Cruise

A Trip where **You** spend more than one night and one day living on a ship and which is not an excursion taken as part of **Your** holiday.

Excess

Shall mean the first amount of a claim that **You** must pay, expressed as a monetary amount or as a percentage of the loss.

Family

A single parent or parents travelling with their children under the age of 18.

Family - Extended

Parents of the lead insured adults travelling on any Cruise Holidays UK holiday.

Geographical Area

The area or country shown on **Your** Schedule

Home Country

Your country of residence (please note for the purposes of this insurance the **UK** Area is defined as one country of residence).

Loss of Limb

Total loss of use by physical severance at or above the wrist or ankle.

Loss of Sight

Shall mean total and permanent loss of sight without expectation of improvement:

1. in both eyes when **Your** name is added to the Register of Blind Persons on the authority of a qualified ophthalmic specialist; or
2. in one eye when the degree of sight remaining after correction is 3/60 or less on the Snellen Scale.

Manual Work

Physical labour involving the use of tools or machinery or exposure to risk that could give rise to **Your** bodily injury or illness (nursing and bar-work are not considered to be manual work)

Medical Practitioner

Means a doctor or specialist who is legally qualified, licensed and registered to practice medicine under the laws of the country in which they practice other than:

You; a member of **Your** immediate family; or **Your** employee.

Money

Cash, postal and money orders and lift passes (in respect of winter sports trips), held by **You** for social, domestic and pleasure purposes.

Outward Journey

The initial journey in conjunction with **Your Trip** from **Your Home** in the European Union.

Permanent Total Disablement

Disablement which prevents **You** from carrying out ANY occupation for a period of 12 months after an accident sustained during **Your Trip** and which is, at the end of that period, beyond reasonable hope of improvement.

Period of Insurance

The period of insurance for all sections except cancellation commences when **You** leave home in the European Union to start **Your Trip** and ends when **You** have returned to **Your** home in the European Union. If **Your** return is unavoidably delayed for an insured reason, cover will be extended free of charge until **You** are able to return.

Personal Accident

Accidental bodily injury caused solely and directly by external, violent and visible means.

Personal Possessions

Suitcases (or other luggage carriers) and their contents taken on **Your Trip** together with articles worn or carried by **You** for **Your** individual use during **Your Trip** (but excluding items mentioned in the exclusions).

Public Transport

Means an airline, train, bus, coach, or ferry services, operating to a published timetable on which you are a fare paying passenger or Tour Operator's own transport service, or taxi, to join **Your** booked travel itinerary.

Psychiatric Condition

A mental or addictive condition, including, but not limited to alcoholism, drug addiction or eating disorder.

Redundancy

Redundancy of a person covered under this policy who is under 65 years of age who has been employed for two continuous years with the same employer at the time of being made redundant.

Ski Equipment

Skis (including bindings), ski boots, ski poles and snowboards.

Ski Pack

Pre-booked lift passes, hired skis and boots and ski school fees.

Sports and Activities

Any pursuit or activity where it is recognised there is an increased risk of injury or accident or can be reasonably expected to aggravate any existing infirmity

Strike or Industrial Action

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

Terrorism

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

The period of insurance under cancellation

Cancellation commences when the policy has been issued and ends when **You** depart **Your Home Country** on **Your** outbound journey.

If **You** have chosen an Annual Multi Trip Insurance the **Outward Journey** and Return to **Your Home Country** must be pre-booked prior to the **Outward Journey** and take place during the start and end date of the insurance, shown in the **Certificate**. The total duration of any one **Trip** is limited to a maximum of 31 days and any **Trip** exceeding this duration will not be covered in whole or in part. **Trips** within the British Isles must involve at least 2 nights pre-booked accommodation away from **Your** normal place of residence in order to be insured by this policy.

Trip

A holiday (including cruises) if it commences during the **Period of Insurance**, starting from when **You** leave **Your Home Country** or place of work (in **Your** home location) whichever occurs last and ending when **You** return to **Your Home Country** or place of work whichever occurs first.

Any **Trip** within **Your Home Country** must involve at least 2 nights pre-booked paid accommodation or involves a pre-booked flight.

Unattended

Left away from **Your** person where **You** are unable to clearly see or retrieve **Your** Personal Possessions or Money or Passports, Tickets and Documents (unless packed in the locked boot of a vehicle whilst **You** are travelling in it).

Valuables

Jewellery, articles made of gold silver or other precious metals, precious or semi-precious stones, watches, binoculars, telescopes, photographic equipment, electronic audio or video equipment including tapes, compact discs, cartridges, discs, MP3 or mini-disc players and any computer equipment including software, musical instruments, furs, or leather clothing, (apart from footwear).

You/Your

Each Insured Person named in the **Certificate**.

We/Us/Our

AmTrust Europe Limited.

SPORTS AND ACTIVITIES

You are not covered for taking part in any sports or activities unless it is listed below. If **You** are going to take part in any activity which may be considered dangerous or hazardous that is not detailed below, please contact **Us** to see if **We** can provide cover. Please note that under the Personal Liability section **You** will not be covered for liability caused directly or indirectly by **Your** owning or using any firearms or weapons, animal, aircraft, motorised vehicle, boat and other watercraft, or any form of motorised leisure equipment, including jet skis and snowmobiles.

The following sporting activities when participated in for recreational purposes incidental to a **Trip** and not in organised competitions or in any professional capacity are not considered to be dangerous or hazardous and are not subject to the special provisions of the endorsement below:

Roller Skating, Basket Ball, Bowls, Snorkelling, Cricket, Cycling, Squash, Tennis, Volley Ball, Fishing, Water Polo, Golf, Racket Ball, Rambling, Badminton, Rounders, Football.

Cover for the activities listed below that are considered to be hazardous are included for recreational purposes only and not for competitions or any professional activity subject to the following endorsement:

The exclusion of sports and activities in the General Exclusions is deleted only with respect to cover under Medical and Repatriation Expenses Section and under Curtailment Section (but not Cancellation) for participation in the following sports and activities on a non-professional (amateur) and recreational basis provided that **You** ensure the activity is adequately supervised and that appropriate safety equipment (such as protective head wear, life jackets etc.) are worn at all times and **You** do not participate in such sports and activities for more than 90 days in any one Period of Insurance. The acceptable sports and activities list is:

Table A

Your Insurance automatically covers **You** for the following activities:

• Aerobics	• Rafting, canoeing and kayaking * No PL cover
• Archery	• Roller skating
• Badminton	• Rounders
• Basketball	• Scuba diving (to 18 metres)
• Beach games	• Skateboarding
• Bowls	• Snooker, pool and billiards
• Cricket	• Snorkelling
• Cycling, *No PL cover – no tours	• Squash
• Fell walking, rambling and trekking (up to 2,000 metres altitude)	• Surfing, *No PL Cover
• Fishing	• Swimming (in pool or on inland waters or coastal waters within a 12-mile limit from land)
• Football	• Table tennis
• Golf	• Tennis
• Ice-skating (rink only)	• Volleyball
• Mountain Biking (excluding competition)	• Water Polo
• Parascending (towed by boat) *No PL cover	• Water-skiing (only on inland waters or coastal waters within a 12-mile limit from land) * No PL cover
• Racket Ball	• Windsurfing (only on inland waters or coastal waters within a 12-mile limit from land) * No PL cover
• Rambling	• Yachting, boating, sailing and rowing (only on inland waters or coastal waters within a 12-mile limit from land) * No PL cover

For Scuba or skin diving at any depth the following endorsement applies:

The following sports and activities are examples of what are not covered by this insurance and the **Certificate** shows the cover has been provided. SCUBA or skin diving to a maximum depth of 30 meters (see category B) will be covered provided that **You** hold a British Sub Aqua Club (B.S.A.C.) or equivalent certificate of proficiency for the dive being undertaken or **You** are under the direct supervision of a qualified instructor; are diving with proper equipment and not contrary to B.S.A.C. codes of good practice; are not solo/

cave/wreck diving, are not diving for hire or reward; are not diving within 24 hours of flying or flying within 24 hours of diving and are not suffering from any medical condition likely to impair **Your** fitness to dive.

CANCELLATION

We will pay:

Up to the amount shown in the summary on page 11 for the cost of unused travel and accommodation arrangements which **You** have paid, or **You** have contracted to pay, and which **You** have had to necessarily and unavoidably cancel before **You** commence **Your Trip** (including ski hire, ski school and lift passes), due to:

1. the death or disablement by bodily injury, illness or being subject to quarantine of (a) **You**, (b) any person **You** were intending to travel or stay with, (c) a **Close Relative of Yours** or of any person **You** were intending to travel with or (d) a **Close Business Associate of Yours**; or
2. **You** being called for jury service or as a witness in a Court of Law (but not as an expert witness or where **Your** employment would normally require **You** to attend court); or
3. **Your Redundancy** or the **Redundancy** of any person **You** were intending to travel with, provided that **We** are informed in writing immediately notification of **Redundancy** is received and that **You** were not aware of any impending **Redundancy** at the time this policy was issued; or
4. **Your** home being made uninhabitable or **Your** place of business being made unusable, up to 14 days before the commencement of **Your Trip**, due to fire, lightning, explosion, earthquake, subsidence, storm, flood, falling trees, riot or civil commotion, malicious damage, burst pipes, impact by aircraft, or the police requesting **Your** presence following burglary or attempted burglary at **Your** home or place of business; or
5. **Your** passport, or the passport of any person **You** were intending to travel with being stolen during the seven days before **Your** booked date of departure
6. **You**, an immediate relative of **Yours** or any person **You** intended to travel with, who is a member of the Armed Forces, emergency services or a government employee and being ordered to return to duty.

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

1. the **Excess** shown in the summary on page 11;
2. if **You** do not obtain a medical certificate from a **Medical Practitioner**, confirming that cancellation of the **Trip** is medically necessary;
3. Normal pregnancy, without any accompanying, injury, illness or complication. This section is designed to provide cover for unforeseen events, injuries and illness and normal childbirth would not constitute an unforeseen event.
4. **You** not complying with the Health and Pre-Existing Medical Conditions on page 3;
5. Any extra charges from the company **You** booked travel or accommodation with because of **Your** failure to notify them immediately it was found necessary to cancel;
6. prohibitive regulations by the Government of any country;
7. where a theft of a passport has not been reported to the relevant authority,
8. any circumstance that could reasonably be anticipated at the time **You** booked **Your Trip**.
9. **Your** disinclination to travel or continue **Your Trip** or any loss of enjoyment on **Your Trip**.
10. anything mentioned in the General Exclusions.

CURTAILMENT

We will pay:

Up to the amount shown in the summary on page 11:

1. the value of that portion of **Your** travel and/or accommodation arrangements paid for before **Your Trip** commenced and which are unused as well as ski hire, ski school and lift passes if **You** have to **Curtail Your Trip** and return to **Your Home Country** earlier than planned due to:
 - a) the death, severe injury or serious illness of:
 - i) **You** or any person **You** are travelling with;
 - ii) **Your Close Relative** resident in the European Union;
 - iii) **Your Close Business Associate** resident in the European Union.
 - b) **Your** home being made uninhabitable or place of business being made unusable due to fire, lightning, explosion, earthquake, subsidence, storm, flood, falling trees, riot or civil commotion, malicious damage, burst pipes, impact by aircraft, the police requesting **Your** presence following burglary or attempted burglary at **Your** home or place of business;
 - c) **You** being unable to continue **Your** booked **Trip**, due to loss or theft of **Your** passport, or that of any person **You** are travelling with.

The amount paid by **Us** in settlement of the claim will be based on an appropriate pro-rata proportion of the total travel and accommodation costs.

2. reasonable additional travelling expenses incurred by **You** to return to **Your** home (including Economy Class travel) earlier than planned for a reason stated in cover (1) of this section.
3. **You**, an immediate relative of **Yours** or any person **You** intended to travel with, who is a member of the Armed Forces, emergency services or a government employee and being ordered to return to duty.

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

1. the **Excess** shown in the summary on page 11;
2. if **You** do not obtain a medical certificate from a **Medical Practitioner**, confirming that cancellation of the **Trip** is medically necessary;
3. Normal pregnancy, without any accompanying, injury, illness or complication. This section is designed to provide cover for unforeseen events, injuries and illness and normal childbirth would not constitute an unforeseen event.
4. **You** not complying with the Health and Pre-Existing Medical Conditions on page 3;
5. Any extra charges from the company **You** booked travel or accommodation with because of **Your** failure to notify them immediately it was found necessary to cancel;
6. prohibitive regulations by the Government of any country;
7. where a theft of a passport has not been reported to the relevant authority,
8. any circumstance that could reasonably be anticipated at the time **You** booked **Your Trip**.
9. **Your** disinclination to travel or continue **Your Trip** or any loss of enjoyment on **Your Trip**.
10. anything mentioned in the General Exclusions.

MEDICAL & REPRIATION EXPENSES

We will pay:

Up to the amount shown in the summary on page 11 if during **Your Trip** **You** became ill or injured for costs incurred outside **Your Home Country** that have been authorised by the emergency assistance company

1. for emergency medical and surgical treatment. Claims for dental treatment cover the relief of pain only and are limited to the amount shown in the summary;
2. for reasonable and necessary additional accommodation (room only) and travelling expenses, including those of one relative or friend if **You** have to be accompanied home on medical advice or if **You** are a child and require an escort home;
3. in the event of death;
4. for conveyance of the body or ashes to **Your Home Country** (but excluding the cost of burial or cremation) or;
5. local funeral expenses abroad limited to £1,500;
6. Loss of Medication - up to a maximum of £300 for the necessary and reasonable cost of replacing essential medication lost or stolen during **Your Trip**.

NOTE

All receipts must be retained and produced in the event of a claim. **Your** claim may be rejected if receipts are not produced.

If **You** become ill or are injured **We** have the right to bring **You** back to **Your Home Country**, if the emergency assistance company doctor states that **You** can safely travel home. If **You** refuse to return to **Your Home Country**, **We** have the right to stop covering **Your** expenses.

This section does not apply to **Trips** within **Your Home Country**.

Before a claim for emergency expenses can be submitted under this section, **You** must contact the emergency assistance company.

If **You** are taken into hospital or **You** think that **You** may have to come home early (be repatriated) or extend **Your** journey because of illness or accident, the emergency assistance company must be told immediately.

If during **Your Trip** **You** become ill or are injured:

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

1. the **Excess** shown in the summary on page 11;
2. any sums which can be recovered by **You** and which are covered under any National Insurance Scheme or Reciprocal Health Arrangement;
3. Normal pregnancy, without any accompanying, injury, illness or complication. This section is designed to provide cover for unforeseen events, injuries and illness and normal childbirth would not constitute an unforeseen event.
4. **You** not complying with the Health and Pre-Existing Medical Conditions on page 3.
5. any expenses incurred for illness, injury or treatment required in consequence of:
 - a) surgery or medical treatment which in the opinion of the attending doctor and the emergency assistance company doctor can be reasonably delayed until **Your** return to **Your Home Country** if this is **Your** usual country of residence;

- b) medication and/or treatment which at the time of departure is known to be required or to be continued outside **Your Home Country** if this is **Your** usual country of residence;
6. preventative treatment which can be delayed until **Your** return to **Your Home Country** if this is **Your** usual country of residence;
 7. if **You** have not obtained a written certificate of fitness and ability to travel and endure the **Trip** where **You** are undergoing medical treatment as a hospital out-patient at the time of paying the final balance of **Your Trip**;
 8. claims that are not confirmed as medically necessary by the attending doctor or the emergency assistance company;
 9. the cost of any elective (non-emergency) treatment or surgery, including exploratory tests, which are not directly related to the illness or injury which necessitated **Your** admittance into hospital;
 10. any additional hospital costs arising from single or private room accommodation unless medically necessary;
 11. expenses incurred as a result of a tropical disease where **You** have not had the recommended inoculations and/or taken the recommended medication;
 12. costs that arise over 12 months after a claim was first notified;
 13. anything mentioned in the General Exclusions.

HOSPITAL BENEFIT

Should **You** suffer bodily injury or illness during the Period of Insurance, **We** will pay **You** up to the amount shown in the summary on page 11 for each full 24 hours that **You** spend as an inpatient in a hospital outside **Your Home Country** up to the amount shown in the Summary on page 11.

PERSONAL EFFECTS & BAGGAGE

We will pay:

1. Personal Baggage

Up to the amount shown in the summary on page 11 for the intrinsic value or cost of repair of any of **Your** own **Personal Possessions** (not hired, loaned or entrusted to **You**) which is lost, stolen, damaged or destroyed (after making proper allowance for wear and tear and depreciation). The maximum **We** will pay for all **Valuables** in total limited to the amount shown in the summary on page 11, for any single article, pair and/or set of articles limited to the amount shown in **Your Certificate** for all prescription spectacles limited to the amount shown in **Your Certificate**

NOTE

In the event of a claim for a pair or set of articles **We** shall be liable only for the value of that part of the pair or set which is lost, stolen, damaged or destroyed.

2. Delayed Baggage

Up to the amount shown in the summary on page 11 for the cost of buying replacement necessities if **Your** own personal possessions is delayed in reaching **You** on **Your Outward Journey** for at least 12 hours and **You** have a written report from the carrier (i.e. airline, shipping company etc) or tour representative. Receipts will be necessary in the event of a claim.

NOTE

Any amount **We** pay **You** under 2 (Delayed Baggage) will be deducted from **Your** claim if **Your Personal Possessions** proves to be permanently lost.

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

1. the **Excess** shown in the summary on page 11;
2. if **You** do not exercise reasonable care for the safety and supervision of **Your** property;
3. loss, destruction, damage or theft of any items left **Unattended** in a public place, or a place to which members of the general public have access.
 - a) if **Your Personal Possessions** are lost, damaged or delayed in transit, and **You** do not notify the carrier (i.e. airline, shipping company, etc) immediately and obtain a written carriers report (or Property Irregularity Report in the case of an airline) within 7 days of discovery of damage or loss;
4. loss, destruction, damage or theft:
 - a) from confiscation or detention by customs or other officials or authorities;
 - b) of contact lenses, dentures, hearing aids, samples or merchandise, bonds, coupons, securities, stamps or documents of any kind, vehicles or vehicle accessories (other than wheelchairs and pushchairs only), tents, antiques, musical instruments, pictures, typewriters, telephones, computers/games consoles (including handheld consoles) and/or accessories, televisions, sports gear whilst in use (other than **Ski Equipment** for winter sports **Trips**), pedal cycles, dinghies, boats and/or ancillary equipment, glass or china, alcohol, cigarettes or any other tobacco products, satellite navigation systems (GPS) and/or accessories, Personal Digital Assistants (PDA's and/or accessories);
 - c) due to wear and tear, denting or scratching, moth or vermin;
 - d) of **Valuables** left as checked-in baggage.

5. mechanical breakdown, derangement or for breakage of fragile or brittle articles being transported by a carrier, unless the breakage is due to fire or other accident to the vessel, aircraft or vehicle they are being carried in;
6. **Valuables** stolen from an **Unattended** vehicle;
7. **Personal Possessions** stolen from:
 - a) an **Unattended** vehicle, unless it was in the locked glove compartment, or rear boot or luggage area of the vehicle and it is covered so as not to be visible from outside the vehicle, and unless there is evidence of forcible and violent entry or,
 - b) an **Unattended** vehicle (other than motor caravans) left for any period between the hours of 9pm and 9am;
8. any shortages due to error, omission or depreciation in value;
9. any property more specifically insured or recoverable under any other source;
10. the cost of replacement locks;
11. anything mentioned in the General Exclusions.

MONEY AND CASH

We will pay:

Up to the amount shown in the summary on page 11 if **Your** own **Money** is lost or stolen whilst being carried on **Your** person or left in a locked safety deposit box (or equivalent facility).

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

1. the **Excess** shown in the summary on page 11;
2. if **You** do not exercise reasonable care for the safety and supervision of **Your** property;
3. loss, destruction, damage or theft of **Your** money left **Unattended** in a public place, or a place to which members of the general public have access;
4. money stolen from:
 - a) an **Unattended** vehicle, unless it was in the locked glove compartment, or rear boot or luggage area of the vehicle and it is covered so as not to be visible from outside the vehicle, and unless there is evidence of forcible and violent entry or,
 - b) an **Unattended** vehicle (other than motor caravans) left for any period between the hours of 9pm and 9am;
5. any shortages due to error, omission or depreciation in value;
6. anything mentioned in the General Exclusions.

MUGGING

We will pay you:

Up to the amount shown in the summary on page 11 for which **You** are hospitalised,

if **You** sustain actual bodily injury as a result of a mugging attack during the

Period of Insurance resulting in medical treatment and necessitating admission to an overseas hospital, provided that:

- The incident was reported to the nearest Police Authority within 12 hours of the incident occurring.
- **You** must produce independent evidence in writing in support of any claim.

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

- a) **You** being under the influence of intoxicating liquor, drugs, substance/solvent abuse;
- b) **Your** intentional self injury or **Your** wilful exposure or **Your** deliberate acts;
- c) anything mentioned in the General Exclusions.7 HIJACK

HIJACK

We will pay you:

Up to the amount shown in the summary on page 11 if the aircraft or sea vessel in which **You** are travelling is hijacked for **more than 24 hours** on the original, pre-booked, outward journey or return journey.

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

- a) any claim resulting from **You** acting in a way which could cause a claim under this section;
- b) **You** must give **Us** a written statement from an appropriate authority confirming the hijack and how long it lasted;
- c) anything mentioned in the General Exclusions.

DISASTER

We will pay you:

Up to the amount shown in the summary on page 11 for the cost of providing other similar accommodation if **Your** booked accommodation cannot be lived in because of a fire, flood, earthquake or storm.

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

- any expenses that **You** can get back from any tour operator, airline, hotel or other provider of services;
- any expenses that **You** would normally have to pay during the period of **Your** journey/holiday;
- any claim resulting from **You** travelling against the advice of the appropriate national or local authority. **You** must give **Us** a written statement from an appropriate public authority confirming the reason and nature of the disaster and how long it lasted;
- any event that results in a claim under this section which was known about before **You** left from **Your** international departure point;
- any claim where **You** have not provided **Us** with evidence of all the extra costs **You** had to pay;
- the **Excess** shown in the summary on page 11;
- anything mentioned in the General Exclusions.

WITHDRAWAL OF SERVICES

We will pay you:

Up to the amount shown in the summary on page 11, if **You** suffer withdrawal of water or electricity supplies continuously for **at least a 60 hour period** during **Your Trip**.

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

- any claim that results from a Strike or Industrial Action existing at the time this insurance was issued;
- any claim not supported by written confirmation from the tour operator hotel;
- anything mentioned in the General Exclusions.

DOMESTIC PETS

We will pay you:

Up to the amount shown in the summary on page 11, for extra kennel or cattery fees if the departure of **Your** final inward international flight, sea crossing, coach or train journey forming part of a booked **Trip** and specified on **Your** ticket, is delayed as a direct result of Strike, Industrial Action, adverse weather conditions, failure of air traffic control systems, or mechanical breakdown of aircraft, sea vessel, coach or train. **You must be delayed by at least 24 hours.**

NOTE

If **You** suffer delays **You** must obtain written confirmation from the Carrier stating the period and reason for delay. **You** must also get a written statement from the appropriate kennel or cattery confirming any extra charges that **You** have to pay.

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

- claims arising from actual or planned Strike or Industrial Action which was common knowledge at the time **You** booked the **Trip**;
- claims where **You** have not obtained written confirmation from the Carrier stating the period and reason for delay;
- claims where **You** have not obtained written confirmation from the appropriate kennel or cattery confirming any extra charges;
- any claim arising in connection with a **Trip** solely within **Your Home Country**;
- any kennel or cattery fees **You** pay outside **Your Home Country** as a result of quarantine regulations;
- any costs related to domestic pets other than cats or dogs that **You** own;
- anything mentioned in the General Exclusions.

PERSONAL ACCIDENT

We will pay:

Up to the amount shown in the summary on page 11 for the following benefits, if **You** suffer an accident during **Your Trip** which, within 12 months after the date of that accident, is the sole cause of **Your** death or disability:

- Death;
- Loss of Limb**, total and permanent **Loss of Sight** in one or both eyes;
- Permanent Total Disablement**;
- For persons under 18 or over 65 at the time of the accident the death benefit will be limited to funeral expenses up to £1,500 and there will be no cover for **Permanent Total Disablement**.

We will not pay for any claims for death, loss or disablement caused directly or indirectly by:

- Your** sickness, disease, physical or mental condition that is gradually getting worse;
- an injury which existed prior to the commencement of the **Trip**;
- pregnancy;
- any claims under this section not notified to **Us** within 12 months of the date of the accident;

- anything mentioned in the General Exclusions.

PERSONAL LIABILITY

We will pay up to the sum insured shown in the summary on page 11 (inclusive of legal costs and expenses) if **You** become legally liable to pay damages in respect of:

- Accidental bodily injury, including death, illness and disease to a person; and/or
- Accidental loss of or damage to material property (property that is both material and tangible);

arising during the journey, **We** will indemnify **You** for all such damages in respect of each occurrence or a series of occurrences arising directly or indirectly from one source or original cause.

Specific Exclusions applicable to the Personal Liability Section:

- We** will not be liable for anything mentioned in the General Exclusions Section on page 9.
- We** will not pay any liability for:
 - bodily injury, illness or disease of any person who is **Your Close Relative**, a travelling companion, or under a contract of employment, service or apprenticeship with **You** when the bodily injury, illness or disease arises out of and in the course of their employment to **You**;
 - loss or damage to property belonging to or held in trust by or in the custody or control of **You** other than temporary accommodation occupied by **You** in the course of the journey;
 - bodily injury or damage caused directly or indirectly in connection with the ownership, possession or use by **You** or on behalf of **You** of: aircraft, hovercraft, watercraft (other than non-mechanically powered watercraft less than 30 feet in length used on inland waters), mechanically propelled vehicles (other than golf buggies used on golf courses and not on public roads), firearms (other than sporting guns);
 - bodily injury caused directly or indirectly in connection with the ownership, possession or occupation of land or buildings, immobile property or caravans or trailers, any wilful or malicious act, carrying on of any trade, business or profession, any racing activity;
 - fraudulent, dishonest or criminal acts of **You** or any person authorised by **You**;
 - any claim resulting from venereal disease, sexually transmitted diseases, infection with the Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) howsoever this syndrome has been acquired or may be named;
 - any claim assumed by **You** under any contract or agreement unless such liability would have attached in the absence of such contract or agreement;
 - punitive or exemplary damages.

Specific Conditions applicable to the Personal Liability Section:

- You** or **Your** legal representatives will give **Us** written notice immediately if **You** have received notice of any prosecution or inquest in connection with any circumstances which may give rise to liability under this section;
- No admission, offer, promise, payment or indemnity shall be made by or on behalf of **You** without **Our** prior written consent;
- Every claim notice, letter, writ or process or other document served on **You** shall be forwarded to **Us** immediately upon receipt;
- We** shall be entitled to take over and conduct in **Your** name the defence or settlement of any claim or to prosecute in **Your** name for **Our** own benefit any claim for indemnity or damages against all other parties or persons;
- We** may at any time pay **You** in connection with any claim or series of claims the sum insured (after deduction of any sums already paid as compensation) or any lesser amount for which such claim(s) can be settled. Once this payment is made **We** shall relinquish the conduct and control and be under no further liability in connection with such claim(s) except for the payment of costs and expenses recoverable or incurred prior to the date of such payment.

LEGAL EXPENSES

If **You** suffer an incident that results in bodily injury, death or illness caused by a third party during the journey, **We** will indemnify **You** for legal expenses incurred in pursuit of a claim for damages or compensation against the third party up to the sum insured stated in the summary on page 11 for any one journey.

Specific Definitions applicable to the Legal Expenses Section:

Legal Expenses shall mean:

1. Fees, expenses and other disbursements reasonably incurred (as determined by **Our** legal counsel) by a **Legal Representative** in pursuing a claim or legal proceedings for damages and/or compensation against a third party who has caused **Your** bodily injury, death or illness.
2. Fees, expenses and other disbursements reasonably incurred (as determined by **Our** legal counsel) by a **Legal Representative** in appealing or resisting an appeal against the judgement of a court tribunal or arbitrator.
3. Costs that **You** are legally liable for following an award of costs by any court or tribunal or an out-of-court settlement made in connection with any claim or legal proceedings.

Legal Representative shall mean a solicitor, firm of solicitors, lawyer, or any appropriately qualified person, firm or company, appointed by **Us** to act on **Your** behalf.

Specific Exclusions applicable to the Legal Expenses Section:

1. **We** will not be liable for anything mentioned in the General Exclusions Section on page 9.
2. **We** will not pay any liability for:
 - a) any claim reported to **Us** more than 12 months after the beginning of the incident which led to the claim;
 - b) **Legal Expenses** incurred in the defence against any civil claim or legal proceedings made or brought against **You**;
 - c) **Legal Expenses** incurred before receiving **Our** prior written approval, unless such costs would have been incurred subsequently to **Our** approval;
 - d) **Legal Expenses** incurred in connection with any criminal or wilful act committed by **You**;
 - e) **Legal Expenses** incurred for any claim or legal proceedings brought against:
 - a) a travel agent, tour operator, carrier, insurer or their agent; or
 - b) **Us**, **You**, or any company or person involved in arranging this Policy;
 - f) fines, compensation or other penalties imposed by a court or other authority;
 - g) **Legal Expenses** incurred after **You** have not accepted an offer from a third party to settle a claim or legal proceeding where the offer is considered by all parties to be reasonable or **You** not accepting an offer from **Us** to settle a claim;
 - h) **Legal Expenses** which **We** consider to be unreasonable or excessive or unreasonably incurred (as determined by **Our** legal counsel);
 - i) actions between individuals named on **Your Certificate**;
 - j) **Legal Expenses** incurred in pursuing any claim for compensation against the manufacturer, distributor or supplier of any drug, medication or medicine.

Specific Conditions applicable to the Legal Expenses Section:

1. Written consent must be obtained from **Us** prior to incurring **Legal Expenses**. This consent will be given if **You** can satisfy **Us** that:
 - a) there are reasonable (as determined by **Our** legal counsel) grounds for pursuing or defending the claim or legal proceedings; and
 - b) it is reasonable (as determined by **Our** legal counsel) for **Legal Expenses** to be provided in a particular case.

The decision to grant consent will take into account the opinion of **Your Legal Representative** as well as that of **Our** own advisers. **We** may request, at **Your** own expense, an opinion of counsel as to the merits of the claim or legal proceedings. If the claim is admitted, **Your** costs in obtaining this opinion will be covered by this Policy.

2. All claims or legal proceedings including any appeal against judgement resulting from the same original cause, event, or circumstance, will be regarded as one claim.
3. If **You** are successful in any action, any **Legal Expenses** provided by **Us** will be reimbursed to **Us**.
4. **We** may at **Our** discretion assume control at any time of any claim or legal proceedings in **Your** name for damages and or compensation from a third party.
5. **We** may at **Our** discretion offer to settle a claim with **You** instead of initiating or continuing any claim or legal proceedings for damages and or compensation from a third party, and any such settlement will be full and final in respect to the claim.
6. **We** may at **Our** discretion offer to settle a counter-claim against **You** instead of continuing any claim or legal proceedings for damages and or compensation from a third party.

GENERAL CONDITIONS APPLICABLE TO ALL SECTIONS

No payment will be made under the following sections without appropriate medical certification.

- a) Cancellation
- b) Curtailment
- c) Medical and Repatriation Expenses
- d) Hospital Benefit
- e) Personal Accident
- f) Personal Liability
- g) Legal Expenses
- h) Winter Sports
- i) Golf Cover

1. If **We** require any medical certificates, information, evidence and receipts, these must be obtained by **You** at **Your** expense.
2. In the event of a claim, if **We** require a medical examination **You** must agree to this and in the event of death **We** are entitled to a post mortem examination, both at **Our** expense.
3. **You** must take all reasonable steps to recover any lost or stolen article.
4. If any claim is found to be fraudulent in any way this policy will not apply and all claims will be forfeited.
5. The original Policy **Certificate** must be produced before any claim is paid.
6. **You** must not make any payment, admit liability, offer or promise to make any payment without written consent from **Us**.
7. **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.
8. **We** may at any time pay to **You** **Our** full liability under the policy after which no further payments will be made in any respect.
9. If at the time of making a claim there is any other policy covering the same risk **We** are entitled to contact that insurer for a contribution.
10. A person or company who is not a party to this policy has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this policy but this does not affect any right or remedy of a third party which exists or is available apart from that Act.
11. Unless specifically agreed to the contrary this insurance shall be subject to English law.

GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS

We will not pay anything directly or indirectly caused by:

1. **Your** suicide, deliberately injuring **Yourself**, being under the influence of drink or drugs (unless prescribed by a doctor), alcoholism or other alcohol related illnesses, drug addiction, solvent abuse, self-exposure to needless danger (unless **You** are trying to save someone's life);
2. air travel (other than as a fare-paying passenger on a regular scheduled airline or licenced charter aircraft);
3. air travel within 24 hours of scuba diving;
4. bankruptcy/liquidation of any tour operator, travel agent or transportation company; except under End Supplier Failure extension for non-packaged holidays.
5. consequential loss of any kind. For example loss of earnings due to being unable to return to work following injury or illness or cost of replacement lock if keys are lost;
6. loss or damage to any property and expense or legal liability; directly or indirectly caused by or contributed to, by or arising from:
 - a) ionising radiations or radioactive contamination from any nuclear fuel or nuclear waste which results in burning of nuclear fuel;
 - b) the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it;
 - c) pressure waves from aircraft and other flying objects travelling faster than the speed of sound.
7. loss or damage arising from:
 - a) war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion or uprising, blockade, military or usurped power;
 - b) any act of **Terrorism** not involving the use or release of or threat thereof of any nuclear weapon or any chemical or biological agents:
 - i) this exclusion will not apply to Personal Accident Section or Medical Emergency and Repatriation Expenses Section provided that the Insured Person suffering personal accident injury or illness has not participated in or conspired in such activities,
 - ii) provided also that in the event of benefit being payable the maximum payable in respect of any one claim or series of claims arising from a single act of **Terrorism** or series of acts of **Terrorism** occurring within a 72 hour period is £2,500,000 in the aggregate.
8. any act of **Terrorism** involving the use or release of or threat thereof of any nuclear weapon or any chemical or biological agents:
 - a) An act of **Terrorism** means an act, including but not limited to the use

of force or violence and/or threat, of any person or group(s) of person(s), whether they are acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public at fear;

9. **You** riding on a motorcycle, quad bike or any mechanically assisted cycle with an engine capacity in excess of 250cc and in any event if **You** fail to wear a crash helmet;
10. **You** driving a motor vehicle or riding a motorcycle, quad bike or any mechanically assisted cycle without an appropriate licence or when not insured under a motor insurance policy;
11. mountaineering or rock climbing, ordinarily necessitating the use of picks, ropes or guides, or pot-holing; professional or organised sports, racing, speed or endurance tests, scuba diving to a depth greater than 9 metres, scuba diving without a qualified instructor, or dangerous pursuits; **Your Manual Work**; taking part in dangerous expeditions or the crewing of a vessel outside European waters;
12. Winter sports of any kind (unless the appropriate premium has been paid). Even if the appropriate Winter sports premium has been paid, the following activities will remain excluded: ski jumping, ice hockey, the use of skeletons; ski or ski bob racing in International and National events and their heats and officially organised practice or training for these events;
13. any payment which **You** would normally have made during **Your** travels, if nothing had gone wrong;
14. the failure of any computer hardware or software or other electrical equipment to recognise or process any date as the true calendar date (this exclusion does not apply to claims made under Personal Accident Section, Medical Emergency and Repatriation Expenses Section);
15. **Your** travel to a country or specific area or event to which the Travel Advice Unit of the Foreign and Commonwealth Office or the World Health Organisation has advised the public not to travel.
16. the closure of UK or international airspace temporarily or otherwise on the orders or recommendation of the Civil Aviation Authority or similar body in any Country
17. a journey in, to or through the following countries: Afghanistan, Cuba, Liberia or Sudan;
18. Claims arising from **Your** wilful, malicious or unlawful acts;
19. **You** being exposed to the Utilisation of Nuclear, Chemical or Biological Weapons of Mass Destruction;
20. **You** taking part in a criminal act;
21. a complication of pregnancy and childbirth if the same complication had occurred in a previous pregnancy;
22. **You** driving, or in charge of a vehicle where **Your** blood/urine alcohol level is above the legal limit stated in the laws of the country where the incident occurs;
23. Psychiatric Conditions;
24. any claim arising directly or indirectly from **Your** health or anyone's good health on which **Your Trip** depends that **You** knew about before **Your Trip** commenced unless **We** have agreed in writing.

WHAT TO DO IN THE EVENT OF A MEDICAL EMERGENCY

MEDICAL EMERGENCIES AND RETURNING EARLY TO YOUR HOME COUNTRY

If **You** have an emergency during **Your Trip** and require medical treatment while outside **Your Home Country**, or if **Your** journey is cut short (**curtailment**) or **You** have to return early to **Your Home Country**, or **You** are in any of the circumstances listed in sections 2, 3, 4 and 5 **You** must phone Intana Assist as soon as possible, and quote **Your** Policy number.

If You have a medical or non-medical emergency, please call +44 (0) 20 8865 0726

These lines are open 24 hours a day.

Intana Assist will provide immediate help if **You** are ill or injured outside the United. They provide a 24-hour emergency service 365 days a year.

When contacting the above **You** will need to quote **Your** Policy Number, the name of **Your** agent, **Your** name, address, telephone number and confirm that **You** are insured with **AmTrust Europe Limited**.

CLAIMS PROCEDURE

When something happens which is likely to give rise to a claim under this policy, **You** must notify Claims Settlement Agencies in writing as soon reasonably possible after it happens and, in any case, within 28 days from the date of return to **Your Home Country**. Such notice shall include full details of the event. **You** should contact one of the numbers below:

You should contact Claims Settlement Agencies

Telephone: 0844 375 6144

Email: info@csal.co.uk

Claims Cooperation

You shall provide assistance and co-operate with **Us** or **Our** representatives in

obtaining any other records **We** or they feel necessary to evaluate the incident or claim. If **You** do not co-operate with **Us** and/or **Our** investigation of the claim, **We** shall not be liable to pay any claim.

Access to additional materials

You shall provide **Us**, or designated representatives, all information, documentation, medical information that **We** or they may reasonably require during the term of this policy, or until all claims have been resolved, whichever is later.

Right to medical records and medical examination

Following notification of a claim, **You** shall provide, when asked, all authorisations necessary to obtain **Your** medical records. **We** have the right to have **You** examined by a physician or vocational expert of **Our** choice, and at **Our** expense, when and as often as **We** may reasonably request.

COMPLAINTS PROCEDURE

We are dedicated to providing **You** with a high quality service and want to ensure that this is maintained at all times. If **You** feel that **We** or another party connected with this Policy have not offered a first class service please write and tell them and they will do their best to resolve the problem.

Claims

In respect of any questions or concerns about the handling of a claim **You** should put **Your** question or concern to:

Claims Settlement Agencies
308-314 London Road
Hadleigh
Benfleet
Essex
SS7 2DD
Telephone: 0844 375 6144
Email: info@csal.co.uk

Sales

If **Your** complaint is about the way this Policy was sold, **You** should refer to **Your** insurance intermediary who sold please contact :

Compliance Officer
Leisure Guard Travel Insurance
HMC House
Sevier Road
Axbridge
Loxton
North Somerset
BS26 2XE
Telephone: 0844 800 3609

Administration

If **Your** complaint is about the way the Policy is administered **You** should put **Your** question or concern to:

Head of Accident & Health
AmTrust Europe Limited
No2 Minster Court
Mincing Lane
London
EC3R 7BB
Telephone: 020 7816 6347

You will be contacted within five days of receiving **Your** complaint to inform **You** of what action **We** are taking. **We** will try to resolve the problem and give **You** an answer within four weeks. If it will take longer than four weeks **We** will tell **You** when **You** can expect an answer.

If **You** have not been given an answer within eight weeks **We** will tell **You** how **You** can take **Your** complaint to the Financial Ombudsman Service for review. This complaints procedure does not affect any legal right **You** have to take action.

Once **You** have received **Your** final response from **Us**, and if **You** are still not satisfied **You** can contact the Financial Ombudsman Service:

Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London E14 9SR
Telephone: 0845 080 1800 or 0300 123 9123
E-mail: complaint.info@financial-ombudsman.org.uk

DATA PROTECTION ACT 1998

We will collect certain information about **You** in the course of considering **Your** application and conducting **Our** relationship with **You**. This information will be processed for the purposes of underwriting **Your** insurance cover, managing any insurance issued, administering claims and fraud prevention. **We** may pass **Your** information to a qualified **Medical Practitioner**, other insurers, reinsurers, other parties who provide services under policy and loss adjusters for these purposes. This may involve the transfer of **Your** information to countries which do not have data protection laws.

You may have the right of access to, and correction of, information that is held about **You**. Please contact **Our** Compliance Officer to exercise either of these rights.

Some of the information may be classified as 'sensitive' – that is information about physical and mental health and employment records. Data protection laws impose specific conditions in relation to sensitive information including, in some circumstances, the need to obtain **Your** explicit consent before the information may be processed. By finalising **Your** insurance application, **You** consent to the processing and transfer of information described in this notice. Without this consent **We** would not be able to consider **Your** application

TRAVEL INSURANCE CONTACT NUMBERS

IN AN EMERGENCY, FIRST CHECK THAT THE CIRCUMSTANCES ARE COVERED BY THIS POLICY. HAVING DONE THIS TELEPHONE INTANA ASSIST STATING YOUR NAME AND POLICY NUMBER.

Travel Helpline	0844 800 3609
Medical & Repatriation Expenses	0044 (0) 20 8865 0726
Claims Helpline	0844 375 6144

TRAVEL INSURANCE SUMMARY OF COVER

Cover (per person unless shown otherwise)		Excess
Medical Expenses & Repatriation	£10,000,000	£65
Dental Expenses	£250	£65
Hospital Benefit	£25 per day up to £1,000	Nil
Cancellation and Curtailment	£5,000	£65/£10 LOD
Travel Delay	£20 per day up to £300	Nil
Personal Effects and Baggage	£2,000	£65
Single Item Limit	£250	£65
Valuables Limit	£250	£65
Delayed Baggage	£50 per day up to £150	Nil
Money & Cash	£250	£30
Cash Limit	£250	£30
Loss of Travel Documents	£200	£65
Mugging	£40 per day up to £400	Nil
Hijack	£100 per day up to £1,000	Nil
Disaster	£1,000	£65
Withdrawal of Services	£25 per day up to £500	Nil
Domestic Pets	£25 per day up to £150	Nil
Personal Accident		
* Permanent Total Disablement	£25,000	Nil
* Loss of one or more Limbs, or total and irrecoverable Loss of Sight in one or both eyes	£25,000	Nil
* Death	£10,000	Nil
* If the Insured Person is aged under 18 or over 65 (funeral expenses only)	£2,500	Nil
Personal Liability	£2,000,000	£75
Legal Expenses	£25,000	£200