



TRAVEL INSURANCE PREMIER 2015

Please ensure you read this document carefully and keep it with you when travelling

The Financial Conduct Authority

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

Who Regulates Us?

Campbell Irvine Ltd, (registration No. 306242) is authorised and regulated by the Financial Conduct Authority. You may check this on the FCA's register by visiting the FCA's website www.fca.org.uk or by contacting them on 0800 111 6768.

Whose Products do we offer?

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

Which Service we provide you with?

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

What will you have to pay us for our services?

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

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

In the unlikely event of the Insurer being unable to meet their liabilities, you may be entitled to compensation under the Financial Services Compensation Scheme. Their contact details are: Financial Services Compensation Scheme Tel: 0800 678 1100 or 020 7741 4100.

Consumer Insurance (Disclosure and Representations) Act 2012

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

Settlement Terms

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

Your Policy

Should you mislay your policy a replacement will be issued upon written request. You may also request a new policy document at each renewal.

Governing Law and Language

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

Confidentiality and Data Protection

Please note that any information provided to us will be processed by us and our agents in compliance with the provisions of the Data Protection Act 1998, for the purpose of providing insurance and handling claims, if any, which may necessitate providing such information to third parties. We may also send the information in confidence, for process to other companies acting on their instructions including those located outside the European Economic Area.

What to do if you have a complaint

Please see the complaints procedure detailed in the Policy Document.

DEMANDS & NEEDS

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

Important

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

Eligibility

To be eligible for Single Trip cover under this Policy, all persons to be insured must be under the age of 86 at the date of payment of the insurance premium (limited to 74 for travel outside of Europe). For Annual Multi Trip cover under this Policy, all persons to be insured must be under the age of 75. All Insured Persons must reside within the United Kingdom, Channel Isle or Isle of Man.

This Policy Document contains all the information **You** need to know about **Your** travel insurance. However, this policy is only valid once a Validation Certificate showing proof of payment of premium has been issued. Please read this Policy Document carefully and remember this travel insurance is designed to cover most events which may happen during **Your** trip, but **We** cannot cover all expenses and possibilities. **You** will find full details of the Cover, Conditions and Exclusions in this Policy Document.

If **You** have any queries, or if **You** require additional cover please contact the agent who sold this policy to **You**.

This policy confirms that those persons who have paid the required premiums are insured under the above scheme which is underwritten by UK General Insurance Ltd on behalf of Ageas Insurance Limited, Registered in England No. 354568. Registered office: Ageas House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire, SO53 3YA.

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

SEVERAL LIABILITY CLAUSE

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

Although reference is made at various points in this clause to "this contract" in the singular, where the circumstances so require this should be read as a reference to contracts in the plural.

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

UK General Insurance Limited is authorised and regulated by the Financial Conduct Authority No. 310101

Ageas Insurance Limited is authorised and regulated by the Financial Conduct Authority No. 202039 International Passenger Protection Limited is authorised and regulated by the Financial Conduct Authority No 311958).

If **You** require medical treatment in a country with a reciprocal health care agreement with the UK such as the countries of the European Union, Switzerland, Australia and New Zealand, **You** must ensure that the medical treatment **You** obtain is provided at hospitals or by doctors working within the terms of this Policy Document.

This insurance does not cover private in-patient health care treatment in countries that operate reciprocal health care agreements unless it is authorised in advance by the relevant Medical Emergency Assistance Company.

If **You** are admitted to a private clinic or are likely to incur medical expenses as an out-patient please ensure that immediate contact is made with the relevant Medical Emergency Assistance Company who will arrange a transfer to an appropriate medical facility.

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.

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

IMPORTANT MEDICAL HEALTH DECLARATION

This insurance policy contains health restrictions that apply to the cover provided under the Cancellation, **Curtailed**, Medical and Personal Accident sections of this insurance (see the exclusions applying to Sections A, B & C). If **You** make a Claim for a Pre-Existing Medical Condition that **You** have not declared to **Us** and has not been agreed by **Us** in writing, **Your** claim will be declined.

In order to ensure that **You** are adequately insured, it is important that **You** declare all Pre-Existing Medical Conditions. Details how to contact the CSA Medical Health Check Line are shown below:

CSA Medical Health Check Line

Mon – Fri: 9am – 5.30pm
Sat: 9am – 5pm

Tel: 0844 826 2700

When **You** contact the Medical Health Check Line, **You** will be advised if **Your** condition can be covered by this insurance policy and any additional terms or premium that may apply.

Please note that **We** cannot guarantee to be able to offer cover for all conditions. However, if the terms made available to **You** are unacceptable, **You** will be able to cancel this policy and obtain a refund of **Your** premium, provided **You** have not already travelled or made a claim. This is also on the proviso that **You** contact us within 14 days of the policy issue date, or within 7 days of the change in **Your** circumstance if **You** are declaring a new condition that has arisen after **You** have purchased this policy but before **You** start **Your Outward Journey**.

1) You will not be covered under section A - Cancellation or **Curtailment**, Section B – Emergency Medical and other Expenses and Section C – Personal Accident for any claims arising directly or indirectly from:

A) AT THE TIME OF TAKING OUT THIS POLICY: i) Any Medical Condition **You** have or have had for which **You** have seen a specialist or been admitted to a hospital overnight in the last 12 months;

ii) Any breathing or heart problem (including angina) or high blood pressure which has required treatment (including regular medication) in the last 12 months unless high blood pressure is the only Pre-existing Medical Condition and meets the criteria shown below;

iii) Any disorder of the blood such as clotting, bleeding or anaemia, any form of stroke, any form of cancer, leukaemia or tumour, or any psychiatric illness, stress, depression, anxiety or dementia which has required treatment (including regular medication) in the last 12 months;

iv) Any transplant or dialysis treatment (including regular medication) that has been required in the last 12 months;

unless **You** have contacted the CSA Medical Health Check Line on **0844 826 2700** and **We** have agreed, in writing, to cover **You**.

If You have only ONE Pre-Existing Medical Condition and this is listed below, this will be covered under the standard terms of the policy and You do not have to contact the CSA Medical Health Check Line.

Arthritis (Juvenile, Osteoarthritis, Rheumatoid or Psoriatic Arthritis, Reiter's Syndrome, Rheumatism):

- There must have been no hospital admissions within the last 12 months.
- Must not affect the back more than any other area of the body.
- No more than 2 medications.
- No mobility aids (other than walking stick or frame).
- There must have been no dislocations of any joint replacements.
- Must not be awaiting surgery.
- Must have no lung problems/respiratory disorders.

Asthma (Wheezing):

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

Diabetes Mellitus (Sugar Diabetes):

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

Hypercholesterolaemia (High/Raised Cholesterol):

- No more than 1 medication. • Must not be the inherited (genetic) form.
- Must have been a non-smoker for at least 12 months.

Hypertension (High Blood Pressure, White Coat Syndrome):

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

Hypertension (Low Blood Pressure):

- Must not be associated with any underlying condition.

Osteoporosis (Osteopaenia, Fragile Bones):

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

PLEASE NOTE: The conditions falling within the criteria in i) to iv) above are deemed to be Pre-Existing Medical Conditions.

2) Any Medical Condition for which **You** or a travelling companion have received a terminal prognosis.

3) Any Medical Condition for which **You** or a travelling companion are aware of but have not had a diagnosis.

4) Any Medical Condition for which **You** or a travelling companion are on a waiting list for or have knowledge of the need for surgery, treatment or investigation at a hospital, clinic or nursing home.

B) AT ANY TIME:

a) Any Medical Condition **You** have in respect of which a medical practitioner has advised **You** not to travel (or would have done so had **You** sought his/her advice), but despite which **You** still travel.

b) Any Medical Condition for which **You** are travelling to obtain treatment.

c) Any Medical Condition for which **You** are not taking the recommended treatment or prescribed medication as directed by a medical practitioner.

d) **Your** travel against any health requirements stipulated by the carrier, their handling agents or any other public transport provider.

e) Any Medical Condition affecting **You**, a **Close Relative** or a travelling companion that **You** are aware of at the time of booking any trip which could reasonably have been expected to lead to cancellation or **Curtailment** of the trip.

ONGOING HEALTH DECLARATION

If, after taking out this insurance but before **You** travel on any trip, **You** develop a new Medical Condition which would fall within the Important Medical Health Declaration criteria, **You** must call the CSA Medical Health Check Line immediately.

We may in the light of such changed circumstances not be able to continue cover under Sections A, B and C of this insurance. If this is not acceptable to **You**, **You** will be entitled to claim for the cancellation of **Your** trip and no policy **Excess** will be applied.

If **You** have purchased an Annual Multi Trip policy, **You** may also be able to claim for a pro-rata refund of **Your** policy. Please note that **You** must contact **Us** regarding the change and are responsible for all costs incurred in obtaining any medical reports required by **Us**.

If **You** do not contact **Us** within 7 days of the change of circumstance, **You** will be responsible for any increased costs incurred as a result of the delay in cancelling **Your** trip and **We** will only pay the costs that would have applied had **You** cancelled **Your** trip within 7 days of the date of the change in circumstances giving rise to the claim.

CANCELLATION AND CURTAILMENT RESTRICTIONS TO THE HEALTH OF NON-TRAVELLERS AND ANYONE NOT INSURED UNDER THIS POLICY

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

i) they had received a terminal diagnosis prior to the commencement of the **Period of Insurance**; or

ii) they were on a waiting-list for, or had knowledge of the need of any form of hospital treatment, consultation or investigation at the commencement of the **Period of Insurance**; or

iii) they had required any form of hospital treatment, consultation or investigation during the 90 days immediately prior to the commencement of the **Period of Insurance**; or

iv) they had a Medical Condition for which they had not received a diagnosis prior to the commencement of the **Period of Insurance**.

You should also refer to the General Exclusions.

DEFINITIONS

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

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

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

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

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

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

Consequential Loss – Any other loss, damage or additional expense following on from the event for which **You** are claiming is not covered under this insurance. Example of such loss, damage or additional expense would be the cost of replacing locks after losing keys, costs incurred in preparing a claim or loss of earnings following bodily injury or illness.

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

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

Family – The **Insured Person** and his/her married spouse, or cohabiting couples (including same sex) in a civil partnership and all dependent children (including adopted and stepchildren) aged under 19 years living in the same household.

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

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

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

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

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

Money - cash taken for private purposes comprising cash only.

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

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

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

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

For single trips Cancellation cover starts when **You** book **Your** trip or when the policy was issued (whichever is the later) and finishes when **You** start **Your Outward Journey**.

Your Outward and Return Journey must take place during the **Period of Insurance** on the Validation Certificate and for which the correct premium has been paid.

For Annual Multi-Trips, cancellation cover starts when **You** book the trip or on the start date of the policy (whichever is the later) and finishes when **You** start **Your Outward Journey**. Cover under all other sections begins when **You** start **Your Outward Journey** and ends upon **Your** return home from the trip.

If **You** have chosen an Annual Multi Trip Insurance the **Outward and Return Journey** must take place during the start and end date shown on the Validation Certificate. For Annual Multi-Trip policies, the total duration of any one trip is limited to a maximum of 31 days or as otherwise shown on the Validation Certificate and any trip exceeding this duration will not be covered in whole or in part. Trips within the **United Kingdom, Channel Islands and Isle of Man** must involve at least 2 nights pre-booked **Accommodation**, or a flight or sea crossing away from **Your** normal place of residence in order to be insured by this policy.

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

Return Journey - The initial journey by motor transport, train, aircraft or watercraft undertaken in conjunction with the trip in respect of the inbound journey to **Your** home address or a hospital or nursing home in the **United Kingdom/Channel Isles/Isle of Man**.

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

Strike Or Industrial Action – Organized 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.

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

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

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

We / Our / Us – UK General Insurance Ltd on behalf of Ageas Insurance Ltd, International Passenger Protection Limited underwritten by Certain Syndicates at Lloyd's (The Insurer).

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

IMPORTANT INFORMATION AND CONDITIONS APPLYING TO ALL SECTIONS

1. LIMIT OF COVER

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

2. LOOKING AFTER YOUR PERSONAL POSSESSIONS

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

3. HAZARDOUS PURSUIITS

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

Please note that under Section 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.

4. DATE RECOGNITION FAILURE

This policy contains exclusions for losses arising from equipment failing to recognize the correct calendar date. Please read the General Exclusions Applying to All Sections for further details.

5. EXCESSES

We will take an **Excess** off each claim **You** make under certain Sections of this insurance. The amount **You** will have to pay towards a claim is shown in the Schedule of Cover. The **Excess** is applied on a per person per section basis. If **We** agree to a medical expenses claim (section B) which has been reduced by **Your** using an EHIC or private health insurance, the **Excess** will not apply.

6. MAKING A CLAIM To help **Us** deal with **Your** claim quickly and efficiently, please read the claims procedure. (Please see WHAT TO DO IF **You** WISH TO MAKE A CLAIM). This explains what documents **You** will need to support a claim and when **You** will need this kind of proof. **You** must collect some of the proof **You** need, for example a police report, while **You** are on **Your** trip.

7. WHAT TO DO IN A MEDICAL EMERGENCY

In a medical emergency, contact the relevant Medical Emergency Assistance Company shown under point 19 in this section for help.

Please read the policy for details. If **You** are admitted to hospital or need to **Curtail Your** trip **You** must contact the relevant Medical Emergency Assistance Company for authorisation before incurring any expenses or **We** may not pay **Your** claim.

IMPORTANT: Please quote the Scheme Name and Number together with **Your** Validation Certificate Number.

The Medical Emergency Assistance Company will provide immediate help in the event of **Your** illness or injury arising outside the **United Kingdom/Channel Isles/Isle of Man** – they provide a 24 hour multi-lingual emergency service 365 days a year and can be contacted by telephone, fax or email. Should a serious medical problem arise **You** must contact the Medical Emergency Assistance Company within 24 hours.

You are responsible in advising **Your** attending doctor to seek prior approval for any treatment except in extreme circumstances where a request for prior approval would delay life saving treatment. Failure to contact the relevant Medical Emergency Assistance Company may limit the benefits payable, or in certain circumstances, cover will not be provided. When **You** call upon the services of the Medical Emergency Assistance Company it is a condition of the service that they shall solely be responsible for all decisions on the most suitable and reasonable solution to any medical problem. The service includes, where necessary:

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

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

8. INSURERS

The Insurers are UK General Insurance Ltd on behalf of Ageas Insurance Ltd, International Passenger Protection Limited underwritten by Certain Syndicates at Lloyd's (The Insurer).

9. COOLING OFF PERIOD

This Insurance is designed to cover most circumstances but **You** should be aware that not all eventualities are insured. Please read this document carefully. If **You** find the Insurance does not meet **Your** requirements please return this policy and proof of premium to the selling agent within 14 days of receipt but before the trip departure date. Provided no claim has been made **Your** premium will be refunded in full.

10. ABOUT THE COVER AND CONDITIONS

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

Single Trip Insurance this insurance is designed to cover round trips departing and finishing at **Your** usual Home or

business place in the **United Kingdom/Channel Isles/Isle of Man**.

One-way trips of up to 17 days are restricted to the cover and conditions that would have applied as if **You** had arranged to return to **Your** usual Home or place of business in the **United Kingdom/Channel Isles/Isle of Man**. Cover is not operative in the country of **Your** final destination.

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

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

11. RECIPROCAL HEALTH AGREEMENT – EU COUNTRIES

If **You** intend travelling to European Economic Area (EEA) country or Switzerland, **You** should either obtain from **Your** local Post Office European Health Insurance Card (EHIC) application pack or apply online at www.dh.gov.uk/travellers which when completed will entitle **You** to certain free health arrangements in EEA countries and Switzerland. **You** should take the EHIC with **You** and make sure that wherever possible any medical treatment is provided at hospitals or by doctors working within the terms of the Reciprocal Healthcare Agreement unless the Medical Emergency Assistance Company agrees otherwise.

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

12. CLAIMS Your DUTIES

- (a) **You** must advise **Us** of any occurrence that may give rise to a claim in writing as soon as is reasonably possible after the date of such occurrence and shall supply to **Us** all such accounts and other documents as **We** may reasonably require. Any expenses incurred because of an unreasonable delay in notifying **Us** will not be paid.
- (b) **You** must give **Us** notice in writing immediately **You** or **Your** legal representatives have knowledge of any impending prosecution, inquest or fatal injury inquiry in connection with any occurrence of which there may be liability under Section H of this Policy
- (c) **You** must inform the Police of all loss or theft of property within 24 hours of discovery of such loss or theft and obtain a copy of the Police report in support of any claim.
- (d) If **Personal Possessions** or **Golf or Ski Equipment** are lost or damaged whilst in the custody of a Carrier (i.e. Airline, Railway, Shipping Company, Bus Company, etc), **You** must notify such Carrier immediately and obtain a copy of their report.
- (e) **You** must at all times act in a reasonable manner to prevent or minimize a claim.

13. CLAIMS OUR RIGHTS

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

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

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

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

14. FRAUD

If any person makes any misrepresentation or concealment in obtaining this Policy or in support of any claim the insurance by this Policy will be void.

15. OTHER INSURANCES

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

16. PRECEDENTS TO LIABILITY

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

17. JURISDICTION

This insurance shall solely be subject to English Law and the jurisdiction of the English courts.

18. DATA PROTECTION

Please note that any information provided to **Us** will be processed by **Us** and **Our** agents in compliance with the provisions of the Data Protection Act 1998, for the purpose of providing insurance and handling claims, if any, which may necessitate providing such information to third parties. **We** may also send the information in confidence, for process to other companies acting on their instructions including those located outside the European Economic Area.

19. WHAT TO DO IF YOU WISH TO MAKE A CLAIM

To obtain a claims form, please go to:
www.csal.co.uk
or contact: Claims Settlement Agencies Ltd.
Telephone: 0844 826 2644
Fax: 0844 826 2645

For any claims under Section M – End Supplier Failure, any occurrence which may give rise to a claim should be advised promptly and in any event within 14 days to:

International Passenger Protection Claims Office
IPP House,
22-26 Station Road
West Wickham
Kent
BR4 0PR
Telephone: 0208 776 3752
Fax: 0208 776 3751

E-mail: info@iplondon.co.uk

IPP will only accept claims submitted up to 6 months after the failure. Any claims submitted after the six months period will NOT be paid.

CANCELLATION OR CURTAILMENT

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

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

PERSONAL ACCIDENT

- Obtain a medical certificate from the treating Medical Practitioner.
- In the event of a death **We** will require a Death Certificate.

TRAVEL DELAY

- Obtain a letter from the Airline, Railway Company or Shipping Line, or their handling agent, confirming the reason for the delay and detailing the scheduled and actual departure times

PERSONAL POSSESSIONS & SPORTS EQUIPMENT

- For all loss or damage in transit claims, including delayed **Personal Possessions** report to the Airline, Railway or Shipping Line, or their handling agents and obtain a written report from them before leaving the baggage reclaim area.
- For all damage claims obtain an estimate for repairs.
- In all circumstances, **You** must retain receipts or vouchers for Items lost or damaged as these will help **You** to substantiate **Your** claim.
- In the case of lost or misplaced **Personal Possessions** on the **Outward Journey**, **You** must produce receipts for the purchase of essential replacement items.
- **You** must report all theft or losses to the Police within 24 hours of discovery and obtain a written Police report. Also report to **Your** Courier or Hotel/Apartment Manager whenever it is appropriate.

MONEY, PASSPORTS, TICKETS or DOCUMENTS

- **You** must report all theft or losses to the Police within 24 hours of discovery and obtain a written Police report. Also report to **Your** Courier or Hotel/Apartment Manager whenever it is appropriate.
- **You** must enclose confirmation from **Your** bank or bureau de change of the issue of foreign currency. In the case of Sterling **You** must produce documentary evidence.
- For a lost or destroyed Passport **You** need to supply **Us** with a letter from the Consulate where the loss was reported and retain all receipts that relate to the necessary costs in replacing the Passport.

PERSONAL LIABILITY

- **You** must supply full details of the circumstances giving rise to the claim plus any supporting evidence.
- **You** must give **Us** notice in writing immediately **You** or **Your** legal representatives have knowledge of any impending prosecution, inquest or fatal injury inquiry in

connection with any occurrence for which there may be liability under Section H of this Policy.

LEGAL EXPENSES

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

ALL OTHER SECTIONS (OTHER THAN MEDICAL)

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

MEDICAL AND OTHER EXPENSES

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

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

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

Mayday Assistance

Telephone: +44(0)113 3189 491

Fax: +44(0)113 3189 490

E-mail: operations@maydayassistance.com

Outpatient treatment, anywhere in the world excluding North America and the **United Kingdom, Channel Isles, Isle of Man** and **Eire**, **You** must contact: Mayday Assistance or Healthwatch S.A. may be able to guarantee costs on **Your** behalf. When contacting Mayday Assistance or Healthwatch S.A. please state that **Your** insurance is provided by UK General Insurance Ltd and quote the Scheme Name and Reference Number:

Scheme Name: TRAVELLER'S CHOICE 2015
Reference number: 05015D

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

In-patient Treatment Abroad

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

Outpatient Treatment Abroad

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

OUTPATIENT INSTRUCTIONS TO DOCTORS/CLINICS

In order to have your invoices paid quickly, please send your treatment invoice together with a copy of the policy (clearly showing the patient name/s) and any supporting documentation related to the outpatient treatment (Medical report, cost breakdown) by email to newcase@healthwatch.gr

You must include your bank account details, IBAN no's and / or swift code for payment to be processed electronically Out Patient Department tel: 00 30 2310 256454 Out Patient Department fax: 00 30 2310 256455

or 00 30 2310 254160

Email: newcase@healthwatch.gr

Returning early to the United Kingdom or Channel Islands/Isle of Man - If **You** have to return to the **United Kingdom or Channel Islands/Isle of Man** under section B (Medical Emergency Expenses) the Medical Emergency Assistance Service must authorise this. If they do not, this could mean that **We** will not provide cover or **We** may reduce the amount **We** pay for **Your** return home. **We** reserve the right to repatriate **You** should **Our** medical advisors consider **You** fit to travel.

If You refuse to be repatriated all cover under this policy will cease.

GENERAL EXCLUSIONS

We shall not be liable for:

1. 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.

2. **Consequential Loss** of any kind.

3. Damage to, or loss or destruction of any property or any loss or expense whatsoever arising indirectly caused by or contributed to, by or arising from:

(a) ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.

(b) the radioactive toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component of such assembly.

4. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.

5. Claims arising from flying or aerial activity of any kind (other than as a fare paying passenger in a fully licensed passenger carrying aircraft).

6. Claims arising directly or indirectly from **Your** wilful, malicious or unlawful acts or whilst under the influence of alcohol or drugs.

7. Claims arising directly or indirectly from **Hazardous Pursuits** unless declared to **Us** and accepted by **Us** by written endorsement (an additional premium may be payable).

8. Any claim arising directly or indirectly from the failure of any computer equipment, integrated circuits, computer chips or computer software to correctly recognise any date change.

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

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

11. Claims arising directly or indirectly from an act of **Terrorism**. This exclusion does not apply to Section B – Emergency Medical and Other Expenses except for any claims which are in any way caused or contributed by an act of **Terrorism** involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent.

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

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

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

SECTION A – CANCELLATION OR CURTAILMENT

What is covered:

We will indemnify **You** for:

(a) unused charges associated with **Your** trip that are not refundable and which were incurred before **Your** departure date if **You** have to cancel **Your** trip or.

(b) the extra cost of a one way airfare of a standard no greater than the class of journey on the **Outward Journey** or the applicable fee charged by the airline to change **Your** scheduled return date, and the unused non-refundable prepaid **Accommodation** costs and other land arrangements following **Curtailement** of **Your** trip as a result of any of the circumstances detailed below:

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

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

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

4. **Your** private dwelling becoming uninhabitable following fire, storm or flood, or **Your** presence being required by the Police following burglary at such private dwelling occurring at any time after **We** have accepted this Insurance.

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

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

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

SPECIFIC EXCLUSIONS APPLYING TO SECTION A

What is not covered:

1. Any expense following **Your** disinclination to travel or to continue with **Your** trip or loss of enjoyment on **Your** trip.

2. Any expense arising from circumstances which could reasonably have been anticipated at the time **You** booked **Your** trip.

(Please also see the Exclusions applying to Sections A, B & C)

SECTION B – EMERGENCY MEDICAL & OTHER EXPENSES

What is covered:

If **You** sustain actual bodily injury or suffer a new illness outside the **United Kingdom/Channel Isles/Isle of Man**, **We** will indemnify **You** up to the amount stated in the Schedule of Cover against the following expenses which **You** necessarily incur outside the **United Kingdom/Channel Isles/Isle of Man**:

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

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

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

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

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

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

SPECIAL PROVISION TO SECTION B

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

SPECIFIC EXCLUSIONS APPLYING TO SECTION B

What is not covered:

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

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

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

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

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

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

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

(see also the Exclusions applying to Sections A, B & C)

SECTION C – PERSONAL ACCIDENT

What is covered:

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

1. Death.

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

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

Provided that:

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

SPECIFIC EXCLUSIONS APPLYING TO SECTION C

What is not covered:

No compensation will be payable:

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

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

(see also the Exclusions applying to Sections A, B & C)

EXCLUSIONS APPLYING TO SECTION A, B & C

What is not covered:

Claims arising from:

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

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

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

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

5. The influence of intoxicating liquor or of a drug or drugs (unless prescribed by a Registered Medical Practitioner), or substance or solvent abuse or venereal disease.

6. Emotional, psychological or psychiatric disorder, or whilst suffering from any condition of anxiety, stress or depression unless same results in admission to a hospital as an in-patient and is not a Pre-existing Medical Condition (please refer to the Important Medical Health Declaration)

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

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

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

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

What is covered:

We will pay up to the limit stated in the Schedule of Cover for additional travel charges which **You** necessarily and reasonably incur in the purchase of a ticket for an alternative journey as a direct result of:

1. TRAVEL DELAY OR ABANDONMENT

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

EITHER

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

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

OR

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

2. MISSED DEPARTURE

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

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

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

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

Provided that:

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

2. Any payments **We** make under (iii) above will be deducted from any further claim should **You** then subsequently abandon **Your** trip under (ii) above.

3. In respect of 1 above **You** must check-in according to the itinerary provided by the Tour Operator or Carrier, and obtain written confirmation of the delay from such Tour Operator or Carrier.

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

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

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

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

3. MISSED CONNECTION

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

Conditions:

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

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

3. **You** must allow sufficient time to reach **your** connecting prebooked public transport.

SPECIFIC EXCLUSIONS APPLYING TO SECTION D

What is not covered:

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

2. Withdrawal from service (temporary or otherwise) of an aircraft or watercraft on the recommendation of the Civil Aviation Authority or a Port Authority or any similar body in any country.

3. Any **Excess** shown in the Schedule of Cover for Abandonment, Missed Departure and Missed Connection after 24 hours.

4. Anything listed in the General Exclusions.

SECTION E – PERSONAL POSSESSIONS

What is covered:

We will indemnify **You**

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

80% under six months old

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

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

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

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

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

10% if over five years old

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

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

Provided that:

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

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

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

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

What is not covered:

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

2. Loss of or theft of or damage to contact or corneal lenses, dentures, hearing aids, mobile telephones, samples or merchandise or property used in connection with **Your** business or trade, bonds, coupons, securities, stamps or documents of any kind, vehicles or accessories, antiques, pictures, **Sports Equipment** whilst in use, boats and/or ancillary equipment

including windsurfing equipment and sailboards, caravan awnings, glass, china or any other articles of a brittle or fragile nature.

3. Loss of or damage to property shipped as freight or under a bill of lading.

(see also the Exclusions applying to Sections E, F & G)

SECTION F – MONEY

What is covered:

We will indemnify **You** up to the amount stated in the Schedule of Cover in respect of accidental loss or theft of **Money** whilst on **Your** person or whilst in a safety deposit box within a hotel or bank or whilst in **Your** securely locked **Accommodation** under **Your** control.

Provided that:

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

2. **You** must supply at **Your** own expense a Statutory Declaration regarding any claim arising under this section of the Policy if so required.

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

SPECIFIC EXCLUSIONS APPLYING TO SECTION F

What is not covered:

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

(see also the Exclusions applying to Sections E, F & G)

SECTION G – PASSPORT, TICKETS & DOCUMENTS

What is covered:

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

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

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

EXCLUSIONS APPLYING TO SECTIONS E, F & G

What is not covered:

1. Loss due to delay, detention, confiscation, requisition or damage by Customs or other Officials or Authorities.

2. Loss or theft unless: (a) **You** have reported the loss or theft to the nearest Police authority within 24 hours of discovery and, (b) **You** have obtained a written Police report.

3. Loss of or theft of: (a) **Valuables**, Passports or **Money** from an **Unattended** vehicle at any time. (b) Other property insured from an **Unattended** motor vehicle unless the vehicle was securely closed and locked, and such property placed out of sight in the locked boot or in a locked compartment within the vehicle, but in any event excluding all property insured whilst left in an **Unattended** motor vehicle between 21:00 hours and 08:00 hours local time, other than motor homes or caravans which are being occupied by **You** as **Your** holiday **Accommodation**.

4. Theft of property left **Unattended** other than as provided above or whilst in **Your** securely locked **Accommodation**.

5. Loss of or theft of **Valuables** or **Money** whilst in a

suitcase or holdall or bag or similar receptacle outside **Your** immediate control.

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

SECTION H – PERSONAL LIABILITY

What is covered:

We will indemnify **You** against all sums up to the amount stated in the Schedule of Cover which **You** are legally liable in a personal capacity to pay in respect of accidents happening during the **Period of Insurance** resulting in:

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

2. Damage to property not belonging to **You** or in the charge of or under the control of **You** or a member of **Your Family** or household or of a person in **Your** service N.B. For accidental damage to rented **Accommodation** We will pay up to £100,000 for a single incident which **You** are legally responsible for. The indemnity provided by this Section extends to cover costs and expenses recoverable by any claimant, provided they were incurred before the date (if any) on which We paid or offered to pay either the full amount of the claim or the total amount recoverable, in respect of any one occurrence and also to costs and expenses incurred by **You** with **Our** written consent. In the event of **Your** death **Your** personal representative will receive the benefit of the cover granted by this section.

SPECIFIC EXCLUSIONS APPLYING TO SECTION H

What is not covered:

1. Claims arising:

(i) directly or indirectly out of the ownership, possession or use (other than as a passenger having no right of control) of aircraft, model aircraft, caravans, trailers, motorised or electrically propelled water-borne craft, sailing vessels, wind surfers, mechanically or electrically propelled vehicles or conveyances or attached trailers and lifts,

(ii) directly or indirectly out of the ownership, possession or use of animals, weapons or firearms,

(iii) from certain activities as detailed in the list of **Hazardous Pursuits** as shown in this Policy Document.

(iv) directly or indirectly out of or incidental to **Your** business or trade or profession including voluntary work or any form of child minding,

(v) out of actions between persons insured by **Us**,

(vi) directly or indirectly out of **Your** ownership possession or control of any land or buildings,

(vii) out of any liability assumed under a contract unless such liability would have attached in any event in the absence of such contract,

(viii) directly or indirectly due to an infectious disease.

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

SECTION I – LEGAL EXPENSES

Definitions which only apply to this Section:

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

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

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

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

What is Covered:

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

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

As well as the General Conditions, the following exclusions and conditions apply.

What is not covered:

1. Any claim reported to **Us** more than 180 days after the date **You** should have known about the **Insured Incident**.
2. Any **Legal Costs** incurred before **We** agree to pay them.
3. Any claim relating to
 - a) any illness that develops gradually or is not caused by a specific or sudden accident;
 - b) **You** driving a motor vehicle for which **You** do not have valid motor insurance;
 - c) an application for Judicial Review.
4. Defending **Your** legal rights but defending a counter claim is covered.
5. Any disagreement with **Us** that is not in condition 17 of this section.
6. Any legal action **You** take which **We** or the **Appointed Lawyer** have not agreed to or where **You** do anything that hinders **Us** or the **Appointed Lawyer**.
7. Any legal action against the travel agent, tour operator, carrier, any of the Insurers listed on this policy or their agents.
8. Fines, damages or other penalties which **You** are ordered to pay.

Conditions

You must do the following:

1. Send everything **We** ask for in writing and give **Us** full details of any claim, and any information **We** need, as soon as possible.
2. **We** can take over and conduct, in **Your** name, any claim or legal proceedings at any time before an **Appointed Lawyer** is appointed. **We** can negotiate any claim on **Your** behalf.
3. If **We** agree to start legal proceedings and **You** have to be represented by a lawyer, or if there is a conflict of interest, **You** can choose an **Appointed Lawyer** by sending **Us** the lawyer's name and address. **We** may choose not to accept the choice of lawyer, but only in exceptional circumstances. If **You** and **We** disagree over the choice of **Appointed Lawyer**, another lawyer can be appointed to decide the matter (see condition 17).
4. Before **You** choose a lawyer, **We** can appoint an **Appointed Lawyer**.
5. **We** will appoint an **Appointed Lawyer** to represent **You** according to **Our** standard terms of appointment. The

Appointed Lawyer must co-operate fully with **Us** at all times.

6. **We** will have direct contact with the **Appointed Lawyer**.
7. **You** must co-operate fully with **Us** and the **Appointed Lawyer** and must keep **Us** up-to-date with the progress of the claim.
8. **You** must give the **Appointed Lawyer** any instructions that **We** ask for.
9. **You** must tell **Us** if anyone offers to settle the claim.
10. If **You** do not accept a reasonable offer to settle a claim, **We** may refuse to pay further **Legal Costs**.
11. **You** must not negotiate or agree to settle a claim without **Our** approval.
12. **We** may decide to pay **You** the amount of damages that **You** are claiming or is being claimed against **You** instead of starting or continuing legal proceedings.

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

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

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

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

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

SECTION J – HIJACK

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** for each full 24 hours of delay up to the maximum stated in the Schedule.

Provided that:

1. Compensation is only payable if no claim is made under Section A Cancellation or Section D Travel Delay.
2. **You** must produce independent evidence in writing in support of any claim.

SECTION K – CATASTROPHE

What is covered:

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

SPECIFIC EXCLUSIONS APPLYING TO SECTION K

What is not covered:

No compensation will be payable for:

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

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

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

SECTION L – WITHDRAWAL OF SERVICE

What is covered:

We will pay **You** up to the amounts shown in the Schedule of Cover, for every complete period of 24 hours **Your** pre-booked hotel/**Accommodation** completely withdraws the following services due to **Strike Or Industrial Action**:

1. Water or electrical facilities, or
2. Swimming pool facilities, or
3. Kitchen services to the extent that no food is available, or
4. Chambermaid facilities.

What is not covered:

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

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

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

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

5. Anything mentioned in the General Exclusions.

Claims evidence

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

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

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

SECTION M – END SUPPLIER FAILURE

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

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

1. Irrecoverable sums paid in advance in the event of insolvency of the Scheduled Airline, Hotel, Train Operator, Coach Operator, Car Hire Company, Caravan Site, Campsite, Mobile Home, Camper Rental, Theme Park such as Disney Land Paris all known as the End Supplier of the travel arrangements not forming part of an inclusive holiday prior to departure or,

2. In the event of insolvency after departure:

Either,

a) additional pro rata costs incurred by the Person-Insured in replacing that part of the travel arrangements to a similar standard of transportation as enjoyed prior to the **Curtailment** of the travel arrangements; or,
b) if **Curtailment** of the holiday is unavoidable - the cost of return transportation to the **United Kingdom**,

Channel Islands or Isle of Man to a similar standard of transportation as enjoyed prior to the **Curtailment** of the travel arrangements.

PROVIDED THAT in the case of 2(a) and (b) above where possible the **Insured Person** shall have obtained the approval of the Insurer prior to incurring the relevant costs by contacting the insurer as set out below.

The Insurer will not pay for:

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

2. The Financial Failure of:

- a) any Travel or **Accommodation** provider in Chapter 11 or any threat of insolvency being known as at the Insured's date of application for this Policy,
- b) any Travel or **Accommodation** provider who is bonded or insured elsewhere (even if the bond is insufficient to meet the claim),
- c) any travel agent, tour organiser, booking agent or consolidator with whom the insured has booked travel or **Accommodation**.

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

4. Any losses which are not directly associated with the incident that caused the Insured to claim. For example, loss due to being unable to reach **Your** pre booked hotel following the financial failure of an airline.

Claims Procedure:

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

International Passenger Protection Claims Office
IPP House, 22-26 Station Road,
West Wickham, Kent BR4 0PR.
Fax: +44(0)20 8776 3751
Tel: +44(0)20 8776 3752
Email: info@iplplondon.co.uk

IPP will only accept claims submitted up to six months after the failure. Any claims submitted after the six months period will **NOT** be processed. **ALL OTHER CLAIMS – REFER TO YOUR INSURANCE POLICY AND SEE ALTERNATIVE CLAIM PROCEDURE**

SECTION N – TRAVEL DISRUPTION COVER

To cover a single trip or for annual multi trip cover, subject to the appropriate premium being paid and having a destination outside the **United Kingdom, Channel Isles/ Isle of Man**.

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

For annual cover each trip is a separate insurance and is subject to the limits of cover, Exclusions and Conditions as set out in this document and each trip must fall entirely within the 12 month period from the commencement date of this insurance.

What is Covered:

We will pay each **Insured Person** the following irrecoverable costs incurred, if upon **Your** scheduled return to the **United Kingdom, Channel Isles/Isle of Man**, **You** are delayed for more than 24 hours beyond the time of international departure shown in **Your** booking confirmation/itinerary for reasons beyond **Your** control, subject to the Conditions of this insurance.

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

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

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

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

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

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

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

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

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

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

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

What is not covered:

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

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

3. any claim not supported by original:
(i) receipts,
(ii) documentation confirming the cause and duration of the delay,
(iii) proof of travel.

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

5. **Terrorism** involving the actual or threatened use of pathogenic or poisonous biological or chemical materials.

6. any claims in any way caused or contributed to by nuclear reaction, nuclear radiation or radioactive contamination.

7. any claims in any way caused by war, invasion, acts of foreign enemies, hostilities or warlike operations (whether declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power.

8. costs of travel or **Accommodation** to a higher standard than those originally booked.

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

10. any claim arising from:

i) withdrawal of service due to safety reasons or bankruptcy,
ii) withdrawal of service due to **Strike Or Industrial Action** publicly declared prior to commencement of this insurance or prior to the holiday booking,

iii) any incident where **You** have not obtained written authority from **Your** carrier to make alternative travel arrangements,

iv) any incident where a carrier and/or tour operator has offered alternative arrangements,

v) **Your** failure to meet the scheduled dates and/or times shown in **Your** original travel documents, **Your** negligence or **Your** disinclination to travel.

11. In the event of **You** having a separate and valid SOS – Sense of Security Essential Delay Insurance &/or TDC – Travel Disruption Cover Insurance, any claim shall be considered under one insurance only.

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

SECTION O - WINTER SPORTS EXTENSION

This cover is provided only if **You** are under 70 and have paid the premium required. Below are the details of Winter Sports cover provided by this extension:

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

2. **You** are not covered for winter **Sports Equipment** under section E (Personal Possessions) of this travel policy. Please see below for details of winter **Sports Equipment** cover.

3. Ski lift passes are included in the cover provided by Sections F & G (**Money** and Passport, Tickets & Documents) of this Policy Document.

The following extra cover up to the maximum limits shown in the Schedule of Cover is also included in the Winter Sports Extension.

SECTION O1 - WINTER SPORTS EQUIPMENT

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

80% under 6 months old

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

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

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

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

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

10% if over five years.

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

SECTION O2 - WINTER SPORTS EQUIPMENT HIRE

What is covered:

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

SPECIFIC EXCLUSIONS APPLYING TO SECTIONS O1 & O2

What is not covered:

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

(a) Loss of, theft of or damage to **Your** winter **Sports Equipment** during **Your** **Outward** or **Return Journey** if **You** do not get a written 'carrier's report', or a 'Property Irregularity Report' in the case of an airline. If **You** cannot report the loss, theft or damage to the carrier straight away, **You** must do so in writing within seven days.

(b) Loss or theft of winter **Sports Equipment** at any other time if **You** do not report the loss or theft to the police within 24 hours of discovering it and get a police report from them.

(c) Loss or damage caused by delay, wear and tear, moths, vermin, weather and atmospheric conditions or mechanical failure.

(d) Loss of or theft of or damage to property left in or on a vehicle overnight.

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

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

Conditions:

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

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

SECTION O3 – SKI PACK (LESSONS, HIRE, LIFT PASS)

If **You** fall ill or are injured during the trip and **We** accept a valid claim under Section B (Medical Expenses), **You**

will be covered for the proportional costs the part of the Ski Pack which **You** cannot use. Ski Pack expenses are limited to irrecoverable prepaid costs for ski lessons, ski equipment hire and lift passes incurred prior to the date of the illness or injury that gave rise to the claim.

SPECIFIC EXCLUSIONS APPLYING TO SECTION O3

What is not covered:

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

SECTION O4 – PISTE CLOSURE

What is covered:

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

SPECIFIC EXCLUSIONS APPLYING TO SECTION O4

What is not covered:

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

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

Conditions:

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

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

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

SECTION O5 – AVALANCHE CLOSURE

What is covered:

If **Your** arrival at, or departure from, **Your** resort is delayed for more than 12 hours due to avalanche, landslide or landslip, **You** will be covered for reasonable extra travel and **Accommodation** expenses up to the limits shown in the schedule for each full 24 hours that **You** are delayed.

SPECIFIC EXCLUSIONS APPLYING SECTION O5

What is not covered:

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

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

SECTION P – WEDDING / CIVIL PARTNERSHIP COVER EXTENSION

Cover in respect of Section P only operates under single trip policies and annual multi-trip policies if the appropriate wedding/civil partnership cover extension has been chosen and the appropriate additional premium has been paid and is shown on the Validation Certificate.

Special Definitions (which are shown in *italics*) *Insured Couple* - means the couple travelling abroad to be married or enter into a civil partnership whose names appear in the Validation Certificate.

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

What is covered

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

- a) for each wedding/civil partnership ring taken or purchased on the trip for each **Insured Person**.
- b) for weddings/civil partnership gifts taken or purchased on the trip for the **Insured Couple**.
- c) for **Your Wedding/Civil Partnership attire** which is specifically to be worn by **You** on **Your** wedding/civil partnership day.

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

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

- a) the professional photographer who was booked to take the photographs/video recordings on **Your** wedding/civil partnership day is unable to fulfil such obligations due to bodily injury, illness or unavoidable and unforeseen transport problems, or
- b) the photographs/video recordings of the wedding/civil partnership day taken by a professional photographer are lost, stolen or damaged within 14 days after the wedding / civil partnership day and whilst **You** are still at the holiday/honeymoon location.

Special conditions relating to claims

1. **You** must report to the local Police within 24 hours of discovery and obtain a written report of the loss, theft or attempted theft of all baggage.

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

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

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

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

What is not covered.

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

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

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

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

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

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

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

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

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

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

10. Anything mentioned in the General Exclusions.

SECTION Q - GOLF COVER EXTENSION

This Section is only valid if the additional premium has been paid and this is shown on **Your** Validation Certificate. **Golf Equipment** shall mean golf clubs, golf bags, golf shoes and nonmotorised golf trolleys belonging to the **Insured Person**. Golf balls and tees and other miscellaneous items are not included. Below are the details of Golf Cover provided by this extension:

SECTION Q1 – GOLF EQUIPMENT OWNED

What is Covered:

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

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

2. **You** will be covered for the repair costs up to the values shown above if **Your** Golf Equipment is damaged in transit.

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

SECTION Q2 - GOLF EQUIPMENT

What is Covered:

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

SPECIFIC EXCLUSIONS APPLYING TO SECTION Q1 – GOLF EQUIPMENT AND Q2 – GOLF EQUIPMENT HIRE

What is not Covered:

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

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

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

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

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

Conditions:

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

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

SECTION Q3 – HOLE-IN-ONE COVER

What is Covered:

1. **We** will pay up to the limit shown in the Schedule of Cover for bar bills that **You** incur as a result of **You** getting a Hole-In- One.

Conditions:

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

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

SECTION Q4 – GOLF COURSE CLOSURE

What is Covered:

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

SPECIFIC EXCLUSIONS APPLYING TO SECTION Q4 – GOLF COURSE CLOSURE

What is not Covered:

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

Conditions:

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

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

SECTION R - BUSINESS COVER EXTENSION

Cover in respect of sections R1, R2 and R3 only operates: Under single trip policies and annual multi trip policies if the appropriate Business Cover Extension has been chosen and the appropriate additional premium has been paid and is shown on the Validation Certificate.

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

SECTION R1 – BUSINESS EQUIPMENT

What is Covered:

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

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

- For any single item as shown in the Schedule of Cover.
- For computer equipment as shown in the Schedule of Cover
- For business samples as shown in the Schedule of Cover. The maximum payment for any single item, computer equipment or business samples for which an original receipt, proof of purchase or insurance valuation obtained prior to loss is not supplied is £50 subject to a maximum of £300 for all such items.

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

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

Special conditions relating to claims.

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

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

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

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

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

Age of item

- Up to 1 year old - 90% of purchase price
- Up to 2 years old - 70% of purchase price
- Up to 3 years old - 50% of purchase price
- Up to 4 years old - 30% of purchase price
- Up to 5 years old - 20% of purchase price
- Over 5 years old - Nil payment

What is not covered:

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

2. Loss, theft of or damage to business equipment left **Unattended** at any time or contained in or stolen from an **Unattended** vehicle:

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

3. Claims arising from business equipment and **Valuables** whilst in the custody of a carrier.

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

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

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

7. Anything mentioned in the General Exclusions.

R2 – BUSINESS EQUIPMENT HIRE

What is covered:

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

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

Special conditions relating to claims under Section R2.

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

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

3. If **Your** business equipment is misdirected or delayed **You** must obtain written confirmation from the carrier as to the exact nature and length of delay or misdirection.

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

What is not covered:

1. Loss, theft or damage to business equipment left **Unattended** at any time or contained in or stolen from an **Unattended** vehicle:

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

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

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

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

5. Anything mentioned in the General Exclusions.

SECTION R3 – BUSINESS MONEY

What is covered:

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

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

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

Special conditions relating to claims

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

2. Receipts for items lost, stolen or damaged including foreign currency exchange receipts, statement from **Your** business bank accounts showing the amounts withdrawn, these must be retained as these will be needed for **You** to substantiate **Your** claim.

What is not covered:

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

2. Loss or theft of business money left **Unattended** at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe or safety deposit box.

3. Loss, theft of or damage to travellers' cheques if **You** have not complied with the issuers conditions or where the issuer provides a replacement service.

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

5. Loss or damage due to depreciation in value, variations in exchange rates or shortages due to error or omission.

6. Anything mentioned in the General Exclusions.

SECTION S - CRUISE COVER EXTENSION

This Section is only valid if the additional premium has been paid and this is shown on **Your** Validation Certificate.

The details of Cruise Cover provided by this extension are as follows:

SECTION S1 - CRUISE CABIN CONFINEMENT

What is covered:

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

SPECIFIC EXCLUSIONS APPLYING TO SECTION S1

What is not covered:

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

2. Anything mentioned in the General Exclusions applying to all Sections.

SECTION S2 – UNUSED CRUISE EXCURSIONS What is covered:

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

SPECIFIC EXCLUSIONS APPLYING TO SECTION S2 What is not covered:

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

2. Anything mentioned in the general exclusions applying to all sections.

SECTION S3 – CRUISE ITINERARY CHANGE

What is covered:

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

SPECIFIC EXCLUSIONS APPLYING TO SECTION S3 What is not covered:

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

2. **Your** failure to attend the excursion as per **Your** itinerary.

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

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

5. Anything mentioned in the general exclusions applying to all sections.

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

SECTION S4 – MISSED CRUISE CONNECTION

What is covered:

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

1. the failure of scheduled Public Transport or

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

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

4. **Strike Or Industrial Action** or adverse weather conditions.

SPECIFIC EXCLUSIONS APPLYING TO SECTION S4 What is not covered:

1. Claims arising directly or indirectly from:

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

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

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

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

2. Additional expenses where the scheduled Public Transport operator has offered reasonable alternative travel arrangements.

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

4. Anything mentioned in the General Exclusions applying to all Sections.

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

Special conditions relating to Claims

1. In the event of a claim arising from any delay arising from traffic congestion **You** must obtain written confirmation from the Police or emergency breakdown services of the location, reason for and duration of the delay.

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

COMPLAINTS PROCEDURE

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

For all Sections excluding Section M

Complaints regarding:

Either, SALE OF THE POLICY

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

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

Customer Relations Department
UK General Insurance Group Limited
Cast House,
Old Mill Business Park
Gibraltar Island Road,
Leeds
LS10 1RJ
Tel: 0845 218 2685
Email: customerrelations@ukgeneral.co.uk

Or, CLAIMS

Please contact Claims Settlement Agencies.
In all correspondence please state that **Your** insurance is provided by UK General Insurance Group Limited and quote scheme reference 05015D.

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

Customer Relations Department
UK General Insurance Group Limited
Cast House,
Old Mill Business Park
Gibraltar Island Road,
Leeds
LS10 1RJ
Tel: 0845 218 2685
Email: customerrelations@ukgeneral.co.uk

For Section M

If **Your** complaint relates to a claim under Section M – End Supplier Failure, please write to:

International Passenger Protection Limited,
IPP House, 22-26
Station Road
West Wickham
Kent
BR4 0PR
Fax: 020 8776 3751
E-mail: info@jplondon.co.uk.

For all Sections

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

You may contact the Financial Ombudsman Service at:

Exchange Tower
Harbour Exchange Square
London
E14 9SR.

The complaints procedure above does not affect any legal rights **You** may have to take action against **Us**.

Please note that the Ombudsman will not normally review **Your** case until such time **We** have made **Our** final decision.

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

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

Further information is available from the Financial Conduct Authority or the FSCS at www.fscs.org.uk or on 020 7892 7300.

You can check the above details on the Financial Conduct Authority Register by visiting the FCA's website www.fca.org.uk/register or by contacting the FCA on 0800 111 6768

TRAVELLER'S CHOICE PREMIER 2015

SCHEDULE OF COVER

SECTION	COVER	LIMIT (per person, up to)	EXCESS PER INSURED
A	CANCELLATION OR CURTAILMENT	£5,000	£80 (£25 loss of deposit)
B	EMERGENCY MEDICAL AND OTHER EXPENSES Dental Treatment Limit Hospital Confinement Benefit Overseas Funeral Expenses or Repatriation of Mortal Remains	£10,000,000 £250 £200 (£25 per day) £2,000	£80 Nil Nil
C	PERSONAL ACCIDENT Permanent Total Disablement (Under 66) Loss of Limb or Sight (Under 66) Death (over 18, under 66 years) Death (under age 18, over 65) All benefits (66 years and over)	Max benefit £25,000 £25,000 £25,000 £10,000 £5,000 £5,000	Nil
D	TRAVEL DELAY Holiday Abandonment Missed Departure Missed Connection	£25 for first 12 hours, £25 for each subsequent 12 hours up to £400 £5,000 £1,000 £500	Nil £50 £50 £50
E	PERSONAL POSSESSIONS Single Article/Pair/Set Limit Total Valuables Limit Delayed Baggage (excess of 12 hrs)	£2,000 £300 £300 £250 (£50 per day)	£50 Nil
F	MONEY Cash Limit Cash (under 18 years)	£500 £300 £100	£50
G	PASSPORTS, TICKETS & DOCUMENTS	£250	£50
H	PERSONAL LIABILITY Including Rented Accommodation Limit	£2,000,000 £100,000	£200 £200
I	LEGAL EXPENSES	£25,000	Nil
J	HIJACK	£1,000 (£100 per day)	Nil
K	CATASTROPHE COVER	£1,000	£50
L	WITHDRAWAL OF SERVICES	£750 (£75 per day)	Nil
M	END SUPPLIER FAILURE	£2,000	Nil
N	TRAVEL DISRUPTION Additional Accommodation Additional Food and Drink Alternative Return Travel Arrangements Essential prescription Medicine Additional Essential Items Additional Transport Expenses Vehicle Collection Parking Fees Loss of Wages Kennel/Cattery Fees	Up to £1,000 £50 per day £50 per day £350 £100 £100 (£10 per day) £100 £100 £100 £50 £100 per day £100	Nil
O	WINTER SPORTS EXTENSION		
O1	Winter Sports Equipment Owned Hired Including Single Article/Pair/Set Limit	£500 £500 £500	£50 £50 £50
O2	Ski Hire	£500 (£50 per day)	Nil
O3	Ski Pack	£500 (£50 per day)	Nil
O4	Piste Closure	£500 (£50 per day)	Nil
O5	Avalanche Closure	£500	£50
P	WEDDING /CIVIL PARTNERSHIP COVER EXTENSION		
	Wedding/Civil Partnership Cover Wedding Ring Limit Wedding Gifts Limit Wedding Attire Limit Wedding Photos/Video Limit Unreceipted Items total Limit Unreceipted Single Item Limit	£1,500 £300 £200 per Couple £200 £200 per Couple £300 £50	£50
Q	GOLF COVER EXTENSION		
Q1	Golf Cover Equipment Single Article/Pair/Set Limit	£1,500 £250	£50 £50
Q2	Golf Equipment Hire	£400 (£50 per day)	Nil
Q3	Hole-in-one Cover	£100	Nil
Q4	Golf Course Closure	£300 (£75 per day)	Nil
R	BUSINESS COVER EXTENSION		
R1	Business Cover Single Item Limit Computer Equipment Single Item Limit Samples Limit Unreceipted Items Limit Unreceipted Single Item Limit Emergency Courier of Essential Business Equipment Delayed Business Equipment	£1,500 £500 £1,000 £500 £300 £50 £500 £300 (£100 per day)	£50
R2	Business Equipment Hire	£750 (£150 per day)	Nil
R3	Business Money Cash Limit	£1,000 £500	£50 £50
S	CRUISE COVER EXTENSION		
S1	Cruise Cabin Confinement	£300 (£50 per 24 hours)	Nil
S2	Unused Excursions	£300	Nil
S3	Cruise Itinerary Change	£300 (£100 per port)	Nil
S4	Missed Cruise Connection	£1,500	£50

Hazardous Activities

Hazardous Activities – Grade 1 – No additional charge

Please note subject to the General Exclusions and relevant Exclusions under each Section of this Policy Document, which continue to apply; the following incidental, recreational, non-professional (amateur) and non competitive activities are automatically covered. Please also note the Specific Exclusions applying to Section H Personal Liability.

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

Hazardous Activities – Grade 2 – 50% Loading to cover all activities or £30 per activity

You can be covered under the Personal Accident and Medical Expenses Sections for the following activities, provided that the activity is on an incidental basis (unless stated otherwise below) and subject to an additional premium being paid and shown on **Your** Validation Certificate. Please also note the Specific Exclusions applying to Section H Personal Liability.

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

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

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

Hazardous Activities – Grade 3 – 100% Loading to cover all activities or £75 per activity

You can be covered under the Personal Accident and Medical Expenses Sections for the following activities, provided that the activity is on an incidental basis (unless stated otherwise below) and subject to an additional premium being paid and shown on **Your** Validation Certificate. Please also note the Specific Exclusions applying to Section H Personal Liability.

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

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

Hazardous Activities – Grade 4 – 200% Loading to cover all activities or £100 per activity

You can be covered under the Personal Accident and Medical Expenses Sections for the following activities, provided that the activity is on an incidental basis (unless stated otherwise below) and subject to an additional premium being paid and shown on **Your** Validation Certificate. Please also note the Specific Exclusions applying to Section H Personal Liability.

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

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

Important Contact Numbers

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

CLAIMS SETTLEMENT AGENCIES

www.csal.co.uk

or call Tel: 0844 826 2644

To disclose pre-existing medical conditions please contact the Medical screening helpline:

CSA MEDICAL HEALTH CHECK LINE

Tel: 0844 826 2700

If you need to claim under Section M End Supplier

Failure, please contact:

INTERNATIONAL PASSENGER PROTECTION

Tel: 020 8776 3752

For details of who to contact in the event of a medical emergency, please contact the relevant Medical Emergency Assistance Company. Please see point 19 under IMPORTANT INFORMATION AND CONDITIONS APPLYING TO ALL SECTIONS (pages 8 & 9).