

TRAVEL INSURANCE

POLICY WORDING

Avion



Thank you for purchasing your insurance from *JustTravelcover*.

Our policies are designed to provide peace of mind for all travelers regardless of age or medical history. We aim to help all travelers enjoy their experience to the fullest by providing high quality, reasonably priced travel insurance which can be tailored to meet your specific requirements.

We would advise You keep Your Policy documents in a safe place in case You need assistance or need to make a claim. Your documents can also be accessed securely via www.justtravelcover.com online portal 24 hours per day.

If you have any questions or queries, please do not hesitate to contact Us on any of the numbers below:

Before you travel:

Customer Service: **0333 003 0021**
Sales: **0800 294 2969**
Email: **admin@justtravelcover.com**

While you are away:

24 Hour Medical Emergency Assistance: +44 (0) 203 819 7170

Please contact the Medical Emergency Assistance Company immediately and within 24 hours in the event of a medical emergency or if Your outpatient treatment is likely to cost more than £500.

When you return:

Claims: **01702 553443**

www.submitclaim.co.uk/jus

Please note: This is a travel insurance policy and not private medical insurance and does not provide cover for procedures that can be carried out in Your Home Country after repatriation, or any medical expenses incurred in private facilities if a medically suitable State facility is available unless specifically agreed and authorised by the Medical Emergency Assistance Company.

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IMPORTANT FEATURES OF YOUR TRAVEL INSURANCE

Your attention is drawn to important features of Your travel insurance Policy including:

INSURANCE POLICY

This is Your travel insurance policy and it contains full details of the cover provided plus the conditions and exclusions which apply for each Insured Person. You must read this insurance Policy and attaching Policy Schedule carefully. Your Policy wording sets out in full details of the cover provided and is only valid if attached to a Policy Schedule showing the sums insured and limits of the insurance provided and detailing the premium, geographical area, Period of Insurance cover and Insured Person(s).

Your Policy Schedule is a very important document and You should check that all the information contained within the document is correct before You travel and take it with You when travelling.

The Policy covers all persons named on the Policy Schedule for whom the premium has been paid.

You are required to take reasonable care to ensure You tell Us of any Information We ask for and which could affect this insurance. If You do not, You may not be fully covered and this may result in Us refusing a claim, or only paying part of a claim, or We may cancel Your insurance Policy. If You are unsure whether We need to know a particular fact, please contact JustTravelcover.com on 0333 003 0021.

Claims arising from alcohol - We do not expect You to avoid alcohol during Your trip, but We will not cover any claim arising from excessive alcohol consumption, by which We mean where You have drunk so much alcohol that a Medical Practitioner has stated that Your alcohol consumption has caused or actively contributed to Your injury or illness, the results of a blood test at the time of injury or illness shows that Your blood alcohol level exceeds 0.19% that is approximately 1.5 litres of beer or four 175ml glasses of wine; a witness report of a third party that has advised that You have notably impaired Your faculties and/or judgment. Please refer to the General Exclusions on page 30-31.

Foreign and Commonwealth Office (FCO) Advice

This insurance policy will not cover You to travel to a country where the FCO have advised against all (or all but essential) travel.

This is not a private medical insurance policy

Your Avion Travel insurance policy is not a private medical insurance policy and does not cover private medical treatment, private hospital costs or other related expenses incurred unless these have been specifically agreed and authorised by the Medical Emergency Assistance Company as part of a medical emergency covered by this policy.

Claims for reimbursement of costs

This insurance policy will only respond to claims for irrecoverable losses once those principally responsible for reimbursing the cost have been exhausted. For example transport and accommodation costs – You should, in the first instance, contact Your tour operator, airline, accommodation provider, credit or debit card providers to source a refund, as in most instances, either as a result of the Package Travel & Linked Arrangement Regulations 2018; EU Transport Regulations; Consumer Credit Act; or Debit card charge backs, a refund is legally due.

IMPORTANT INFORMATION

We draw Your attention to the exclusions detailed in the 'General Exclusions' section, in particular, exclusion 38 relating to **Coronavirus (Covid-19)** as this policy will not provide cover for any claims directly or indirectly related to a **Pandemic** and/or **Epidemic**, including but not limited to **Coronavirus (Covid-19)**. Please note this general exclusion applies to all sections of cover with the exception of Section 1 - Cancellation of Trip, Section 2 – Curtailment and Section 3 – Emergency Medical and Repatriation Expenses.

ELIGIBILITY

This policy is only available to You if:

- You are permanently resident in the **United Kingdom** and have Your main home in the **United Kingdom**;
- You are registered with a **Medical Practitioner** in the **United Kingdom**;
- You have a UK National Insurance number (where aged sixteen (16) years of age or older);
- You are in the **United Kingdom** at the time of purchasing this **Policy**. Any **Trip** that has begun when You purchase this insurance will not be covered;
- You are not travelling against medical advice or where You would have been if You had sought medical advice before beginning **Your Trip**;
- You are not travelling with the intention of receiving medical treatment;
- **Your Trip** starts and ends in the **United Kingdom**.

ANNUAL MULTI TRIP

This insurance **Policy** is not available to anyone over the age of seventy-five (75) at the date of purchase where an Annual Multi Trip **Policy** has been selected. Children who are seventeen (17) years of age or under, are only entitled to travel separately to the main **Insured Person** if they are travelling with a relative, guardian or person with a legal duty of care, such as a school teacher if on a school trip.

SINGLE TRIP

There are no upper age limits for Single Trip policies when travelling within the **United Kingdom, Europe or Worldwide, excluding USA, Canada, the Caribbean and Mexico**. Travel to **Worldwide, including USA, Canada, the Caribbean and Mexico** is restricted to age seventy-nine (79) at date of purchase. Children who are seventeen (17) years of age or under, are only insured when accompanied by a relative, guardian or person with a legal duty of care, such as a school teacher if on a school trip.

If You reach the maximum age during the period of insurance, cover will continue until the expiry of the **Policy**.

MAXIMUM PERIOD OF INSURANCE

Single Trip policies

Three hundred and sixty-five (365) days

Annual Multi-Trip policies

Any number of **Trips** in the **Policy** year but with a limit of 21, 31, 45, 61 or 93 days for any one **Trip**. Refer to **Your Policy Schedule** for full details of duration.

CONDITIONS, EXCLUSIONS AND WARRANTIES

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

CRUISES

There is no cover provided for **crises** unless **You** have paid the appropriate additional premium and cover is shown on **Your Policy Schedule**. In any event there is no cover for cargo or container ship travel.

FRAUDULENT CLAIMS

If any claim made under this **Policy** is in any respect fraudulent or if any fraudulent means are used to obtain benefit by **You** or anyone acting on **Your** behalf, including inflation or exaggeration of the claim or submission of forged or falsified documents, **You** will not be entitled to any benefit under this **Policy** in respect of that claim and this insurance will thereafter become invalid.

PROPERTY CLAIMS

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

POLICY LIMITS

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

POLICY EXCESSES

Under most sections of **Your Policy**, claims will be subject to an **Excess**. This means that **You** will be responsible for paying the first part of the claim. The amount **You** have to pay is set out in the **Schedule of Cover & Limits**.

REASONABLE CARE

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

COMPLAINTS

Your insurance **Policy** contains a Complaints Procedure which tells **You** what steps **You** can take if **You** wish to make a complaint.

CANCELLATION OF YOUR POLICY

We hope **You** are happy with the cover **Your Policy** provides. However, if this insurance does not meet with **Your** requirements, then **You** must contact JustTravelcover.com by phoning 0333 003 0021 or by emailing admin@justtravelcover.com or by writing to JustTravelcover.com, Victoria House, Toward Road, Sunderland SR1 2QF within fourteen (14) days of receipt of **Your Policy** and they will refund **Your** premium in full, provided **You** have not commenced **Your Trip** or made a claim.

After fourteen (14) days **You** can cancel this insurance at any time by contacting JustTravelcover.com by phoning 0333 003 0021 or by emailing admin@justtravelcover.com or by writing to JustTravelcover.com, Victoria House, Toward Road, Sunderland SR1 2QF. **We** will retain an amount of premium in proportion to the time **You** have been on cover and will refund the rest to **You**. However, if **You** cancel after 14 days there will be no refund of premium due to **You** if during this fourteen (14) day period **You** have travelled, made a claim, or intend to make a claim then **We** are entitled to recover all costs for those services that **You** have used.

Our right to cancel the Policy

We have the right to cancel this **Policy** by giving at least thirty (30) days' notice in writing to the **Policyholder** at their last known address where **We** have serious grounds for doing so, including any failure by **You** to comply with the conditions on pages 30 of this **Policy** which is incapable of remedy or which **You** fail to remedy within fourteen (14) days of receiving a notice from **Us** requiring **You** to remedy the breach. A proportionate refund of the premium paid will be made to the **Policyholder** from the date **We** cancel the **Policy**.

HAZARDOUS SPORTS AND ACTIVITIES

Your Policy contains conditions and exclusions relating to dangerous activities, sports or pastimes where there is a risk of injury, or can be expected to aggravate an existing illness. Please see the list of **Hazardous Pursuits** on pages 13 – 14 of this **Policy** and the General Conditions and General Exclusions on pages 30 – 31 of this **policy**.

LAW AND JURISDICTION

This **Policy** will be governed by the Law of England and Wales and **You, Insured Persons** and **We** agree to submit to the courts of England and Wales to determine any dispute arising under or in connection with it, unless agreed to the contrary by **You** and **Us** before the commencement date. The Terms and Conditions of this **Policy** will only be available in English and all communication relating to this **Policy** will be in English.

HEALTH/MEDICAL CONDITIONS

Your Policy contains conditions related to the health of **You** and the people travelling with **You**; and others upon whose well-being the **Trip** may depend. All **Medical Conditions** must be disclosed to **Us** prior to cover being issued.

If **Your** health or **Your** ongoing medication changes between the date **Your Policy** was purchased and the date of travel **You** must advise JustTravelcover.com by phone on 0333 003 0021 as soon as possible. **We** will advise **You** what cover **We** are able to provide, after the date of diagnosis. Following **Your Change In Health** **We** reserve the right to increase the premium, increase the excess, exclude the condition or withdraw the cover should the stability of the condition make it necessary.

Please note: If **You** are answering the medical questions on behalf of someone else, **You** must make sure that **You** have their permission to do so and all of the required information to answer the medical questions fully and accurately. If **You** are not sure of any of the information **You** are giving **Us** or do not know, the answers must be checked with the treating G.P.

Failure to accurately and fully declare all **Medical Condition(s)** for **You**, or anyone travelling with **You** will affect **Your** cover and may result in **Your** claim being declined.

The headings or captions used in this **Policy** are for the purposes of reference only and do not otherwise affect the meaning of this **Policy**.

SCHEDULE OF COVER & LIMITS

		BRONZE Benefits		SILVER Benefits		GOLD Benefits	
		Max Sum Insured	Excess	Max Sum Insured	Excess	Max Sum Insured	Excess
1	Cancellation of Trip	£1,000	£100	£5,000	£65	£12,500	£25
2	Curtailement	£1,000	£100	£5,000	£65	£12,500	£25
3	Emergency Medical and Repatriation Expenses						
	Journeys outside the United Kingdom	£10,000,000	£100	£10,000,000	£65	£10,000,000	£25
	Dental Expenses	£250	£100	£300	£65	£400	Nil
3	Journeys within the United Kingdom	£20,000	£100	£20,000	£65	£25,000	£25
	Dental Expenses	No Cover	Nil	No Cover	Nil	No Cover	Nil
4	UK Hospital Transfer & additional expenses						
	Hospital Transfer Costs	£5,000	£100	£5,000	£65	£5,000	£25
	Return Home Costs	£2,500	£100	£2,500	£65	£2,500	£25
	Additional Expenses	£500	£100	£500	£65	£500	£25
5	Hospital Benefit	£25 per 24 hours up to £250	Nil	£50 per 24 hours up to £500	Nil	£100 per 24 hours up to £1,000	Nil
6	Personal Effects and Baggage*	£1,000	£100	£2,000	£65	£3,000	£25
	Single Item Limit	£100		£250		£500	
	Valuables Limit	£250		£500		£750	
	Delayed Baggage	£25 per 12 hours up to £100	Nil	£50 per 12 hours up to £300	Nil	£75 per 12 hours up to £600	Nil
7	Mobility Aids	£1,000	£100	£2,000	£65	£2,500	Nil
8	Personal Money and Cash	£300	£100	£400	£65	£750	£25
	Cash Limit	£150		£250		£500	
	Cash Limit if under 18	£50		£50		£50	
9	Loss of Travel Documents	£100	Nil	£200	Nil	£400	Nil
10	Travel Delay	£25 per 12 hours up to £100	Nil	£50 per 12 hours up to £250	Nil	£50 per 12 hours up to £350	Nil
	Holiday Abandonment	£1,000	£100	£5,000	£65	£12,500	£25
11	Missed Departure	£200	Nil	£750	Nil	£1,000	Nil
12	Connecting Flights	£250	£100	£500	£65	£1,000	£25
13	Personal Accident						
	Permanent Total Disablement	£10,000	Nil	£20,000	Nil	£50,000	Nil
	Loss of Limb(s)/Eye(s)	£10,000	Nil	£20,000	Nil	£50,000	Nil
	All Benefits if under 18 or over 75	£1,000	Nil	£1,000	Nil	£1,000	Nil
	Death (18 to 75)	£10,000	Nil	£20,000	Nil	£50,000	Nil
	Death (under 18 or over 75)	£5,000	Nil	£5,000	Nil	£5,000	Nil
14	Personal Liability	£1,000,000	£100	£2,000,000	£65	£2,000,000	Nil
15	Legal Expenses	£15,000	£100	£25,000	£65	£25,000	£25
16	Catastrophe	£50 per 24 hours up to £500	Nil	£75 per 24 hours up to £750	Nil	£100 per 24 hours up to £1,000	Nil
17	Mugging Benefit	£50 per 24 hours up to £100	Nil	£50 per 24 hours up to £200	Nil	£50 per 24 hours up to £300	Nil
18	Hijack and Kidnap	£100 per 24 hours up to £300	Nil	£100 per 24 hours up to £500	Nil	£100 per 24 hours up to £1,000	Nil
19	Uninhabitable Accommodation	£250	£100	£500	£65	£750	£25
20	Terrorism Extension						
	Cancellation	No Cover	Nil	No Cover	Nil	£2,500	£25
	Re-arrangement of Trip	No Cover	Nil	No Cover	Nil	£1,000	£25
	Curtailement	No Cover	Nil	No Cover	Nil	£2,500	£25
	Travel Delay	No Cover	Nil	No Cover	Nil	£50 per 12 hours up to £350	Nil
21	Bump Cover for Standby Flight Ticket Holders	£1,000	£100	£1,000	£65	£1,500	£25
<p>The following additional cover options are available only where the appropriate additional premium has been paid:</p>							
22	Winter Sports:						
	Ski Equipment – owned	£1,000	£100	£1,250	£65	£1,750	£25
	Single Item Limit	£250		£500		£750	
	Ski Equipment – hired	£250	£100	£500	£65	£750	£25
	Single Item limit	£250		£300		£500	
	Ski Hire	£35 per 24 hours up to £350	Nil	£50 per 24 hours up to £500	Nil	£75 per 24 hours up to £750	Nil
	Delayed Ski Equipment	£150	Nil	£150	Nil	£250	Nil
	Ski Pack	£35 per 24 hours up to £350	Nil	£50 per 24 hours up to £500	Nil	£75 per 24 hours up to £750	Nil
Piste Closure	£25 per 24 hours up to £200	Nil	£40 per 24 hours up to £400	Nil	£50 per 24 hours up to £500	Nil	
	Avalanche Cover	£50 per 12 hours up to £300	Nil	£75 per 12 hours up to £600	Nil	£100 per 12 hours up to £1000	Nil

23	Cruise Cover:						
	Missed Port Departure	£500	£100	£1000	£65	£2,000	£25
	Cabin Confinement	£50 per 24 hours up to £500	Nil	£100 per 24 hours up to £1000	Nil	£200 per 24 hours up to £2,000	Nil
	Unused Excursions	£300	£100	£400	£65	£1,000	£25
	Itinerary Change	£50 per port up to £300	Nil	£50 per port up to £400	Nil	£100 per port up to £1,000	Nil
	Cruise Interruption	£250	£100	£1000	£65	£2,000	£25
24	Golf:						
	Golf Equipment	£1,500	£100	£1,500	£65	£1,500	£25
	Single Item Limit	£250		£250		£250	
	Golf Equipment Hire	£20 per 24 hours up to £200	Nil	£20 per 24 hours up to £200	Nil	£20 per 24 hours up to £200	Nil
	Non refundable Golfing Fees	£75 per 24 hours up to £300	Nil	£75 per 24 hours up to £300	Nil	£75 per 24 hours up to £300	Nil
25	Business:						
	Business Equipment	£1,000	£100	£1,000	£65	£1,000	£25
	Single Item Limit	£500		£500		£500	
	Computer Equipment	£1,000	£100	£1,000	£65	£1,000	£25
	Business Samples	£500	£100	£500	£65	£500	£25
	Delayed Business Equipment	£200	Nil	£200	Nil	£200	£25
	Emergency Equipment Courier	£200	Nil	£200	Nil	£200	£25
	Business Equipment Hire	£50 per 24 hours up to £500	Nil	£50 per 24 hours up to £500	Nil	£50 per 24 hours up to £500	£25
	Business Money	£1,000	£100	£1,000	£65	£1,000	£25
	Cash Limit	£500		£500		£500	
	Additional Personal Accident	£50,000	Nil	£50,000	Nil	£50,000	£25
26	Wedding Cover:						
	Ceremonial attire	£1,000	£100	£1,000	£65	£1,000	£25
	Wedding gifts	£1,000	£100	£1,000	£65	£1,000	£25
	Single Item Limit	£500		£500		£500	
	Wedding rings	£500	£100	£500	£65	£500	£25
	Including: Limit for each ring	£250		£250		£250	
	Photographs and video recording	£750	£100	£750	£65	£750	£25
27	End Supplier Failure	£1,500	Nil	£1,500	Nil	£1,500	Nil
28	Travel Dispute	£25,000	£35	£25,000	£35	£25,000	£35

* Unless **You** have opted to remove this Section of cover as shown on **Your Policy Schedule**.

HEALTH/PRE-EXISTING MEDICAL CONDITIONS

Your Policy may not cover claims arising from Your Medical Conditions.

If You answer 'yes' to any of the questions below then You must declare the relevant conditions to Us at JustTravelcover.com on 0333 003 0021. So

that We can ensure You are provided with the best cover We can offer please read and answer the following questions accurately and carefully:

Please note: If You are answering the medical questions on behalf of someone else, You must make sure that You have their permission to do so and all of the required information to answer the medical questions fully and accurately. If You are not sure of any of the information You are giving Us or do not know, the answers must be checked with the treating G.P.

Failure to accurately and fully declare all Medical Condition(s) for You, or anyone travelling with You will affect Your cover and may result in Your claim being declined. For the purposes of this insurance, You are considered to have a pre-existing medical condition if You answer "Yes" to any part of the following questions, which You were asked when You applied for insurance with Us:

1. Has anyone travelling ever had treatment for:
 - a. Any heart or circulatory condition?
 - b. Any type of diabetes?
 - c. A stroke or high blood pressure?
 - d. Any type of cancer, whether in remission or not?
 - e. Any lung or breathing condition?
 - f. An organ transplant or dialysis?
2. In the last five (5) years, has anyone travelling suffered from a serious or recurring Medical Condition, been prescribed medication or received treatment or attended a Medical Practitioner's surgery?
3. In the last five (5) years, has anyone travelling been referred to a specialist or a consultant at a hospital or clinic for tests, diagnosis or treatments or attended as an inpatient or outpatient?
4. Has anyone travelling ever been diagnosed or treated for any form of anxiety, depression or Psychiatric Condition including eating disorders?
5. Has anyone travelling been placed on a waiting list currently for investigations or treatment?
6. Has anyone travelling been diagnosed by a Medical Practitioner as suffering from a terminal illness?

Please note:

1. You cannot elect to exclude Medical Condition(s) from cover. You must accurately and fully declare all pre-existing Medical Condition(s) for You, or anyone travelling with You. If You do not this will affect Your cover and may result in Your claim being declined.
2. You must be fit to undertake Your planned Trip
3. You must not travel against medical advice or with the intention of obtaining medical treatment or consultation abroad.
4. We will cover You for pre-existing Medical Conditions You have declared to Us and which We have accepted in writing. These Medical Conditions are set out in the "Medical Declaration Schedule"
5. We will not cover You for any claims directly or indirectly related to pre-existing conditions which do not appear in the "Medical Declaration Schedule"
6. We will not cover You if Your state of health was worse than You declared to Us at the time You purchased Your Policy.
7. Please check that the information set out in the "Medical Declaration Schedule" is correct. If it is not, You must call JustTravelcover.com on 0333 003 0021 to tell Us as soon as possible but in any event no later than fourteen (14) days from the date You receive Your Policy.

BE AWARE! We do not provide any cover for:

- Psychiatric Conditions such as stress, anxiety, depression, eating disorders or mental instability unless agreed with Us in writing.
- Any circumstances if You have received a terminal prognosis.
- Any Medical Condition You are aware of but for which You have not had a diagnosis.
- Any circumstances that are not specified in Your Policy.

You should also refer to 'General Exclusions' on page 30 & 31 - applicable to all sections of the Policy.

Close Relative, Close Business Associate or Travel Companion who is not insured but on whose health Your Trip may depend

If You have a Close Relative, Close Business Associate or Travel Companion with a pre-existing Medical Condition who dies or falls seriously ill and as a result You wish to cancel or Curtail Your Trip, You will be covered only if the patient's Medical Practitioner states that at the time insurance was taken out he/she would not have foreseen such a serious deterioration in his or her patient's condition.

CHANGE IN HEALTH

If Your health or Your ongoing medication changes between the date Your Policy was purchased and the date of travel You must advise JustTravelcover.com by phone on 0333 003 0021 soon as possible.

We will advise You what cover We are able to provide, after the date of diagnosis.

Following Your Change In Health We reserve the right to increase the premium, increase the excess, exclude the condition or withdraw the cover should the stability of the condition make it necessary (please refer to 'General Definitions' for more information).

Waiting list

If You are awaiting a diagnosis for symptoms You are currently experiencing, We are unable to provide cover until You have a confirmed diagnosis.

If You have a confirmed diagnosis and are currently on a waiting list for treatment or investigation, Our Policy will not provide cover under Section 1 (Cancellation of Trip) or Section 2 (Curtailed Trip) under the following circumstances:

- You receive an appointment for treatment or investigation which conflicts with Your planned Trip, or
- As a result of the awaited treatment or investigation You become unable to travel on Your planned Trip.

Being on a waiting list for treatment or investigation does not affect cover whilst You are away for medical conditions which have been declared to, and agreed by, Us.

Should You become aware of a change in Your diagnosis before You travel, please notify Us immediately.

Travelling When Pregnant

Pregnancy is not a **Medical Condition**, however, airlines and ferry/shipping companies including cruise liners have their own restrictions due to health and safety requirements. **You** should check with them or any other mode of transport **You** propose to take before **You** book.

Please make sure that **Your Medical Practitioner** and Midwife are aware of **Your** travel plans, that there are no known complications and that **You** are not travelling against any medical advice.

By Air – after twenty-eight (28) weeks most airlines will require a letter from **Your Medical Practitioner** or Midwife confirming **Your** estimated date of delivery and stating that there are no complications. **You** may travel, but **Your Trip** must be completed by thirty-six (36) weeks and six (6) days for single uncomplicated pregnancies and thirty-two (32) weeks and six (6) days for multiple uncomplicated pregnancies.

By Sea – Ferry companies and cruise liners have their own restrictions and may refuse pregnant women beyond thirty-two (32) weeks.

By Car, Coach and Train – There are no known restrictions. Please make sure **Your Medical Practitioner** or Midwife are aware of **Your** travel plans and that there are no known complications and check with **Your** travel provider.

IMPORTANT: **You** should also refer to Section 1 (Cancellation of Trip), Section 2 (Curtailment), Section 3 (Emergency Medical and Repatriation Expenses) and the General Exclusions on pages 30 and 31 for details of what and what is not covered by this **Policy**.

Health agreements EU

EEA or Switzerland

If **You** are travelling to a country in the European Union, **You** are strongly advised to take a European Health Insurance Card (EHIC) with **You**. Application forms to obtain an EHIC are available from **Your** local post office or **You** can download an application form from the following website: www.ehic.org.uk. This entitles European citizens to benefit from the health agreements which exist between countries in the European Union. If **You** already hold an EHIC please check it is valid for **Your Trip**. In the event of liability being accepted for a medical expense which has been reduced as a direct result of **You** presenting **Your** European Health Insurance Card to the medical facility at the time of treatment **We** will not apply the deduction of the excess under Section 3 (Emergency Medical and Repatriation Expenses).

Australia or New Zealand

If **You** require medical treatment in Australia **You** must enrol with a local MEDICARE office. **You** do not need to enrol on arrival but **You** must do this after the first occasion **You** receive treatment. Inpatient and out-patient treatment at a public hospital is then available free of charge. Details of how to enrol and the free treatment available can be found by visiting the MEDICARE Website on www.humanservices.gov.au/medicare or by emailing: medicare@humanservices.gov.au. If **You** require medical treatment in New Zealand, there are reciprocal agreements, but a person may not enrol with a Primary Health Organisation (PHO). They should get the same health subsidies as a New Zealand citizen visiting a general practitioner as a casual patient, if the **doctor** has decided the condition needs prompt attention. For more information, please go to www.health.govt.nz or email: info@health.govt.nz Alternatively, please call the **Medical Emergency Assistance Company** for guidance.

If **You** are admitted to hospital contact must be made with the **Medical Emergency Assistance Company** as soon as possible and their authority obtained in respect of any treatment NOT available under MEDICARE or a Primary Health Organisation (PHO).

In the event of liability being accepted for a medical expense which has been reduced by the use of either a EHIC, MEDICARE in Australia or private health insurance, **We** will not apply the deduction of the **Policy excess** under Section 3 (Emergency Medical and Repatriation Expenses).

Worldwide Reciprocal Agreements with United Kingdom Government (British Passport Required)

Bosnia and Herzegovina, Falkland Islands, Gibraltar, Isle of Man, Macedonia, Montenegro, St Helena, Serbia – Public Health Facilities should be utilised at these locations.

DEFINITIONS

The following words and expressions used in **Your Policy** documents shall mean as follows when they appear in bold type. (please refer to Section 28 Travel Dispute for definitions specific to that section).

Accidental Bodily Injury

An identifiable physical injury caused by sudden, unexpected, external and visible means.

Business Equipment

Computer equipment, communication devices and other business-related equipment which **You** need in the course of **Your** business and which is not insured on a company policy. The equipment must be owned by **Your** employer or if **You** are self-employed it must be owned by **You**.

Business Money

Sterling, foreign currency and travellers cheques provided to **You** exclusively for use in conjunction with **Your** business or that of **Your** employer during the duration of **Your Trip** and which is not insured on a company policy.

Change In Health

Any deterioration or change in **Your** health between the date the **Policy** was purchased and the date of travel, this includes, new medication, change in regular medication, deterioration of a previously stable condition, referral to a specialist, investigation of an undiagnosed condition or awaiting treatment/consultation.

Child/Children

A person who is seventeen (17) years of age or under.

Close Business Associate

Any employee whose level of responsibility in the business is such that if both **You** and they were absent from the business for a period of five (5) full working days or more this would have a detrimental impact on the running of the business.

Close Relative

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

Coronavirus (COVID-19)

Coronavirus disease (COVID-19), including any related and/or similar conditions howsoever called, or any mutation of these.

Cruise

A voyage on a ship/vessel sailing on the seas or oceans that includes stopping at various ports. No cover is provided for cargo or container ship travel.

Curtil/Curtailment

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

Cyber event

An unauthorised or malicious act or series of related unauthorised or malicious acts or the threat or hoax thereof involving access to, processing of, use of or operation of any **Information Technology System** or any electronic data by any person or group(s) of persons.

Epidemic

A widespread occurrence of an infectious disease in a community at a particular time.

Europe

Albania, Algeria, Andorra, Armenia, Austria, Azerbaijan, Azores, Belarus, Belgium, Bosnia-Herzegovina, Bulgaria, Channel Islands (including Guernsey Alderney, Sark, Herm and Jersey) Croatia, Cyprus, Czech Republic, Denmark (including Faroe Islands), Egypt, Estonia, Finland, France (including Corsica), Georgia, Germany, Gibraltar, Greece (including Greek Isles), Greenland, Hungary, Iceland, Ireland, Italy (including Aeolian Islands, Sardinia, Sicily), Kosovo, Lapland, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Madeira, Malta, Moldova, Monaco, Montenegro, Morocco, Netherlands, Norway (including Jan Mayen, Svalbard Is), Poland, Portugal, Romania, Russia (west of Ural mountains), San Marino, Serbia, Slovakia, Slovenia, , Spain (including Balearic and Canary Islands), Sweden, Switzerland, Tunisia, Turkey, Ukraine and Vatican City.

Excess

The amount of money **You** have to pay for each claim. Excesses apply per person, per incident and per each section of the **Policy**. **Your** excesses are shown in the **Schedule of Cover & Limits**.

Family

You and **Your** spouse (or co-habiting partner) and any number of **Your** children, step children, foster children or grandchildren aged seventeen (17) years of age or under at the inception date of **Your Policy** all normally resident with **You**, or grandchildren living at a separate UK address but travelling with **You** and named on the **Policy Schedule**. The **children** are only insured when travelling with one or both of the insured adults, but under Annual Multi Trip cover, either adult and the **children** (accompanied by a responsible adult) are also insured to travel on their own.

Flood

A general and temporary covering of water of two (2) or more acres of normally dry land.

Golf Equipment

Golf clubs, golf balls, golf bag, non – motorized golf trolleys and golf shoes.

Hazardous Pursuits

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

Home

Your permanent residence in the **United Kingdom** or for the purpose of this insurance members of the British Forces Posted Overseas, **Your** residence on an official BFPO site.

Information Technology System

Any computer, hardware, software, information technology and communications system or electronic device, including any associated input, output or data storage device, networking equipment or back-up facility.

Loss of Limb

Permanent loss by physical separation at or above the wrist or ankle or permanent and total loss of use of a limb.

Loss of Sight

Physical loss of one or both eyes or the loss of a substantial part of the sight of one or both eyes. A substantial part means that the degree of sight remaining after the **accident** is 3/60 or less on the Snellen scale after correction with spectacles or contact lenses. (At 3/60 on the Snellen scale a person can see at three (3) feet something that a person who has not suffered loss of sight should be able to see at sixty (60) feet).

Manual Work

Work involving physical labour (which does not include office and clerical work, bar and restaurant work, nursing, music performance and singing, or fruit picking which does not involve machinery).

Medical Condition(s)

Any disease, illness or injury, including any **Psychiatric Conditions**.

Medical Emergency Assistance Company

Healix International, Healix House, Esher Green, Esher, Surrey, KT10 8AB
Telephone: +44 (0) 203 819 7170

Medical Practitioner

A registered practicing member of the medical profession who is not travelling with **You**, who is not related to **You** or to **Your** travelling companion, or any person **You** intend to stay with and who is currently registered with the General Medical Council in the **United Kingdom** (or foreign equivalent) to practice medicine.

Mobility Aids

Wheelchairs, motorised wheelchair, mobility scooter, walking frame, prosthetic limb, walking stick or crutches.

Outward Journey

The initial journey in conjunction with **Your Trip** from **Your Home** in the **United Kingdom**.

Pair or Set of Articles

Items of personal property which are substantially the same, complementary or designed to be used together.

Pandemic

An **Epidemic** that has spread across a large region.

Period of Insurance

If Annual Multi Trip cover is selected, the period of twelve (12) months for which **We** have accepted the premium as stated in **Your Policy Schedule**. During this period any **Trip** providing it does not exceed the maximum duration per **Trip** as specified in **Your Policy Schedule** (in any event not exceeding ninety-three (93) days), is covered. If any **Trip** exceeds the maximum duration then there is absolutely no cover under this **Policy** for that **Trip** (not even for duration as specified in **Your Policy Schedule**), unless **You** have contacted **Us** and **We** have agreed in writing to provide cover. Under Section 1 (Cancellation of Trip) cover will be operative from the date stated in the **Policy Schedule** or the time of booking of any **Trip** (whichever is the later date) and terminates on commencement of any **Trip**.

Cover is only provided in the **United Kingdom** if **You** stay in accommodation which **You** have paid for in advance of the date **You** depart on **Your Trip** or if **You** have paid for **Public Transport** or air fares in advance of the date of departure to enable **You** to reach **Your** destination in the **United Kingdom**. All **Trips** within the **United Kingdom** must be for at least two (2) nights away from **Home**.

If Single Trip cover is selected, the period of the **Trip** and terminating upon its completion, but not in any case exceeding the period shown in the **Policy Schedule** Under Section 1 (Cancellation of Trip) cover will be operative from the time **You** pay the premium. If the **Trip** exceeds the maximum duration then there is absolutely no cover under this **Policy** for that **Trip** (not even for duration as specified in **Your Policy Schedule**), unless **You** have contacted **Us** and **We** have agreed in writing to provide cover.

For all other sections of the **Policy**, whichever cover is selected, the insurance starts when **You** leave **Your Home** to begin the **Trip** and ends at the time of **Your** return to **Your Home** on completion of the **Trip**.

Any **Trip** that had already begun when **You** purchased the insurance will not be covered.

Each **trip** must begin and end in the **United Kingdom**.

All cover ceases if **You** have to return to the **United Kingdom** under Section 1 (Cancellation of Trip) or Section 3 (Emergency Medical and repatriation expenses), cover cannot be provided to resume **Your Trip**, or on a Single Trip **Policy** for further **Trips**.

Trip extensions if You decide You wish to extend Your Trip whilst overseas

If, once **You** have left the **United Kingdom** and before the end of the **Period of Insurance**, **You** decide **You** want to extend **Your Policy**, please contact JustTravelcover.com Customer Services on 0333 003 0021. Extensions can usually only be considered if there has been no **Change in Health** (or that of a **Close Relative** or **Close Business Associate**) and no claim has been made or is intended to be made and no incident likely to give rise to a claim has occurred. However, should there have been a **Change in Health** or **You** are aware that a claim has been made or will need to be made under the original **Policy** then **We** may still be able to consider the extension provided full details are disclosed to JustTravelcover.com on 0333 003 0021 for consideration.

Trip extensions if You are unable to return Home from Your Trip as planned

If, due to unexpected circumstances beyond **Your** control, for example, due to illness or **Accidental Bodily Injury** or unavoidable delays affecting **Your** return flight or **Public Transport**, **Your Trip** cannot be completed within the **Period of Insurance** outlined in **Your Policy Schedule**, cover will be extended for **You** at no extra cost for up to thirty (30) days. This also applies to one **Insured Person** travelling with **You** who is authorised to stay with **You** by the **Medical Emergency Assistance Company** if the extension is due to medical reasons. All requests for more than thirty (30) days must be authorised by the **Medical Emergency Assistance Company**.

Personal Money

Cash, postal and money orders and lift passes (in respect of winter sports **Trips** where the appropriate premium has been paid), held by **You** for social, domestic and pleasure purposes.

Personal Possessions

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

Permanent Total Disablement

Irrecoverable disablement arising from **Accidental Bodily Injury** which permanently and totally incapacitates the **Insured Person** for a continuous period of twelve (12) months from carrying out at least two (2) of the following activities of daily living:

- a) Transfer and Mobility – the ability to move from one room to an adjoining room or from one side of a room to another or to get in and out of a bed or chair,
- b) Dressing – putting on and taking off all necessary items of clothing,
- c) Toileting – getting to and from the toilet, transferring on and off the toilet and associated personal hygiene,
- d) Eating – all tasks of getting food into the body once it has been prepared,

and at the expiry of that period being beyond hope of improvement sufficient to carry out at least three (3) of the previously described activities of daily living ever again.

Policy

Your Policy consists of the **Policy Schedule**, the **Policy** wording, the "Medical Declaration Schedule" and any endorsements.

Policy Schedule

Your Policy Schedule sets out the type of **Policy** arranged for **You**, the area of cover, along with **Policy** number, dates of cover and the maximum duration of cover. **Your** personal contact details are shown along with any additional options **You** have requested, the names of the people covered for the **Trip** and **Medical Conditions** disclosed in relation to **You** and those travelling with **You**.

This is a very important document and **You** should check that all the information contained therein is correct before **You** travel and take it with **You** when travelling.

Psychiatric Condition

fibromyalgia, myalgic encephalomyelitis, chronic fatigue syndrome, stress (work related or otherwise), neuroses, psychoneuroses, psychopathies, psychoses, post traumatic stress disorder or mental or emotional diseases or disorders of any type.

Public Transport

A bus, coach, ferry, sea-vessel or train operating according to a published timetable.

Redundancy

Redundancy of an **Insured Person** covered under **Your Policy** who has been employed for two (2) continuous years with the same employer at the time of being made redundant. In any event there is no cover for voluntary redundancy or if **You** are self employed.

Schedule of Cover & Limits

The **Schedule of Cover & Limits** sets out the **Policy** limits and **Excess** applicable.

Ski Equipment

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

Ski Pack

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

Standby Flight Ticket

A ticket that has been purchased by the **Insured Person** and an E Ticket issued with the flight details on, and that the **Insured Person** has listed for this flight. The **Insured Person** is not confirmed on the flight until the **Insured Person** checks in or the flight closes for fuller flights prior to departure.

Strike or Industrial Action

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

Terrorism

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

Travel Companion(s)

Someone travelling with **You** or a person **You** plan to stay with on **Your Trip** who is not insured under this **Policy**.

Trip(s)

Your holiday or journey starting from the time that **You** leave **Your Home** in the **United Kingdom** or from the start date shown on **Your Policy Schedule**, whichever is the later, until arrival back at **Your Home** address in the **United Kingdom**.

Unattended

When **You** do not have full view of **Your Personal Possessions** or where **You** are not in a position to prevent the unauthorised taking of **Your Personal Possessions**, unless they are left in a locked room or a locked safety deposit facility. **Personal Possessions** left in a motor vehicle are considered to be unattended even when the motor vehicle is locked and the property is out of view in an enclosed storage compartment, boot or luggage space.

United Kingdom

England, Scotland, Wales, Northern Ireland, Channel Islands and the Isle of Man except under geographical limits where Channel Islands and the Isle of Man are considered to be part of Europe, and for the purpose of this insurance members of the British Forces Posted Overseas, residing on an official BFPO site.

Utilisation of Nuclear, Chemical or Biological weapons of mass destruction

The use of any explosive nuclear weapon or device; or the emission, discharge, dispersal, release or escape of: fissile material emitting a level of radioactivity, or any pathogenic (disease producing) micro-organism(s) and/ or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins), or any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.

Valuables

Jewellery, gold, silver, precious metal or precious or semiprecious stone articles, watches, furs or leather clothing, (apart from footwear) cameras, camcorders, portable satellite navigation systems, photographic, audio, video, computer, television and telecommunications equipment (including mobile phones, MP3/4 players, iPods, Kindles, ebooks, CD's, DVD's, tapes, films, cassettes, cartridges and headphones), computer games and associated equipment, telescopes and binoculars.

War

war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, or military or usurped power.

We/Us/Our

Chaucer Insurance Company DAC.

For Section 27 (End Supplier Failure) Insurance will be provided by International Passenger Protection Limited, IPP House, 22-26 Station Road, West Wickham Kent BR4 0PR.

For Section 28 (Travel Dispute) Insurance will be provided by Legal Insurance Management Ltd, 1 Hagley Court North, The Waterfront, Brierley Hill, West Midlands, DY5 1XF.

Worldwide, excluding USA, Canada, the Caribbean and Mexico

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

Worldwide, including USA, Canada, the Caribbean and Mexico

Means anywhere in the world

You/Your/Yourself/Insured Person(s)/Insured Couple

Means each person named in the **Policy Schedule**.

HAZARDOUS PURSUITS

You are not covered for taking part in any **Hazardous Pursuit** unless it is listed below. If **You** are going to take part in any activity which may be considered dangerous or Hazardous that is not detailed below please contact JustTravelcover.com on 0333 003 0021 who will contact **Us** to see if **We** can provide cover. Please note that under Section 14 (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.

The following sporting activities when participated in for recreational purposes incidental to a **Trip** and not in organized competitions or in any professional capacity are not considered to be **Hazardous Pursuits**. **You** must ensure the activity is adequately supervised and that appropriate safety equipment (such as protective head wear, life jackets and similar protective equipment) are worn at all times and **You** do not participate in such **Hazardous Pursuits** for more than ninety (90) days in any one **Period of Insurance**.

Category A

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

- Aerobics
- Angling/Fishing
- Archery (amateur)
- Badminton (amateur)
- Banana Boating
- Baseball (amateur)
- Basketball (amateur)
- Beach Games
- Bowls
- Canoeing/River Canoeing (up to Grade 3)
- Clay Pigeon Shooting
- Cricket (amateur)
- Croquet
- Curling
- Cycling (other than specified)
- Fell Walking/Fellrunning
- Fencing
- Football/Soccer (amateur)
- Golf (amateur)
- Hiking (under 2000m altitude)
- Jet Boating
- Jogging
- Motorcycling up to 50cc with licence appropriate to the cc, wearing a crash helmet - no racing
- Netball (amateur)
- Orienteering
- Outward-bound Pursuits (Ground level Only)
- Paintballing
- Parascending/Parasailing (over water) towed by boat
- Pony Trekking
- Racquetball
- Rambling (under 2000m altitude)
- Roller Blading/Roller Skating
- Rounders
- Sail Boarding
- Sailing/Dinghy Sailing within Territorial Waters (inland/coastal waters within 12 miles)
- Skate Boarding
- Snorkelling
- Snooker/Pool/Billiards
- Squash (amateur)
- Surfing (amateur)
- Swimming
- Table Tennis
- Ten pin bowling
- Tennis (amateur)
- Trekking (under 2000m altitude)
- Tug of war
- Underground activities (as part of an organised excursion/tour)
- Volleyball (amateur)
- War Games
- Water Polo (amateur)
- Water Skiing (amateur) inland/coastal waters within 12 miles (excluding jumping)
- Windsurfing (amateur) inland/coastal waters within 12 miles
- Weightlifting
- Work Abroad - Non Manual Work (Including professional, administrative or clerical duties only)

Provided **You** have paid the appropriate premium the exclusion of **Hazardous Pursuits** in the General Exclusions is deleted only with respect to cover under Section 2 (Curtailment) (but not Cancellation of Trip) and under Section 3 (Medical and Repatriation Expenses) for participation in the following **Hazardous Pursuits** on a non-professional (amateur) and recreational basis provided that **You** ensure the activity is adequately supervised and that appropriate safety equipment (such as protective head wear, life jackets and similar protective equipment) are worn at all times and **You** do not participate in such **Hazardous Pursuits** for more than ninety (90) days in any one **Period of Insurance**.

Category B

Provided **You** have advised JustTravelcover.com and paid the appropriate premium **You** will be covered for all of the activities listed in Category A plus the following activities:

- Aerial Safari
- Boxing Training (no contact)
- Bungee Jump (maximum 3)
- Camel/Elephant Riding/Trekking (non-incident)
- Cycle Touring
- Deep Sea Fishing
- Dog Sledding
- Go Karting (Motorised - specific use)
- Gymnastics
- Hiking (between 2001 and 4000m altitude)
- Hockey (amateur)
- Horse Riding (up to 7 days - no polo, hunting, Jumping)
- Hot Air Ballooning (non-incident)
- Hurling (amateur)
- Hydro Zorbing
- Jet Skiing (non-incident)
- Kayaking
- Martial Arts (training only)
- Mountain Biking
- Motorcycling up to 125cc with a licence appropriate to the cc, wearing a crash helmet - no racing
- Quad Biking
- Rambling (between 2001 and 4000m altitude)
- Rowing (inland/coastal waters within 12 miles)
- Rugby (amateur Competition)
- Safari (Tour Operator organised and not involving the use of firearms)
- Scuba Diving* (up to 30m as long as PADI qualified or equivalent to that depth and provided adequately supervised/not diving alone).
- Track Events
- Trekking (between 2001 and 4000m altitude)
- White Water Rafting/Black Water Rafting – Grades 1 to 4
- Work Abroad - Manual work (ground level no machinery)

*SCUBA or skin diving to a maximum depth of thirty (30) meters will be covered provided that **You** hold a British Sub Aqua Club (B.S.A.C.) or equivalent certificate of proficiency for the dive being undertaken or **You** are under the direct supervision of a qualified instructor; are diving with proper equipment and not contrary to B.S.A.C codes of good practice; are not solo/cave/wreck diving, are not diving for hire or reward; are not diving within twenty-four (24) hours of flying or flying within twenty-four (24) hours of diving and are not suffering from any **Medical Condition** likely to impair **Your** fitness to dive.

SECTION 1 – CANCELLATION OF TRIP

We will pay

Up to the amount shown in the **Schedule of Cover & Limits** for **You** proportionate value of unused travel, accommodation arrangements and activities which **You** have paid, or **You** have contracted to pay, and which **You** have had to necessarily and unavoidably cancel before **You** commence **Your Trip** (including ski hire, ski school and lift passes where the appropriate winter sports premium has been paid), due to:

1. **Your** death or disablement by **Accidental Bodily Injury**, illness or **You** testing positive for **Coronavirus (Covid-19)** within 14 days of **Your Trip** departure date, or **You** being admitted to hospital due to testing positive for **Coronavirus (Covid-19)** since **You** purchased **Your** policy;
2. The death, or disablement by **Accidental Bodily Injury** or serious illness of (a) **Your Travelling Companion(s)**, (b) a **Close Relative of Yours** or (c) **Your Travel Companion** or (d) a **Close Business Associate of Yours** (unless this was related to a **Pandemic** and/or **Epidemic**, including but not limited to **Coronavirus (COVID-19)**, which is excluded under General Exclusion 38 on page 30).
The incident giving rise to the claim must have been unexpected and not something **You** were aware of when **You** purchased this insurance. Please see 'Health/Pre-existing Medical Conditions' on page 8 and 'General exclusions' on page 30 for further details.
3. **You** being called for jury service or as a witness in a Court of Law (but not as an expert witness or where **Your** employment would normally require **You** to attend court); or
4. **Your Redundancy** or the **Redundancy of Your Travel Companion**, provided that **We** are informed in writing as soon as possible but in any event within fourteen (14) days following receipt of the notification of **Redundancy** and that **You** were not aware of any impending **Redundancy** at the time **Your Policy** was issued; or
5. **Your Home** being made uninhabitable or **Your** place of business being made unusable, up to fourteen (14) days before the commencement of **Your Trip**, due to fire, lightning, explosion, earthquake, subsidence, storm, **Flood**, falling trees, riot or civil commotion, malicious damage, burst pipes, impact by aircraft, or the police requesting **Your** presence following burglary or attempted burglary at **Your Home** or place of business; or
6. **Your** passport, or the passport of **Your Travel Companion** being stolen during the seven(7) days before **You** booked date of departure; or
7. **You**, a **Close Relative of Yours** or **Your Travel Companion**, are a member of the Armed Forces, Territorial Army, Fire, Nursing or Ambulance Services or employees of a Government Department and have **You/their** authorised leave cancelled or are called up for operational reasons, provided that the cancellation or **Curtailment** could not reasonably have been expected at the time when **You** purchased this insurance or at the time of booking any **Trip**.
8. **You** becoming pregnant after the date **You** purchased this insurance cover (or booked **Your Trip** whichever is later) and **You** will be more than twenty-six (26) weeks pregnant at the start of or during **Your Trip**. Or, if **You** become pregnant after the date **You** purchased this insurance cover and **Your Medical Practitioner** advises that **You** are not fit to travel due to complications in **Your** pregnancy.

PROVIDED THAT:

1. **You** provide (at **Your** own expense) the following in the event of a claim:
 - Proof of travel cost (confirmation invoice, travel tickets, unused excursion, tour or activity tickets).
 - Cancellation invoice or letter confirming whether any refund is due.
 - A medical certificate which **We** will supply from the treating **Medical Practitioner** explaining why it was necessary for **You** to cancel the **Trip**.
 - **Your** unused travel tickets.
 - **You** must provide at **Your** own expense a positive official test result confirming **Your** diagnosis of **Coronavirus (Covid-19)**.
 - An official letter confirming: redundancy, authorised leave being canceled and the need for **You** to remain in the **United Kingdom**.
 - Summons for jury service.

Please note: **We** may require other evidence to support **Your** claim dependent upon the circumstances, in which case **We** will contact **You**.

We will not pay for claims arising directly or indirectly from

1. the **Excess** shown in the **Schedule of Cover & Limits** per **Insured Person**;
2. cancelling **Your Trip** because of a **Medical Condition** or an illness related to a **Medical Condition** which **You** knew about and which could reasonably be expected to lead to a claim unless declared to **Us** and accepted for cover in writing.
3. **You** not obtaining a medical certificate from a **Medical Practitioner**, confirming that cancellation of the **Trip** is medically necessary.
4. normal pregnancy, without any accompanying, injury, illness or complication. This section is designed to provide cover for unforeseen events, injuries and illness and normal childbirth would not constitute an unforeseen event.
5. **You** not complying with the Health and Pre-Existing Medical Conditions on page 8-9.
6. Any claims arising directly or indirectly from **Coronavirus (Covid-19)**:
 - a) if **You** do not have an official positive test result confirming **Your** diagnosis within 14 days of **Your Trip** departure date, or **You** have not been admitted to hospital due to testing positive for **Coronavirus (Covid-19)** since **You** purchased **Your** policy;
 - b) if **You** are advised to quarantine or **You** chose to self isolate due to a person **You** have come into contact with having **Coronavirus (Covid-19)**;
 - c) if a medical professional advises **You** not to travel as **You** have underlying health conditions that place **You** 'at a higher risk' from **Coronavirus (Covid-19)**;
 - d) as a result of Foreign and Commonwealth Office (FCO) advice against all (or all but essential) travel to **Your** intended destination;
 - e) as a result local government restrictions or directives prohibiting or restricting entry (for example, self isolation, quarantine or lockdown measures) to **Your** intended destination or on **Your** return **Home**;
 - f) any costs of **Coronavirus (Covid-19)** testing.
7. any extra charges from the company **You** booked travel or accommodation with because of **Your** failure to notify them as soon as possible that it was necessary to cancel;
8. prohibitive regulations by the Government of any country;
9. **You** being unable to travel due to **Your** failure to obtain the passport, visa or other required documentation that **You** need for the **Trip**.
10. where a theft of a passport has not been reported to the relevant authority,
11. any circumstance that could reasonably be anticipated at the time **You** booked **Your Trip**.
12. **Your** disinclination to travel or continue **Your Trip** or any loss of enjoyment on **Your Trip**.
13. airport taxes and credit or debit card fees included in the cost of **Your** holiday.
14. accommodation costs paid for using any timeshare, holiday property bond or other holiday points scheme.
15. anything mentioned in the General Exclusions.

SECTION 2 - CURTAILMENT

We will pay

Up to the amount shown in the **Schedule of Cover & Limits** for:

1. the value of that portion of **Your** travel and/or accommodation arrangements paid for before **Your Trip** commenced and which are unused as well as ski hire, ski school and lift passes (if the appropriate winter sports premium has been paid) if **You** have to **Curtail Your Trip** and return to **Your Home** earlier than planned due to:
 - a. **Your** death, severe injury or serious illness (including with symptoms of or testing positive for **Coronavirus (Covid-19)**);
 - b. the death, severe injury or serious illness (unless this was related to a **Pandemic** and/or **Epidemic**, including but not limited to **Coronavirus (COVID-19)**, which is excluded under General Exclusion 38 on page 30) of:
 - i. **Your Travelling Companion**;
 - ii. **Your Close Relative** resident in the **United Kingdom**;
 - iii. **Your Close Business Associate** resident in the **United Kingdom**;
 - c. **Your Home** being made uninhabitable or place of business being made unusable due to fire, lightning, explosion, earthquake, subsidence, storm, **Flood**, falling trees, riot or civil commotion, malicious damage, burst pipes, impact by aircraft, the police requesting **Your** presence following burglary or attempted burglary at **Your Home** or place of business;
 - d. **You** being unable to continue **Your** booked **Trip**, due to loss or theft of **Your** passport, or that of **Your Travel Companion**.
The amount paid by **Us** in settlement of the claim will be based on an appropriate pro-rata proportion of the total travel and accommodation costs.
2. additional travelling expenses of a similar class incurred by **You** to return to **Your Home** earlier than planned for a reason stated in Section 1 (Cancellation of Trip).
3. **You**, a **Close Relative** of **Yours** or **Your Travel Companion**, who is a member of the Armed Forces, emergency services or a government employee and being ordered to return to duty (unless this was related to a **Pandemic** and/or **Epidemic**, including but not limited to **Coronavirus (COVID-19)**, which is excluded under General Exclusion 38 on page 30).

PROVIDED THAT:

1. **You** provide (at **Your** own expense) the following in the event of a claim:

- A medical certificate from the treating **Medical Practitioner** explaining why it was necessary for **You** to **Curtail** the **Trip**.
- **Your** unused travel tickets.
- Proof of travel costs (confirmation invoice, flight tickets).
- Invoices and receipts for **Your** expenses.
- **You** must provide at **Your** own expense a positive official test result confirming **Your** diagnosis of **Coronavirus (Covid-19)**.

Please note: **We** may require other evidence to support **Your** claim dependent upon the circumstances, in which case **We** will contact **You**.

We will not pay for claims arising directly or indirectly from

1. the **Excess** shown in the **Schedule of Cover & Limits** per **Insured Person**;
2. if **You** do not obtain a medical certificate from a **Medical Practitioner**, confirming that cancellation of the **Trip** is medically necessary;
3. normal pregnancy, without any accompanying, injury, illness or complication. This section is designed to provide cover for unforeseen events, injuries and illness and normal childbirth would not constitute an unforeseen event.
4. **You** not complying with the Health and Pre-Existing Medical Conditions on page 8-9.
5. Any claims arising directly or indirectly from **Coronavirus (Covid-19)**:
 - a) if **You** do not have an official positive test result confirming **Your** diagnosis (unless agreed by the Medical Emergency Assistance Company);
 - b) if **You** are advised to quarantine or **You** choose to self isolate due to a person **You** have come into contact with having **Coronavirus (Covid-19)**;
 - c) any costs of **Coronavirus (Covid-19)** testing, unless **You** are admitted to hospital as an inpatient as a result of an illness that is covered under Section 3 - Emergency Medical & Repatriation Expenses.
6. Any extra charges from the company **You** booked travel or accommodation with because of **Your** failure to notify them as soon as possible after it was necessary to cancel;
7. prohibitive regulations by the Government of any country;
8. where a theft of a passport has not been reported to the relevant authority,
9. any circumstance that could reasonably be anticipated at the time **You** booked **Your Trip**.
10. **Your** disinclination to travel or continue **Your Trip** or any loss of enjoyment on **Your Trip**.
11. accommodation costs paid for using any timeshare, holiday property bond or other holiday points scheme.
12. anything mentioned in the General Exclusions.

SECTION 3 – EMERGENCY MEDICAL & REPATRIATION EXPENSES

Please note: If You are admitted into hospital as an inpatient for more than twenty-four (24) hours someone must contact the Medical Emergency Assistance Company on Your behalf as soon as reasonably possible.

1. Journeys outside the United Kingdom

We will pay

1. Up to the amount shown in the **Schedule of Cover & Limits** for:
 - a. emergency medical, hospital and treatment expenses (including the cost of emergency dental treatment for the immediate relief of pain only), ambulance charges, reasonable accommodation and/or travelling and/or repatriation expenses to the **United Kingdom** (including such reasonable and necessary additional accommodation and travelling expenses including those of one **Close Relative** or friend required on medical advice to stay or travel with the **Insured Person** or if **You** are a child and require an escort) necessarily and reasonably incurred outside the **United Kingdom** on medical advice as a direct result of the **Insured Person** sustaining **Accidental Bodily Injury** or suffering the onset of illness (including with symptoms of or testing positive for **Coronavirus (Covid-19)**) during the **Period of Insurance**. Accommodation should be of an equivalent standard to that booked as part of **Your Trip**. A maximum amount of £2,000 per **Insured Person** applies if **You** have to extend **Your Trip** because **You** have tested positive for **Coronavirus (Covid-19)**.
 - b. reasonable additional hotel and travel costs incurred in the event of the necessary repatriation of the **Insured Person** to his/her home or place of business within the **United Kingdom** as a result of the sudden and unexpected death, serious injury or serious illness occurring during the **Period of Insurance** of the **Insured Person's Close Relative** or **Close Business Associate**.
2. Charges in the event of death occurring during the **Period of Insurance** of:
 - a. burial or cremation of the **Insured Person** in the locality where death occurs not exceeding £1,500 in total or
 - b. transporting the **Insured Person's** remains or ashes to his/her **Home** in the **United Kingdom** (excluding funeral or interment costs) not exceeding £5,000 in total subject to **Our** prior approval.

PROVIDED THAT:

1. cover under this Section shall apply only in respect of **Trips** outside the **United Kingdom**
2. the amount payable shall not exceed the amounts stated in the **Schedule of Cover & Limits** and shall only be in respect of costs incurred within twelve (12) months of the date of the incident giving rise to the claim.
3. **We** reserve the right to repatriate to the **United Kingdom** when in the opinion of **Our** medical advisers the **Insured Person** is fit to travel. If the claim relates to **Your** return travel to the **United Kingdom** and **You** do not hold a return ticket, **We** will deduct from **Your** claim an amount equal to **Your** original carrier's published one way airfare (based on the same class of travel as that paid by **You** for **Your** outward **Trip**) for the route used for **Your** return.
4. the **Medical Emergency Assistance Company** is notified:
 - a. prior to the **Insured Person** being admitted as an inpatient to any hospital, clinic or nursing home. If this is not possible because of the seriousness of the condition, then **You** must contact the **Medical Emergency Assistance Company** as soon as possible after being admitted.
 - b. if **Your** outpatient treatment is likely to cost more than £500 (or its equivalent in local currency).
 - c. prior to any repatriation arrangements being made
 - d. in the event of the death of the **Insured Person** – prior to burial, cremation or transportation of the **Insured Person's** remains to the **United Kingdom** and has authorised any costs to be incurred.

Please note: In the event of **Your** injury or illness **We** reserve the right to relocate **You** from one hospital to another and/or arrange for **Your** repatriation to the **United Kingdom** at any time during the **Trip**. **We** will do this if in the opinion of the **Medical Practitioner** in attendance or the **Medical Emergency Assistance Company** **You** can be moved safely and/or travel safely to the **United Kingdom** to continue treatment.

Excess

This insurance does not cover the first amount per **Insured Person** as shown in the **Schedule of Cover & Limits** in respect of each separate incident giving rise to a claim hereunder except where medical expenses have been reduced by the use of an EHIC or contribution from the **Insured Person's** private health insurance in which case provided that liability has been accepted by **Us** for such reduced medical expenses the **Excess** will be reduced by the amount of such reduction or contribution up to a maximum reduction of the **Excess** per person as shown in the **Schedule of Cover & Limits**.

2. Journeys within the United Kingdom

We will pay

- Up to the amount shown in the **Schedule of Cover & Limits** for:
- a. accommodation and/or travelling and/or repatriation expenses to the **Insured Person's Home** or to the most suitable hospital or nursing home near to the **Insured Person's Home** within the **United Kingdom** (including reasonable and necessary additional accommodation and travelling expenses of one **Close Relative** or friend required on medical advice to stay or travel with the **Insured Person** or if **You** are a child and require an escort) necessarily and reasonably incurred on medical advice as a direct result of the **Insured Person** sustaining **Accidental Bodily Injury** or suffering the onset of illness, testing positive for **Coronavirus (Covid-19)** during the **Period of Insurance**. Accommodation should be of an equivalent standard to that booked as part of **Your Trip**. A maximum amount of £2,000 per **Insured Person** applies if **You** have to extend **Your Trip** because **You** have tested positive for **Coronavirus (Covid-19)**.
 - b. charges for the cost of transporting the **Insured Person's** remains or ashes to the **Insured Person's Home** in the **United Kingdom** (excluding funeral or interment costs) in the event of death occurring during the **Period of Insurance** up to a total of £1,000.
 - c. additional hotel and travel costs incurred in the event of the necessary repatriation of the **Insured Person** to his/her **Home** or place of business within the **United Kingdom** as a result of the sudden and unexpected death, serious injury or serious illness occurring during the **Period of Insurance** of a **Close Relative** or **Close Business Associate** up to a total of £500.

PROVIDED THAT:

1. cover under this Section shall apply only in respect of **Trips** solely within the **United Kingdom** which involve at least two (2) nights pre-booked accommodation away from **Your Home**.
2. the amount payable shall not exceed the amounts stated in the **Schedule of Cover & Limits** and shall only be in respect of costs incurred within twelve (12) months of the date of the incident giving rise to the claim.
3. the **Medical Emergency Assistance Company** is notified prior to any repatriation or transportation arrangements being made and has authorised any costs to be incurred.

We will not pay for claims arising directly or indirectly from

1. the **Excess** shown in the **Schedule of Cover & Limits** per **Insured Person**;
2. any medical treatment that **You** receive because of a **Medical Condition** or an illness related to a **Medical Condition** which **You** knew about at the time of purchasing this insurance and/or at the time of commencing travel and which could reasonably be expected to lead to a claim unless declared to **Us** and accepted for cover in writing.
3. any sums which can be recovered by **You** and which are covered under any National Insurance Scheme or Reciprocal Health Arrangement;
4. the cost of private dental/private medical expenses when **You** receive treatment in a state run practice or clinic and **You** have the right to state provided emergency treatment;
5. any costs of **Coronavirus (Covid-19)** testing outside the **United Kingdom**, unless **You** are admitted to hospital as an inpatient as a result of an illness that is covered under Section 3 - Emergency Medical & Repatriation Expenses.
6. any costs of **Coronavirus (Covid-19)** testing within the **United Kingdom**.

7. the cost of any medical/dental expenses incurred in private facilities if a medically suitable State facility is available;
8. any cost incurred in Australia which would have been covered by MEDICARE had **You** enrolled, and **You** failed to enroll with MEDICARE.
9. any cost incurred by Worldwide Reciprocal Agreements held by the **United Kingdom** Government.
10. normal pregnancy, without any accompanying, injury, illness or complication. This section is designed to provide cover for unforeseen events, injuries and illness and normal childbirth would not constitute an unforeseen event.
11. **You** not complying with the Health and Pre-Existing Medical Conditions on page 8-9.
12. any expenses incurred for illness, injury or treatment required in consequence of:
 - a. surgery or medical treatment which in the opinion of either the attending **Medical Practitioner**, or the **Medical Emergency Assistance Company's** Doctor, or both, can be reasonably delayed until **You** return to **Your Home** country if this is **Your** usual country of residence;
 - b. medication and/or treatment which at the time of departure is known to be required or to be continued outside **Your Home** country if this is **Your** usual country of residence;
13. preventative treatment which can be delayed until **You** return to **Your Home** country if this is **Your** usual country of residence;
14. **You** not having obtained a written certificate of fitness and ability to travel and endure the **Trip** where **You** are undergoing medical treatment as a hospital outpatient at the time of paying the final balance of **Your Trip**;
15. claims that are not confirmed as medically necessary by the attending **Medical Practitioner** or the **Medical Emergency Assistance Company**;
16. the cost of any elective (non-emergency) treatment or surgery, including exploratory tests, which are not directly related to the illness or injury which necessitated **Your** admittance into hospital;
17. any additional hospital costs arising from single or private room accommodation unless medically necessary;
18. any costs for the following:
 - telephone calls (other than the first call to the **Medical Emergency Assistance Company** to notify them of the medical problem);
 - taxi fares (unless a taxi is being used in place of an ambulance to take **You** to or from a hospital); or
 - food and drink expenses (unless these form part of **Your** hospital costs if **You** are kept as an inpatient).
19. any costs **You** have to pay when **You** have refused to come back to the **United Kingdom** and the **Medical Emergency Assistance Company** considered **You** were fit to return **Home**.
20. any treatment or medication of any kind that **You** receive after **You** return to the **United Kingdom**.
21. if **You** become injured or die as a result of a Winter Sports activity and **You** have not purchased the additional Winter Sports cover.
22. expenses incurred as a result of a tropical disease where **You** have not had the recommended inoculations and/or taken the recommended medication;
23. costs that arise over twelve (12) months after a claim was first notified;
24. search and rescue costs (costs charged to **You** by a government, regulated authority or private organisation connected with finding and rescuing **You**. This does not include medical evacuation costs by the most appropriate transport).
25. damage to dentures.
26. anything mentioned in the General Exclusions.

SECTION 4 – UK HOSPITAL TRANSFER AND ADDITIONAL EXPENSES

1. Hospital Transfer

Expenses We will pay

Up to the amount shown in the **Schedule of Cover & Limits** if during the **Period of Insurance** the **Insured Person** sustains **Accidental Bodily Injury** or suffers the onset of illness (unless this was related to a **Pandemic** and/or **Epidemic**, including but not limited to **Coronavirus (COVID-19)**, which is excluded under General Exclusion 38 on page 30) which during the **Period of Insurance** results in him/her being:

1. repatriated to the **United Kingdom** by the **Medical Emergency Assistance Company** and admitted as an inpatient; or
2. directly admitted as an inpatient at a hospital or nursing home within the **United Kingdom** but more than thirty-five (35) miles from his/her **Home** within the **United Kingdom**, **We** will at the request of the **Insured Person** pay up to the amount shown in the **Schedule of Cover & Limits** in total in respect of:
 - a. costs necessarily incurred on behalf of the **Medical Emergency Assistance Company** in transferring the **Insured Person** to the most suitable hospital or nursing home nearest to his/her **Home** within the **United Kingdom**. Such costs to include the cost of medical, surgical or remedial treatment given or prescribed by a qualified **Medical Practitioner** and hospital and nursing home treatment and ambulance charges necessary to enable such transfer to be undertaken but without which such transfer could not be undertaken.

PROVIDED THAT:

1. such transfer is made with the consent of the qualified **Medical Practitioner** attending the **Insured Person**.
2. in the professional opinion of the qualified **Medical Practitioner** attending the **Insured Person** and/or **Our** medical advisers the **Insured Person** will remain continuously hospitalised for at least seventy-two (72) hours following completion of such transfer.
3. prior to the commencement of such transfer an available bed has been arranged and confirmed at the hospital to which the **Insured Person** is to be transferred.

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

1. the **Excess** shown in the **Schedule of Cover & Limits** per **Insured Person**;
2. any medical, surgical or remedial treatment or any other costs:
 - a. incurred following completion of such transfer
 - b. which would have been incurred had such a transfer not been undertaken
3. transferring the **Insured Person** more than once in respect of any one occurrence of bodily injury or illness
4. all costs reasonably and necessarily incurred by the **Medical Emergency Assistance Company** in returning:
 - a. the **Insured Person's Personal Possessions**
 - b. if applicable – the private motor vehicle driven by the **Insured Person** on the **Trip** during which such **Accidental Bodily Injury** or illness occurred to the **Insured Person's Home** or place of business within the **United Kingdom** (whichever is reached first).

2. Return Home

Costs We will pay

If during the **Period of Insurance**, the **Insured Person** sustains **Accidental Bodily Injury** or suffers the onset of illness which in the opinion of the qualified **Medical Practitioner** attending the **Insured Person** directly results in the **Insured Person** being physically unable to return for more than seventy-two (72) hours after his/her scheduled date and time of return to his/her **Home** or place of business within the **United Kingdom** by the same means of transport by which he/she undertook the **Trip** during which such **Accidental Bodily Injury** or illness occurred **We** will at the request of the **Insured Person** pay up to the amount shown in the **Schedule of Cover & Limits** in respect of all costs reasonably and necessarily incurred:

- a. with the authority of the **Medical Emergency Assistance Company** in respect of the **Insured Person's** additional travel, subsistence and accommodation expenses incurred from the time of the occurrence of such **Accidental Bodily Injury** or onset of illness until the time of return to such **Home** or place of business within the **United Kingdom** (whichever is reached first).
- b. by the **Medical Emergency Assistance Company** to return:
 - i. the **Insured Person**

- ii. the **Insured Person's Personal Possessions**
- iii. if applicable – the private motor vehicle driven by the **Insured Person** on the **Trip** during which such **Accidental Bodily Injury** or illness occurred to such **Home** or place of business within the **United Kingdom** (whichever is reached first).

3. **Additional Expenses – Accompanying Travelers and Visiting Family**

We will pay

If during the **Period of Insurance** the **Insured Person** sustains **Accidental Bodily Injury** or suffers the onset of illness which results in a valid claim under sub-section 1 or 2 of this Section:

- a. £500 in total in respect of the additional travel, subsistence and accommodation expenses reasonably and necessarily incurred by any person or persons with whom the **Insured Person** was travelling on the **Trip** when such bodily injury or illness occurred provided that it would not have been necessary to incur such additional costs and expenses had such bodily injury or illness not occurred.
- b. £500 in total in respect of the additional travel, subsistence and accommodation expenses reasonably and necessarily incurred by the **Insured Person's** parent(s) or legal guardian(s), partner or spouse or the children of either of them for the purposes of visiting the **Insured Person** whilst he/she remains in a hospital or nursing home within the **United Kingdom** as a direct result of such bodily injury or illness.

PROVIDED THAT:

1. As soon as is practicable after the occurrence of any **Accidental Bodily Injury** or onset of illness which may be the subject of a claim under this Section the **Insured Person** shall place himself/herself under the care of a qualified **Medical Practitioner** whose advice he/she must follow.
2. All such additional travel, subsistence and accommodation expenses must be authorised by the **Medical Emergency Assistance Company** prior to being incurred.

We will not pay for claims arising directly or indirectly from

1. the **Excess** shown in the **Schedule of Cover & Limits** per **Insured Person**;
2. any medical treatment that **You** receive because of a **Medical Condition** or an illness related to a **Medical Condition** which **You** knew about at the time of purchasing this insurance and/or at the time of commencing travel and which could reasonably be expected to lead to a claim unless declared to **Us** and accepted for cover in writing.
3. **You** not complying with the Health and Pre-Existing Medical Conditions on page 8-9.
4. repatriation, transportation and additional travel, subsistence and accommodation costs and expenses not authorised by the **Medical Emergency Assistance Company**.
5. costs that arise over twelve (12) months after a claim was first notified.
6. all costs recoverable under Section 3 (Emergency Medical and Repatriation Expenses).
7. anything mentioned in the General Exclusions.

SECTION 5 - HOSPITAL BENEFIT

Please note: This Section does not apply to **Trips** taken within the **United Kingdom**.

We will pay

up to the amount shown in **Schedule of Cover & Limits** if, as a result of an accident or illness that is covered under Section 3 (Emergency Medical and Repatriation Expenses) of this insurance, **You** go into hospital as an inpatient. **We** will pay a benefit for each complete twenty-four (24)-hour period that **You** are kept as an inpatient.

Please note: This benefit is only payable for the time that **You** are kept as an inpatient abroad and ceases if **You** go into hospital upon **Your** return to the **United Kingdom**. This amount is meant to help **You** pay any extra expenses such as taxi fares and phone calls.

We will not pay for claims arising directly or indirectly from

1. any medical treatment that **You** receive because of a **Medical Condition** or an illness related to a **Medical Condition** which **You** knew about at the time of purchasing this insurance and/or at the time of commencing travel and which could reasonably be expected to lead to a claim unless declared to **Us** and accepted for cover in writing.
2. **You** not complying with the Health and Pre-Existing Medical Conditions on page 8-9.
3. anything mentioned in the General Exclusions.

SECTION 6 - PERSONAL EFFECTS & BAGGAGE*

* Unless **You** have opted to remove this Section of cover as shown on **Your Policy Schedule**.

We will pay

1. **Personal Baggage**

Up to the amount shown in the **Schedule of Cover & Limits** for the value of repair or replacement of **Your** own **Personal Possessions** (not hired, loaned or entrusted to **You**) which is lost, stolen, damaged or destroyed (after making proper allowance for wear and tear and depreciation). The maximum **We** will pay for all **Valuables** in total is limited to the amount shown in the **Schedule of Cover & Limits**, for any single article, **Pair or Set of Articles** limited to the amount shown in the **Schedule of Cover & Limits**.

NOTE

In the event of a claim for a **Pair or Set of Articles** **We** shall be liable only for the value of that part of the **Pair or Set of Articles** which is lost, stolen, damaged or destroyed. **You** should retain the all items in case **We** wish to see them, **You** will need to obtain an estimate for repairs or a letter confirming that the damage is irreparable.

2. **Delayed Baggage**

Up to the amount shown in the **Schedule of Cover & Limits** for the cost of buying replacement necessities if **Your** own **Personal Possessions** are delayed in reaching **You** on **Your Outward Journey** for at least twelve (12) hours and **You** have a written report from the carrier (i.e. airline, shipping company etc.) or tour representative. Receipts will be necessary in the event of a claim.

Important information:

You must act in a reasonable way to look after **Your** property as if uninsured and not leave it **Unattended** or unsecured in a public place;

PLEASE NOTE: Any amount **We** pay **You** under 2. Delayed Baggage will be deducted from **Your** claim if **Your Personal Possessions** prove to be permanently lost.

We will not pay for claims arising directly or indirectly from

1. the **Excess** shown in the **Schedule of Cover & Limits** of each and every incident per each **Insured Person** involved in the incident (not applicable to Delayed Baggage claims);
2. if **You** do not exercise reasonable care for the safety and supervision of **Your** property;
3. loss, destruction, damage or theft of any items left **Unattended** in a public place, or a place to which members of the general public have access.
4. if **Your Personal Possessions** are lost, damaged or delayed in transit, and **You** do not notify the carrier (i.e. airline, shipping company, etc.) and obtain a written carrier's report (or Property Irregularity Report in the case of an airline). In any instance, damage must be notified within fourteen (14) days of the date of occurrence.
5. loss, destruction, damage or theft:
 - a. not reported to the police within forty-eight (48) hours of discovery and **You** do not obtain a written police report.
 - b. from confiscation or detention by customs or other officials or authorities;
 - c. of contact lenses, dentures, hearing aids, samples or merchandise, bonds, coupons, securities, stamps or documents of any kind, vehicles or vehicle accessories (other than non motorized wheelchairs and pushchairs only), tents, antiques, musical instruments, pictures, typewriters, sports gear whilst in use (other than **Ski Equipment** or **Golf Equipment** for **Trips** where the appropriate premium has been paid), pedal cycles, dinghies, boats and/or ancillary equipment, glass or china, alcohol, cigarettes or any other tobacco products including electrical tobacco products.
 - d. due to wear and tear, denting or scratching, moth or vermin;
 - e. of **Valuables** left as checked-in baggage.
6. mechanical breakdown, derangement or for breakage of fragile or brittle articles being transported by a carrier, unless the breakage is due to fire or other accident to the vessel, aircraft or vehicle they are being carried in.
7. **Valuables** stolen from an **Unattended** vehicle.
8. **Personal Possessions** stolen from an **Unattended** vehicle, unless it was in the locked glove compartment, or rear boot or luggage area of the vehicle and it is covered so as not to be visible from outside the vehicle, and unless there is evidence of forcible and violent entry.
9. loss or theft or damage to **Personal Money** (please refer to section 8 – Personal Money and Cash).
10. loss or theft or damage to **Business Equipment** (please refer to section 25 – Business Equipment).
11. any shortages due to error, omission or depreciation in value.
12. any property more specifically insured or recoverable under any other source.
13. the cost of replacement locks.
14. **We** will only pay up to £50 any single article or for any one **Pair or Set of Articles**, if **You** cannot provide an original receipt or other satisfactory proof of ownership and value to support the claim. Evidence of replacement value is insufficient.
15. claims where **You** are unable to provide receipts or other reasonable proof of ownership wherever possible for the items being claimed.
16. breakage of fragile objects or breakage of sports equipment while being used.
17. damage due to scratching or denting unless the item has become unusable as a result of this.
18. if **Your Personal Possessions** are delayed or detained by Customs, the police or other officials.
19. loss of jewellery (other than wedding rings) while swimming or taking part in sports and activities.
20. losses caused by mechanical or electrical breakdown or damage caused by leaking powder or fluid carried within **Your** baggage.
21. anything mentioned in the General Exclusions.

SECTION 7 - MOBILITY AIDS

We will pay

Up to the amount shown in the **Schedule of Cover & Limits**, if **Your Mobility Aid** is lost, stolen or damaged during **Your Trip**, for the reasonable cost of repair (or if it is beyond economical repair), the reasonable cost of replacement, after making proper allowance for fair wear and tear. In addition, **We** will pay the cost of temporary hire during **Your Trip**.

We will not pay for claims arising directly or indirectly from

1. the **Excess** shown in the **Schedule of Cover & Limits** per **Insured Person**.
2. damage due to normal wear and tear.
3. any item more specifically insured or losses recoverable under any other source.
4. **Mobility Aids** not owned by **You**.
5. If **You** do not exercise reasonable care for the safety and supervision of **Your** property.
6. anything mentioned in We will not pay for Section 6 (Personal Effects and Baggage) and the General exclusions.

SECTION 8 – PERSONAL MONEY AND CASH

We will pay

Up to the amount shown in the **Schedule of Cover & Limits** if **Your Personal Money** is lost or stolen whilst being carried on **Your** person or left in a locked safety deposit box (or equivalent facility).

PLEASE NOTE:

You must notify the local police within twenty-four (24) hours of discovery and obtain a police report. Failure to do so may invalidate **Your** claim.

We will not pay for claims arising directly or indirectly from

1. the **Excess** shown in the **Schedule of Cover & Limits** of each and every incident per each **Insured Person** involved in the incident.
2. if **You** do not exercise reasonable care for the safety and supervision of **Your** property.
3. **Personal Money** which **You** do not carry with **You** unless it is being held in a locked safety deposit facility.
4. loss due to variations in exchange rates.
5. loss, destruction, damage or theft of any items left **Unattended** in a public place, or a place to which members of the general public have access.
6. **Personal Money** stolen from an **Unattended** vehicle, unless it was in the locked glove compartment, or rear boot or luggage area of the vehicle and it is covered so as not to be visible from outside the vehicle, and unless there is evidence of forcible and violent entry.
7. any shortages due to error, omission or depreciation in value.
8. anything mentioned in the General Exclusions.

SECTION 9 - LOSS OF PASSPORT

We will pay:

Up to the amount shown in the **Schedule of Cover & Limits** for;

1. the costs of obtaining a replacement passport (or travel document) to enable **You** to return to the **United Kingdom** following the accidental loss or theft of **Your** Passport whilst outside the **United Kingdom**;
2. the irrecoverable costs of travel tickets, green card, petrol coupons, driving licence or phone cards following accidental loss or theft.

We will not pay for claims arising directly or indirectly from

1. the **Excess** shown in the **Schedule of Cover & Limits** per **Insured Person**.
2. loss due to delay, detention, confiscation, requisition or damage by Customs or other Officials or Authorities.
3. loss or theft unless
 - a. **You** have reported the loss or theft to the nearest Police authority within twenty-four (24) hours of discovery and
 - b. **You** have obtained a written Police report.
4. loss of or theft from an **Unattended** vehicle at anytime.
5. Passports and or travel documents which **You** do not carry with **You** unless they are being held in a locked safety deposit facility.
6. anything mentioned in the General Exclusions.

SECTION 10 - TRAVEL DELAY

This Section does not apply to **Trips** within the **United Kingdom** (except for **Trips** between the **United Kingdom** the Channel Islands and the Isle of Man).

We will pay

1. Up to the sum insured shown in the **Schedule of Cover & Limits** if the departure of the **Public Transport** on which **You** are booked to travel is delayed by at least twelve (12) hours;
2. Up to £100 per night (maximum two (2) nights) for room only accommodation after the first full twelve (12) hour delay; or
3. Up to the amount under Section 1 (Cancellation of Trip) as shown in the **Schedule of Cover & Limits** (after deduction of the **Excess** per **Insured Person**) if **You** abandon the **Trip** (on the **Outward Journey** only) after the first full twelve (12) hours due to the delay of **Your** outward or return flight, sea crossing, coach or train departure to or from the **United Kingdom** for more than twelve (12) hours beyond the booked departure time as a result of:
 - a. **Strike or Industrial Action** provided that when **Your Policy** was taken out, there was no reasonable expectation that the **Trip** would be affected by such cause.
 - b. adverse weather conditions.
 - c. mechanical breakdown or technical fault of the aircraft, coach, train or sea vessel.

We will not pay for claims arising directly or indirectly from

1. the **Excess** shown in the **Schedule of Cover & Limits** per **Insured Person**.
2. **You** not checking-in for the flight, sea crossing, coach or train departure before the intended departure time.
3. **You** not obtaining written confirmation from the airline, shipping, coach or train company stating the duration and the cause of the delay.
4. any claims arising from withdrawal from service temporarily or otherwise of the aircraft, coach, train or sea vessel on the orders or recommendation of the Civil Aviation Authority or a Port Authority or similar body in any Country.
5. anything mentioned in the General Exclusions.

PLEASE NOTE:

This Section applies to delays only at the final point of international departure from and to the **United Kingdom**.

It is hereby understood and agreed that cover is extended to residents of the Isle of Man and Channel Islands travelling to mainland **United Kingdom** with pre-booked travel arrangements only.

SECTION 11 - MISSED DEPARTURE

This Section does not apply to **Trips** within the **United Kingdom** (except for **Trips** between the **United Kingdom** the Channel Islands and the Isle of Man).

We will pay

Up to the amount shown in the **Schedule of Cover & Limits** for necessary and reasonable travel and accommodation expenses required to reach **Your** booked destination, if:

1. the vehicle **You** are travelling in to reach **Your** international departure point breaks down or is involved in an accident; or
2. the **Public Transport** **You** are using to reach **Your** international departure point is delayed, resulting in **You** arriving too late to commence **Your** booked **Trip**.

Accommodation and travel should be of an equivalent standard or class to that booked as part of **Your Trip**.

We will not pay for claims arising directly or indirectly from

1. **You** not allowing sufficient time for **Your** journey to the airport or port or other international departure point to catch the conveyance in which **You** are travelling.
2. **Public Transport** provider failure unless **You** get a letter from the provider confirming that the service did not run on time.
3. the accident or breakdown of **Your** vehicle unless **You** get confirmation of the delay from the authority who went to the accident or breakdown affecting the vehicle **You** were travelling in.
4. any delay caused by a riot, civil commotion, **Strike or Industrial Action** which began or was announced before the start date of **Your Policy** and the date **Your** travel tickets or confirmation of booking were issued.
5. anything mentioned in the General Exclusions.

Special conditions which apply to this Section:

Under this **Policy** **You** must:

1. In the event of a claim arising from any delay arising from traffic congestion obtain written confirmation from the Police or emergency breakdown services of the location, stating the reason for and duration of the delay.
2. Allow sufficient time for the scheduled **Public Transport** or other transport to arrive on schedule and to deliver **You** to the departure point.

SECTION 12 – CONNECTING FLIGHTS

We will pay

Up to the amount shown in the **Schedule of Cover & Limits** for **Your** reasonable additional travel and accommodation costs (room only) **You** have to pay:

- a. to reach **Your** overseas destination
- b. where **You** are on a multi-centre holiday to reach **Your** next destination as shown on **Your** travel itinerary; or
- c. on **Your** return journey home within the **United Kingdom**

that **You** cannot claim back from any other source if **You** fail to arrive at the departure point in time to board any onward connecting flight or **Public Transport** (whether overseas or in the **United Kingdom**) on which **You** are booked to travel as a result of:

1. the failure of other flight or **Public Transport**; or
2. **Strike or Industrial Action** or adverse weather conditions; or
3. **You** being involuntarily denied boarding (because there are too many passengers for the seats available) and no other suitable alternative flight could be provided within twelve (12) hours.

We will not pay for claims arising directly or indirectly from

1. the **Excess** shown in the **Schedule of Cover & Limits** per **Insured Person**.
2. any costs incurred by **You** which are recoverable from the transport operator or for which **You** receive or are expected to receive compensation, damages, refund of tickets, meals, refreshments, accommodation, transfers, communication facilities or other assistance.
3. any accommodation costs, charges and expenses where the transport operator has offered reasonable alternative travel arrangements.
4. any costs which **You** would have expected to pay during **Your Trip**.
5. any claims arising directly or indirectly from circumstances known to **You** prior to the date the insurance is purchased by **You** or at the time of booking the **Trip** (whichever is the later) which could reasonably have been expected to give rise to cancellation or **Curtailement** of the **Trip**.
6. claims arising directly or indirectly from a riot, civil commotion, **Strike or Industrial Action** which began or was announced before the start date of **Your Policy** and the date **Your** travel tickets or confirmation of booking were issued.
7. scheduled flights not booked in the **United Kingdom**.
8. costs which **You** can recover from elsewhere. For example, payments recoverable from **Your** credit or debit card issuer.
9. any claim arising directly or indirectly from denied boarding due to **Your** drug use, alcohol or solvent abuse or **Your** inability to provide a valid passport or other documentation required by the transport operator or their handling agent.
10. any claims arising from withdrawal from service temporarily or otherwise of the aircraft, coach, train or sea vessel on the orders or recommendation of the Civil Aviation Authority or a Port Authority or similar body in any Country.
11. anything mentioned in the general exclusions.

Special conditions which apply to this Section:

Under this **Policy** **You** must:

1. in the event of a claim arising from any delay arising from traffic congestion obtain written confirmation from the Police or emergency breakdown services of the location, stating the reason for and duration of the delay.
2. allow sufficient time for the flight or scheduled **Public Transport** or other transport to arrive on schedule and to deliver **You** to the departure point.

SECTION 13 - PERSONAL ACCIDENT

We will pay

Up to the amount shown in the **Schedule of Cover & Limits** for the following benefits, to **You** or **Your** legal personal representative, if **You** suffer an accident during **Your Trip** which, within twelve (12) months after the date of that accident, is the sole cause of **You**:

1. Death
2. **Loss of Limb**, total and permanent **Loss of Sight** in one or both eyes
3. **Permanent Total Disablement**

For persons aged under eighteen (18) years or over seventy-five (75) years at the time of the incident, the death benefit will be limited to funeral expenses up to £5,000 and there will be no cover for **Permanent Total Disablement**)

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

1. **Your** sickness or disease.
2. **Your** physical or mental condition that is gradually deteriorating.
3. an injury which existed prior to the commencement of the **Trip**.
4. Pregnancy (See General Exclusions).
5. any claims under this Section not notified to **Us** within twelve (12) months of the date of the accident.
6. anything mentioned in the General Exclusions.

SECTION 14 - PERSONAL LIABILITY

We will pay

Up to the amount shown in the **Schedule of Cover & Limits**, for **Your** legal expenses and legal liability for damages due to an accident that happened during **Your Trip** for:

1. **Accidental Bodily Injury** to a third party who is not a member of **Your Family**, household or employed by **You**;
2. loss of or damage to property belonging to a third party which does not belong to and is not in the charge or control of **You**, or any member of **Your Family**, household or employee;
3. damage to **Your** temporary holiday accommodation (subject to the **Excess** shown in the **Schedule of Cover & Limits** for property damage) that does not belong to **You**, or any member of **Your Family**, household or employee.

We will not pay for claims arising directly or indirectly from

1. the **Excess** shown in the **Schedule of Cover & Limits** per **Insured Person**.
2. legal expenses or damages resulting from an injury to **Your** employee, or a member of **Your Family** or household or damage to the property of **Your** employee, or a member of **Your Family** or household.
3. fines imposed by a Court of Law or other relevant bodies.
4. anything caused directly or indirectly by:
 - a. liability which **You** are responsible for, because of an agreement **You** have entered into which would not apply in the absence of that agreement.
 - b. injury, loss or damage arising from:
 - i. ownership or use of aircraft, horse-drawn or mechanical/motorised vehicles, bicycles, vessels (other than rowing boats, punts or canoes), animals (other than horses, domestic dogs or cats), or firearms;

- ii. the occupation (except temporarily for the purpose of the **Trip**) or ownership of any land or buildings;
 - iii. the carrying out of any trade or profession; manual work or hazardous occupation.
 - iv. racing of any kind;
 - v. any deliberate act;
- c. liability covered under any other insurance policy.
5. any claim resulting from venereal disease, sexually transmitted diseases, infection with the Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) howsoever this syndrome has been acquired or may be named.
6. anything mentioned in the General Exclusions.

PLEASE NOTE:

This Section does not cover any claim resulting from the ownership or use of motorised vehicles - **You** need to take out separate motor insurance cover if **You** intend to drive a car or other vehicle during **Your Trip**.

SECTION 15 - LEGAL EXPENSES

We will pay

Up to the amount shown in the **Schedule of Cover & Limits**, (but not more than £50,000 in total for all **Insured Persons**) for **Your** legal costs and expenses incurred to claim for compensation or damages for negligence against a third party if **You** are injured or **You** die during the period of **Your Trip**.

We will not pay for claims arising directly or indirectly from

1. the **Excess** shown in the **Schedule of Cover & Limits** per **Insured Person**.
2. costs or expenses that **We** have not agreed to.
3. any claim not reported to **Us** within one hundred and eighty (180) days after the event giving rise to the claim.
4. any claim against a travel agent, tour operator or carrier, JustTravelcover.com or **Us**.
5. actions between members of the same family or household, or actions to enforce a judgment or legally binding decision.
6. any claim where **We** consider that **Your** prospects of success in achieving a reasonable benefit are insufficient or where the cost of the action could be more than the settlement.
7. anything mentioned in the General Exclusions.

SECTION 16 - CATASTROPHE

We will pay

Up to the amount shown in the **Schedule of Cover & Limits** for each complete twenty-four (24) hour period in respect of reasonable additional and otherwise irrecoverable accommodation expenses incurred by **You** as a result of being forced to move from the accommodation booked in advance for **Your Trip** following an emergency or a government, provincial government, municipal or local declaration declaration (unless this was related to a **Pandemic** and/or **Epidemic**, including but not limited to **Coronavirus (COVID-19)**, as this is excluded under General Exclusion 38 on page 30) of such emergency occurring during the **Period of Insurance**. Accommodation should be of an equivalent standard to that booked as part of **Your Trip**.

We will not pay for claims arising directly or indirectly from

1. any claim arising from an emergency which was existing or in the public domain by the date **You** purchased this insurance or at the time of booking any **Trip**, whichever is the later.
2. any costs, expenses or compensation payable by or recoverable elsewhere, including but not limited to a carrier, travel agent, tour operator, tour organiser, airline, hotel, credit card company or other service provider.
3. where no contractual liability exists or where no financial loss has been sustained.
4. **Your** own decision not to stay in **Your** pre-booked accommodation when official directives from local or national authorities state that it is safe and acceptable to do so, unless the Foreign & Commonwealth Office (FCO) deem otherwise.
5. costs incurred if acting against the Travel Advice Unit of the Foreign & Commonwealth Office (FCO) or the World Health Organisation (WHO) or regulatory authority in a country to/from which **You** are travelling.
6. cost where you do not have an official report confirming the cause of the event which rendered **Your** accommodation uninhabitable and how long it lasted
7. anything mentioned in the General Exclusions.

SECTION 17 - MUGGING BENEFIT

We will pay

Up to the amount shown in the **Schedule of Cover & Limits** for each complete twenty-four (24) hour period and in total if **You** are hospitalised during **Your Trip** because of bodily injuries sustained during a mugging or similar violent and unprovoked attack.

We will not pay for claims arising directly or indirectly from

1. any incident where **You** cannot provide a report from the local police.
2. failure to notify the **Medical Emergency Assistance Company** as soon as possible after **Your** admission to hospital.
3. if **You** do not provide medical evidence from a qualified **Medical Practitioner** to confirm the injuries and treatment given.
4. anything mentioned in the General Exclusions.

SECTION 18 - HIJACK

We will pay

Up to the amount shown in the **Schedule of Cover & Limits** for each complete twenty-four (24) hour period and in total if **You** are prevented from reaching **Your** scheduled destination as a result of the aircraft or sea vessel in which **You** are travelling being hijacked.

We will not pay for claims arising directly or indirectly from

1. the payment of ransom;
2. hijack that has not been reported to or investigated by the police or local authority and a written report has not been provided to **Us** confirming that **You** were involved along with the duration of the hijack which **You** were unlawfully detained.
3. anything mentioned in the General Exclusions.

SECTION 19 – UNINHABITABLE ACCOMMODATION

We will pay

Up to the amount shown in the **Schedule of Cover & Limits** for additional accommodation and transport costs incurred if **You** need to move to substitute accommodation on arrival or at any other time during the **Trip** because **You** cannot use **Your** booked accommodation as a result of the following events:

1. insolvency of the providers of **Your** accommodation.
2. fire, **Flood**, storm, explosion, landslide, avalanche, hurricane, earthquake, tsunami or volcanic eruption making **Your** accommodation uninhabitable.
3. an outbreak of food poisoning or an infectious disease.

We will not pay for claims arising directly or indirectly from

1. the **Excess** shown in the **Schedule of Cover & Limits** per **Insured Person**.
2. any costs or charges also covered under any other section of this **Policy**.
3. any claim if **Your Trip** is booked as part of a package holiday.
4. any claim for additional transport and accommodation costs, which are of a higher standard than that of **Your** originally pre-booked transport and accommodation.
5. any costs incurred by **You** which are recoverable from elsewhere including those from the transport operator, the accommodation provider or **Your** credit or debit card issuer or those for which **You** receive compensation, damages, refund of tickets, meals, refreshments, accommodation, transfers, communication facilities or other assistance.
6. where no contractual liability exists or where no financial loss has been sustained.
7. **Your** own decision not to stay in **Your** pre-booked accommodation when official directives from local or national authorities state that it is safe and acceptable to do so, unless the Foreign & Commonwealth Office (FCO) deem otherwise.
8. any costs which **You** would have expected to pay during **Your Trip**.
9. anything mentioned in the General Exclusions.

Special conditions which apply to this Section:

You must obtain written confirmation from the company providing the service, or the local police that **You** could not use **Your** accommodation and the reason for this.

SECTION 20 – TERRORISM EXTENSION

If, during **Your Period of Insurance**, **You** are a victim of an act of **Terrorism**, the cover provided by this **Policy** extends to include injury, loss or damage to an **Insured Person** during **Your Trip**. This Section provides additional cover and is only operative if Gold cover purchased.

20.1 Cancellation & Rearrangement of Trip We will pay

Up to the amount shown in the **Schedule of Cover & Limits** if after **You** purchase **Your Policy** and within seven (7) days before **Your Trip** the United Kingdom Foreign and Commonwealth Office (FCO) advise against all but essential travel or, against all travel.

- a. the reasonable addition expenses **You** incur in changing **Your** scheduled accommodation or transport so that **You** do not need to travel to or through that country; or
- b. if **You** cannot reasonably travel to an alternative destination and need to cancel before you commence **Your Trip**, the value of **Your** proportionate value of unused travel, accommodation arrangements and activities which **You** have paid, or **You** have contracted to pay (including ski hire, ski school and lift passes where the appropriate winter sports premium has been paid) and cannot recover in any other way.

We will not pay for claims arising directly or indirectly from

1. the **Excess** shown in the **Schedule of Cover & Limits** per **Insured Person**.
2. any charges in respect of **Your Trip** for which there is no contractual liability or which are recoverable elsewhere.
3. anything mentioned in the General Exclusions.

20.2 Curtailment

We will pay

Up to the amount shown in the **Schedule of Cover & Limits** for the value of that portion of **Your** travel and/or accommodation arrangements paid for before **Your Trip** commenced and which are unused if **You** have to **Curtail Your Trip** and return to **Your Home** earlier than planned due to an act of **Terrorism**.

We will not pay for claims arising directly or indirectly from

1. the **Excess** shown in the **Schedule of Cover & Limits** per **Insured Person**.
2. **Your** booked accommodation is located at a distance greater than five (5) Kilometres from where the act of **Terrorism** takes place.
3. any circumstance that could reasonably be anticipated at the time **You** booked **Your Trip**.
4. **Your** disinclination to travel or continue **Your Trip** or any loss of enjoyment on **Your Trip**.
5. anything mentioned in the General Exclusions.

20.3 Travel Delay

This Section does not apply to **Trips** within the **United Kingdom** (except for **Trips** between the **United Kingdom** the Channel Islands and the Isle of Man).

We will pay either

- a. the sum insured shown in the **Schedule of Cover & Limits** if the departure of the **Public Transport** on which **You** are booked to travel is delayed by at least twelve (12) hours due to an act of **Terrorism**; or
- b. up to the amount under Section 20.1 (Cancellation & Rearrangement of Trip) as shown in the **Schedule of Cover & Limits** (after deduction of the **Excess** per **Insured Person**) if **You** abandon the **Trip** (on the **Outward Journey** only) after the first full forty-eight (48) hours due to the delay of **Your** outward or return flight, sea crossing, coach or train departure to or from the **United Kingdom** for more than forty-eight (48) hours beyond the booked departure time as a result of an act of **Terrorism**.

We will not pay for claims arising directly or indirectly from

1. the **Excess** shown in the **Schedule of Cover & Limits** per **Insured Person**.
2. **You** not checking-in for the flight, sea crossing, coach or train departure before the intended departure time.
3. **You** not obtaining written confirmation from the airline, shipping, coach or train company stating the duration and the cause of the delay.
4. withdrawal from service temporarily or otherwise of the aircraft, coach, train or sea vessel on the orders or recommendation of the Civil Aviation Authority or a Port Authority or similar body in any Country.
5. anything mentioned in the General Exclusions.

PLEASE NOTE:

This Section applies to delays only at the final point of international departure from and to the **United Kingdom**.

It is hereby understood and agreed that cover is extended to residents of the Isle of Man and Channel Islands travelling to mainland **United Kingdom** with pre-booked travel arrangements only.

SECTION 21 – BUMP COVER FOR STANDBY FLIGHT TICKET HOLDERS

We will pay

Up to the amount shown in the **Schedule of Cover & Limits** for any irrecoverable accommodation costs, pre-booked excursion cost and other pre-paid charges which **You** have paid or are contracted to pay if an **Insured Person** who is travelling on a **Standby Flight Ticket** is denied boarding at the time of the flight closure due to no seats being available and all alternative flights are fully booked (unless this was related to a **Pandemic** and/or **Epidemic**, including but not limited to **Coronavirus (COVID-19)**, which is excluded under General Exclusion 38 on page 30).

We will not pay for claims arising directly or indirectly from

1. the **Excess** as shown on the **Schedule of Cover & Limits** for each and every claim.
2. any unused accommodation costs, pre-booked excursion costs and other per-paid charges which **You** have paid or are contracted to pay for claims related to tickets paid for that are not specifically **Standby Flight Tickets**.
3. any flight ticket costs.
4. anything mentioned under the General Exclusions.

SECTION 22 – WINTER SPORTS

This Section only applies if **You** have paid the appropriate additional premium and it is shown on **Your Policy Schedule**.

WINTER SPORTS ACTIVITIES

The below are those activities that **We** classify as Winter Sports activities:

- Air Boarding
- Big Foot Skiing
- Cross country skiing (recognised paths)
- Dry Slope skiing/snowboarding
- Glacier walking or trekking (under 6000m)
- Ice fishing
- Kick sledging
- Langlauf
- Monoskiing
- Nordic skiing (recognised paths)
- Off piste skiing/snowboarding*
- Recreational ski or snowboard racing
- Ski racing or training (non-professional)
- Ski Randonnee
- Ski Run walking
- Ski Skimming
- Ski touring (with a guide)
- Ski/snowboard fun parks
- Skiing
- Sledging
- Snow biking
- Snow blading
- Snow tubing
- Snow mobiling (not covering personal accident or liability)
- Snow Zorbing
- Snowboarding
- Tobogganing

*Off Piste Skiing/Snowboarding

Off piste skiing is skiing on unmarked or ungroomed pistes or slopes and cover is included provided **You** never ski alone and adhere to local safety and ski patrol guidelines and warnings. There is no cover under this **Policy** if **You** ski in a closed or avalanche risk area. If **You** are not skiing with a guide or instructor **Your Policy** excludes cover where the resort stipulates off piste skiing is only permitted when accompanied by a guide or instructor.

ACTIVITIES NOT COVERED

Even if the appropriate Winter sports premium has been paid, the following activities will remain excluded: ski jumping, ice hockey, the use of skeletons or bobsleighs, ski or ski bob racing in International and National events and their heats and officially organised practice or training for these events.

We may be able to offer cover for other sports and activities which aren't listed. If **You** plan to take part in a sport or activity that does not appear in the activity lists above, **You** should contact JustTravelcover.com for advice.

If **You** do not tell us about **Your** planned sport or activity **We** may not pay any claims arising from **Your** participation

IMPORTANT ADVICE TO FOLLOW

1. Always adopt and follow the appropriate and recommended safety precautions when undertaking any winter sport activity.
2. Check that the area and the snow **You** wish to ski on is suitable for a skier at **Your** level.
3. Never ski in closed areas.
4. Never ski alone if going offpiste.

1. SKI EQUIPMENT

We will pay

Up to the amount shown in the **Schedule of Cover & Limits** for the value of repair or replacement of **Your** own **Ski Equipment** of a similar standard (after making proper allowance for wear and tear and depreciation) or hired **Ski Equipment**, if they are lost, stolen or damaged during **Your Trip**.

PLEASE NOTE:

Claims for owned **Ski Equipment** will only be calculated as follows:

- | | |
|-----------------------|-----------------------|
| • Up to 12 months old | 85% of purchase price |
| • Up to 24 months old | 65% of purchase price |
| • Up to 36 months old | 45% of purchase price |
| • Up to 48 months old | 30% of purchase price |
| • Up to 60 months old | 20% of purchase price |
| • Over 60 months old | Nil |

2. SKI HIRE

We will pay

Up to the amount shown in the **Schedule of Cover & Limits** per day for the reasonable cost of hiring replacement **Ski Equipment** as a result of the accidental loss, theft or damage of **Your** own **Ski Equipment** during the **Period of Insurance**.

3. DELAYED SKI EQUIPMENT

We will pay

Up to the amount shown in the **Schedule of Cover & Limits** towards the cost of hiring replacement **Ski Equipment** necessities, if **Your** own **Ski Equipment** is delayed in reaching **You** on **Your Outward Journey** for at least twelve (12) hours and **You** have a written report from the carrier (i.e. airline, shipping company etc.) or tour representative. Receipts will be necessary in the event of a claim.

We will not pay for claims arising directly or indirectly from

1. the **Excess** shown in the **Schedule of Cover & Limits** per **Insured Person**.
2. any sport or activity that is not listed and **You** have previously not informed **Us** about.
3. **You** not exercising reasonable care for the safety and supervision of **Your** own or **Your** hired ski equipment.
4. **You** not obtaining a written police report within twenty-four (24) hours of the discovery in the event of loss, burglary or theft of **Your** own or **Your** hired ski equipment.
5. **Your** own or **Your** hired ski equipment which is lost, damaged or delayed in transit, if **You** do not:
 - a. notify the carrier (i.e. airline, shipping company etc.) immediately and obtain a written carriers report (or Property Irregularity Report in the case of an airline); or
 - b. follow up in writing within seven (7) days to obtain a written Carrier's Report (or Property Irregularity Report in the case of an airline), if **You** are unable to obtain one immediately;
6. loss, destruction, damage or theft from confiscation or detention by Customs or other officials or authorities.
7. theft of **Your** own or **Your** hired ski equipment from an **Unattended** vehicle unless it was in the rear boot or luggage area of the vehicle and is covered so as not to be visible from outside the vehicle, or items stored on a roof rack (unless the vehicle is parked within sight of **You**), and there is evidence of forcible and violent entry.
8. anything mentioned in the General Exclusions.

4. SKI PACK

We will pay

Up to the amount shown in the **Schedule of Cover & Limits**, in all for the unused portion of **Your Ski Pack** costs paid for or contracted to be paid for before **Your Trip** commenced, where **You** do not **Curtail** the **Trip**, but are certified by a **Medical Practitioner** in the resort as being unable to ski and unable to use the **Ski Pack** facilities because of serious injury or illness occurring during the **Trip** and where there is confirmation that no refund is available for the unused items.

We will not pay for claims arising directly or indirectly from

1. the **Excess** shown in the **Schedule of Cover & Limits** per **Insured Person**.
2. claims that are not confirmed as medically necessary by the **Medical Emergency Assistance Company** and where a medical certificate has not been obtained from the attending **Medical Practitioner** confirming that **You** are unable to ski and unable to use the **Ski Pack** facilities.
3. any claims because of a **Medical Condition** or an illness related to a **Medical Condition** which **You** knew about at the time of purchasing this insurance and/or at the time of commencing travel and which could reasonably be expected to lead to a claim unless declared to **Us** and accepted for cover in writing.
4. **You** not complying with the Health and Pre-Existing Medical Conditions on page 8-9.
5. anything mentioned under what **You** are not covered for of Section 3 (Emergency Medical & Repatriation Expenses).
6. anything mentioned under the General Exclusions.

5. PISTECLOSURE

This Section only applies between 1st December and 30th April if **You** are travelling to the Northern hemisphere or between 1st May and 30th September if **You** are travelling to the Southern hemisphere, if there is a lack of snow in **Your** resort and it closes, which prevent **You** from skiing.

We will pay

Up to the amount shown in the **Schedule of Cover & Limits** for:

- I. the costs **You** have to pay to travel to another resort; or
- II. each full day **You** are unable to ski, if **Your** resort stays closed and there is no other resort available, for as long as these conditions exist at the resort, but not exceeding the duration of the original pre-booked **Trip**.

We will not pay for claims arising directly or indirectly from

1. claims where **You** have not obtained confirmation of resort closure from the local representative.
2. claims where not all skiing facilities are totally closed.
3. claims where the lack of snow conditions are known or are public knowledge at the time you purchased **Your Policy**.
4. anything mentioned in the General Exclusions.

6. AVALANCHE COVER

We will pay

- i. Up to the amount shown in the **Schedule of Cover & Limits** for additional travel and accommodation costs **You** need to pay if **Your** outward or return journey is delayed for more than twelve (12) hours because of an avalanche. Accommodation and travel should be of an equivalent standard/class to that booked as part of **Your Trip**.

We will not pay for claims arising directly or indirectly from

1. the costs incurred if **You** decide to move and it was considered safe to remain in **Your** pre-booked resort.
2. claims where **You** have not provided a written statement from the appropriate authority confirming the reason and duration of the delay.
3. anything mentioned in the General Exclusions.

SECTION 23 - CRUISE COVER

Please note: There is no cover provided for **Cruises** unless **You** have purchased the optional Cruise cover and have paid the required extra premium and this is shown on **Your Policy Schedule**.

In any event there is no cover for cargo or container ship travel.

1. MISSED PORT DEPARTURE

We will pay

Up to the amount shown in the **Schedule of Cover & Limits** for reasonable additional accommodation (room only) and travel expenses necessarily incurred in joining **Your** cruise ship journey at the next docking port if **You** fail to arrive at the international departure point in time to board the ship on which **You** are booked to travel on the initial international journey of your **Trip** as a result of:

1. the failure of scheduled **Public Transport**;
2. an accident to or breakdown of the vehicle in which **You** are travelling;
3. a major accident or breakdown occurring ahead of **You** on a motorway which causes an unexpected delay to the vehicle in which **You** are travelling; or
4. **Strike or industrial action** or adverse weather conditions.

We will not pay for claims arising directly or indirectly from

1. **You** not allowing sufficient time for **Your** journey to the airport or port or other international departure point to catch the conveyance in which **You** are travelling.
2. **Public Transport** provider failure unless **You** get a letter from the provider confirming that the service did not run on time.
3. the accident or breakdown of **Your** vehicle unless **You** get confirmation of the delay from the authority who went to the accident or breakdown affecting the vehicle **You** were travelling in.
4. any delay caused by a riot, civil commotion, **Strike or Industrial Action** which began or was announced before the start date of **Your Policy** and the date **Your** travel tickets or confirmation of booking were issued.
5. 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.
6. additional expenses where **Your** planned arrival time at the port is less than three (3) hours in advance of the sail departure time if **You** are travelling independently and not part of an integrated cruise package.
7. anything mentioned in General Exclusions.

Special conditions which apply to this Section:

Under this **Policy** **You** must:

1. in the event of a claim arising from any delay arising from traffic congestion obtain written confirmation from the Police or emergency breakdown services of the location, stating the reason for and duration of the delay.
2. allow sufficient time for the scheduled **Public Transport** or other transport to arrive on schedule and to deliver **You** to the departure point.

2. CABIN CONFINEMENT

We will pay

Up to the amount shown in the **Schedule of Cover & Limits** each twenty-four (24) hour period that **You** are confined by the ship's medical officer to **Your** cabin for medical reasons (unless this was related to a **Pandemic** and/or **Epidemic**, including but not limited to **Coronavirus (COVID-19)**, which is excluded under General Exclusion 38 on page 30) during the period of the **Trip**.

We will not pay claims directly or indirectly from

1. any confinement to **Your** cabin which has not been confirmed in writing by the ship's medical officer.
2. anything mentioned in the General Exclusions.

3. UNUSED EXCURSIONS

We will pay

Up to the amount shown in the **Schedule of Cover & Limits** 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 3 (Emergency Medical & Repatriation Expenses).

We will not pay claims directly or indirectly from

1. anything mentioned in the General Exclusions.

4. ITINERARY CHANGE

We will pay

Up to the amount shown in the **Schedule of Cover & Limits** for each missed port in the event of cancellation of a scheduled port visit due to adverse weather or timetable restrictions. The reason for the missed port must be confirmed by the cruise operator.

We will not pay claims directly or indirectly from

1. 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. instances when **Your** ship cannot put people ashore due to a scheduled tender operation failure.
4. anything mentioned in the General Exclusions.

5. CRUISE INTERRUPTION

We will pay

Up to the amount shown in the **Schedule of Cover & Limits** for additional travel expenses incurred to reach the next port in order to re-join the cruise, following **Your** temporary illness (unless this was related to a **Pandemic** and/or **Epidemic**, including but not limited to **Coronavirus (COVID-19)**, which is excluded under General Exclusion 38 on page 30) requiring hospital treatment on dry land.

We will not pay claims directly or indirectly from

1. the **Excess** shown in the **Schedule of Cover & Limits** per **Insured Person**.
2. where less than 25% of the **Trip** duration remains.
3. any known pre-existing medical condition affecting **You** unless stated on the Medical Declaration Schedule.
4. anything mentioned in the General Exclusions.

Special conditions which apply to this Section

Under this **Policy** **You** must:

1. Prior to arranging any additional travel, contact the **Medical Emergency Assistance Company** for approval and assistance with any travel arrangements. **You** must also obtain a medical certificate from the **Medical Practitioner** in attendance to confirm the details of **Your** unforeseen illness or injury.

If, at the time of requesting **Our** assistance in the event of an interruption claim, satisfactory medical evidence is not supplied in order to substantiate that the claim is due to **Your** unforeseen illness or injury, **We** will make all necessary arrangements at **Your** cost and arrange appropriate reimbursement as soon as the claim has been validated.

SECTION 24 - GOLF COVER

This Section only applies if You have paid the appropriate additional premium and it is shown on Your Policy Schedule.

1. GOLF EQUIPMENT

We will pay

1. Loss of Golf Equipment

Up to the amount shown in the **Schedule of Cover & Limits**, for the value of repair or replacement of **Your own Golf Equipment** (after making proper allowance for wear and tear and depreciation) or hired **Golf Equipment**, if they are lost, stolen or damaged during **Your Trip**.

Please note:

Claims for owned **Golf Equipment** will only be calculated as follows:

- | | |
|-----------------------|-----------------------|
| • Up to 12 months old | 85% of purchase price |
| • Up to 24 months old | 65% of purchase price |
| • Up to 36 months old | 45% of purchase price |
| • Up to 48 months old | 30% of purchase price |
| • Up to 60 months old | 20% of purchase price |
| • Over 60 months old | Nil |

2. Hire of Golf Equipment

Up to the amount shown in the **Schedule of Cover & Limits**, for the cost of hiring replacement **Golf Equipment** as a result of the accidental loss, theft or damage of **Your own Golf Equipment** during the **Period of Insurance**.

We will not pay for claims arising directly or indirectly from

- the **Excess** shown in the **Schedule of Cover & Limits** per **Insured Person**.
- You** not exercising reasonable care for the safety and supervision of **Your own** or **Your hired Golf Equipment**.
- You** not obtaining a written police report within twenty-four (24) hours of the discovery in the event of loss, burglary or theft of **Your own** or **Your hired Golf Equipment**.
- the loss, damage or delay in transit of **Your own** or **Your hired Golf Equipment** if **You** do not;
 - notify the carrier (i.e. airline, shipping company etc.) as soon as possible and obtain a written Carrier's Report (or Property Irregularity Report in the case of an airline); or
 - follow up in writing within seven (7) days to obtain a written Carrier's Report (or Property Irregularity Report in the case of an airline), if **You** are unable to obtain one immediately.
- loss, destruction, damage or theft from confiscation or detention by Customs or other officials or authorities.
- Your own** or **Your hired Golf Equipment** being stolen from an **Unattended** vehicle unless it was in the rear boot or luggage area of the vehicle and is covered so as not to be visible from outside the vehicle, or items stored on a roof rack (unless the vehicle is parked within sight of **You**), and there is evidence of forcible and violent entry.
- anything mentioned in the General Exclusions.

2. LOSS OF GREEN FEES

We will pay

Up to the amount shown in the **Schedule of Cover & Limits**, in total for the unused portion of **Your Green Fees** costs paid for or contract to be paid for before **Your Trip** commenced, where **You** do not **Curtail** the **Trip**, but are certified by a **Medical Practitioner** as being unable to golf and use the golf facilities because of serious injury or illness occurring during the **Trip** and where there is confirmation that no refund is available for the unused Green Fees.

We will not pay for claims arising directly or indirectly from

- claims that are not confirmed as medically necessary by the **Medical Emergency Assistance Company** and where a medical certificate has not been obtained from the attending **Medical Practitioner** confirming that **You** are unable to golf and unable to use the golf facilities.
- anything mentioned under What **You** are not covered for of Section 3 (Emergency Medical & Repatriation Expenses).
- anything mentioned in the General Exclusions.

SECTION 25 - BUSINESS EQUIPMENT

This Section only applies if You have paid the appropriate additional premium and it is shown on Your Policy Schedule.

1. BUSINESS EQUIPMENT

We will pay

Up to the amount shown in the **Schedule of Cover & Limits** for the loss, theft or damage of **Your Business Equipment** suffered during the **Period of Insurance**.

2. BUSINESS EQUIPMENT HIRE

We will pay

Up to the amount shown in the **Schedule of Cover & Limits** for the reasonable cost of hiring equivalent replacement **Business Equipment** if during the **Period of Insurance** the **Business Equipment** held by **You** for business reasons is lost, stolen or damaged.

3. BUSINESS MONEY

We will pay

Up to the amount shown in the **Schedule of Cover & Limits** for the following business items that **You** are responsible for:

- Business Money**
- Travel Tickets
- Green Card

If **Business Money** is collected from a bank for use during a **Trip** it will be covered for a period of seventy-two (72) hours prior to the start of a **Trip** and shall continue for the same period after returning from the **Trip** or until deposited at a bank whichever occurs first.

We will not pay for claims arising directly or indirectly from

- the **Excess** as shown on the **Schedule of Cover & Limits** for each and every claim.
- any loss, theft or damage 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 airline straight away, **You** must do so in writing within seven (7) days.
- any loss and/or theft not reported to the police within twenty-four (24) hours of discovery, and a written police statement obtained.
- any loss, theft or damage whilst left unattended unless **You** have kept them in locked accommodation, a safe or a safety deposit box.
- Business Equipment** or **Business Money** left in a vehicle overnight.

6. any loss, theft or damage to mobile phones (including Pocket PC's Blackberrys, iPhone, PDA's and not covered under **Business Equipment**), loose precious stones, securities, deeds, bonds, stamps or documents of any kind.
7. loss, theft, or damage of **Business Equipment** and **Business Money** whilst in the custody of the carrier.
8. more than the value of the part of a **Pair or Set of Articles** which is lost, stolen or damaged.
9. anything mentioned under the General Exclusions.

Conditions

As well as the General Conditions on pages 30, the following Conditions apply:

1. **You** must keep any damaged property so that **We** can inspect it. When **We** make a payment for that property, it will then belong to **Us**.
2. If **You** purchase a comparable replacement for a lost or damaged article, **We** shall pay for the replacement cost, providing that such article was less than three (3) years old at the time and that evidence of the original purchase is provided.
3. All Exclusions and Conditions from Section 6 (Personal Effects & Baggage) will apply to this Section.

SECTION 26 – WEDDING COVER

This Section only applies if **You** have paid the appropriate additional premium and it is shown on **Your** Policy Schedule.

1. CEREMONIAL ATTIRE

We will pay

Up to the amount shown in the **Schedule of Cover & Limits** for clothing and accessories owned by the **Insured Couple** (not borrowed or hired) which are lost, stolen or damaged during **Your Trip**. Payment will be based on the value of the attire at the time it was lost, stolen or damaged. An allowance may need to be made for wear, tear and loss of value depending on the age of the attire.

2. WEDDING GIFTS

We will pay

The **Insured Couple** up to the amount shown in the **Schedule of Cover & Limits** for wedding gifts which are lost, stolen or damaged after the wedding day and whilst **You** are still on **your Trip**. Please note the maximum amount **we** will pay for any one item, **Pair or Set of Articles** is shown in the **Schedule of Cover & Limits**. Please refer to the definition of '**Pair or Set of Articles**' on page 10.

3. WEDDING RINGS

We will pay

Up to the amount shown in the **Schedule of Cover & Limits** for the **Insured Couple's** wedding rings which are lost, stolen or damaged during **Your Trip**. The maximum amount **We** will pay for any one ring is shown in the **Schedule of Cover & Limits**.

4. WEDDING PHOTOGRAPHS AND VIDEO RECORDING

We will pay

Up to the amount shown in the **Schedule of Cover & Limits** for reasonable additional costs incurred to make photographic reprints, copy the video/digital recording or retake photographs/video or digital recordings at a later date either during the **Trip** or at a venue in the **United Kingdom** if:

- the professional photographer who was booked to take the photographs/video or digital recordings on **Your** wedding day is unable to fulfil their obligations due to bodily injury, illness or unavoidable and unforeseen transport delays.
- the photographs/video or digital recordings of **Your** wedding day taken by a professional photographer are lost, stolen or damaged after the wedding day and whilst **You** are still on the **Trip** or at the honeymoon location.

We will not pay for claims arising directly or indirectly from

1. the **Excess** as shown on the **Schedule of Cover & Limits** for each and every claim.
2. any unused accommodation costs, pre-booked excursion costs and other per-paid charges which **You** have paid or are contracted to pay for claims related to tickets paid for that are not specifically **Standby Flight Tickets**.
3. any flight ticket costs.
4. property **You** leave **Unattended** in a public place.
5. any claim for loss or theft of items which **You** do not report to the police within twenty-four (24) hours of discovering it and which **You** do not get a written police report for.
6. any claim for loss, theft or damage to items which **You** do not report to the relevant airline or transport company within twenty-four (24) hours of discovering it and which **You** do not get a written report for. In the case of an airline, a property irregularity report will be required from the airline. If the loss, theft or damage to **Your** property is only noticed after **You** have left the airport, **You** must contact the airline in writing with full details of the incident within seven (7) days of leaving the airport and get a written report from them.
7. any loss, theft or damage to **Valuables** which **You** do not carry in **Your** hand luggage while **You** are travelling on **Public Transport** or on an aircraft.
8. claims where **You** are unable to provide receipts or other reasonable proof of ownership wherever possible for the items being claimed.
9. breakage of fragile objects or breakage of sports equipment while being used.
10. damage due to scratching or denting unless the item has become unusable as a result of this.
11. loss due to variations in exchange rates.
12. If **Your** property is delayed or detained by Customs, the police or other officials.
13. loss of jewellery (other than wedding rings) while swimming or taking part in sports and activities.
14. losses caused by mechanical or electrical breakdown or damage caused by leaking powder to mobile phones (including smart phones and tablet computers), spectacles, dentures, hearing aids, artificial limbs, paintings, household equipment, bicycles and their accessories, motor vehicles and their accessories (this would include keys), marine craft and equipment or items of a perishable nature (meaning items that can decay or rot and will not last for long, for example, food).
15. anything mentioned in the General Exclusions.

You may claim under only one of the following Sections: 6 (Personal Effects and Baggage), or Section 26 (Wedding Cover).

GENERAL CONDITIONS APPLICABLE TO ALL SECTIONS WITH THE EXCEPTION OF SECTION 27 (END SUPPLIER FAILURE) AND SECTION 28 (TRAVEL DISPUTE)

1. No payment will be made under the following Sections without appropriate medical certification.
 - a. Cancellation of Trip
 - b. Curtailment
 - c. Emergency Medical and Repatriation Expenses
 - d. Hospital Benefit
 - e. Personal Accident
 - f. Personal Liability
 - g. Legal Expenses
 - h. Winter Sports
 - i. Golf Cover
2. If **We** require any medical certificates, information, evidence and receipts, these must be obtained by **You** at **Your** expense.
3. In the event of a claim, if **We** require a medical examination **You** must agree to this and in the event of death **We** are entitled to a post mortem examination, both at **Our** expense.
4. **You** must contact the **Medical Emergency Assistance Company** as soon as possible if **You** are admitted to hospital as an inpatient or if **You** have medical treatment which is likely to cost more than £500 (or its equivalent in local currency). Failure to do so may affect the assessment of **Your** claim.
5. **You** must wherever possible use medical facilities which entitle **You** to the benefits of any reciprocal health agreements, such as the European Health Insurance Card (EHIC) in Europe (including Switzerland) and **You** must register on arrival in Australia with MEDICARE.
6. At all times **You** must take all reasonable precautions to avoid injury, illness, disease, loss or theft or damage and take all reasonable steps to safeguard **Your** property from loss or damage and to recover any lost or stolen article.
7. This insurance policy will only respond to claims for irrecoverable losses once those principally responsible for reimbursing the cost have been exhausted. For example transport and accommodation costs – **You** should, in the first instance, contact **Your** tour operator, airline, accommodation provider, credit or debit card providers to source a refund, as in most instances, either as a result of the Package Travel & Linked Arrangement Regulations 2018; EU Transport Regulations; Consumer Credit Act; or Debit card charge backs, a refund is legally due.
8. **We** are entitled to take over any rights in the negotiation, defence or settlement of any claim in **Your** name and to take proceedings in **Your** name for **Our** benefit against any other party.
9. **We** are entitled to ask **You** to repay **Us** any amounts that we have paid to **You** that are not covered by **Your Policy** and to refuse to pay or limit the amount paid of any claim where **You** have not provided sufficient receipts, bills or evidence to support **Your** claim.
10. **We** may at any time pay to **You** **Our** full liability under the **Policy** after which no further payments will be made in any respect.
11. it is a condition of this insurance that **You** take reasonable care to ensure **You** tell **Us** of any facts **We** ask for and which could affect this insurance. If **You** do not, **You** may not be fully covered and this may result in **Us** refusing a claim, or only paying part of a claim, or **We** may cancel **Your** insurance **Policy**.
12. If at the time of any incident which results in a claim under **Your Policy**, there is any other insurer covering the same loss, damage, expense or liability **We** will not pay more than our proportional share and are entitled to contact that insurer for a contribution (not applicable to Section 13 - Personal Accident).
13. A person or company who is not a party to this **Policy** has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this **Policy** but this does not affect any right or remedy of a third party which exists or is available apart from that Act.
14. Unless specifically agreed to the contrary this insurance shall be subject to the Law of England and Wales.
15. **We** shall not be bound to accept renewal of any insurance and may at any time cancel any insurance document by sending fourteen (14) days' notice to **Your** last known address. Provided the premium has been paid in full **You** shall be entitled to a proportionate rebate of premium in respect of the unexpired period showing on the insurance. A charge may be imposed based upon the usage of any Claims Helpline Service during this period.
16. Several Liability Notice. The subscribing (re)insurers' obligations under contracts of (re)insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing (re)insurers are not responsible for the subscription of any co-subscribing (re)insurer who for any reason does not satisfy all or part of its obligations.

GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS WITH THE EXCEPTION OF SECTION 27 (END SUPPLIER FAILURE) AND SECTION 28 (TRAVEL DISPUTE)

We will not pay anything directly or indirectly caused by:

1. any claim arising from:
 - **Your** suicide or attempted suicide; or
 - **You** injuring **Yourself** deliberately or putting **Yourself** in danger (unless **You** are trying to save a human life).
2. **Your** use of drugs.
3. **Your** excessive consumption of alcohol by which **We** mean where **You** have drunk so much alcohol that a **Medical Practitioner** has stated that **Your** alcohol consumption has caused or actively contributed to **Your** injury or illness, the results of a blood test at the time of injury or illness shows that **Your** blood alcohol level exceeds 0.19% that is approximately one point five (1.5) litres of beer or four (4) 175ml glasses of wine or a witness report of a third party that has advised that **You** have notably impaired **Your** faculties and/or judgment.
4. **Your** alcohol intake whilst taking any combination of medication or drugs known (or would reasonably be suspected) to cause drowsiness, impaired vision or judgment when combined with alcohol whether such drugs are prescribed or not.
5. any claim which is as a result of **You** having been diagnosed as suffering from acute alcohol intoxication, alcohol dependency or alcohol withdrawal.
6. air travel (other than as a fare-paying passenger on a regular scheduled airline or licenced charter aircraft).
7. air travel within twenty-four (24) hours of scuba diving.
8. bankruptcy/liquidation of any tour operator, travel agent or transportation company; except under Section 27 (End Supplier Failure Insurance) extension for non-packaged holidays.
9. any loss that is insured or guaranteed by any other existing protection, specifically Package Travel Regulations, Air Passenger Rights, ATOL (including Civil Aviation Authority requirements), or ABTA protection, or from **Your** credit card provider under section 75 of the Consumer Credit Act, or any other specific legislation for transport or travel providers;
10. any costs already accepted or offered by **Your** transport and/or accommodation provider, even if this is a credit note or alternative travel arrangements;
11. any costs if **You** are unable to prove **Your** financial loss;
12. consequential loss of any kind; for example, loss of earnings due to **You** being unable to return to work following injury or illness or cost of replacement locks if keys are lost.
13. loss or damage to any property and expense or legal liability; directly or indirectly caused by or contributed to, by or arising from:
 - a. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel or the radioactive toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of it, or being exposed to the **Utilisation of Nuclear, Chemical or Biological Weapons of Mass Destruction**
 - b. pressure waves from aircraft and other flying objects travelling faster than the speed of sound.
14. loss or damage arising from:
 - a. **War**, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution,

- insurrection, civil commotion or uprising, blockade, military or usurped power;
- b. any act of **Terrorism** not involving the use or release of or threat thereof of any nuclear weapon or any chemical or biological agents. This exclusion will not apply to Section 3 (Emergency Medical Emergency and Repatriation Expenses) or Section 13 (Personal Accident) provided that the **Insured Person** suffering **Accidental Bodily Injury** or illness has not participated in or conspired in such activities;
15. any loss, damage, cost or expense of any nature that results from or is in connection with anything mentioned in a) or b) above.
 16. **You** riding on a motorcycle, quad bike or any mechanically assisted cycle with an engine capacity in excess of 125cc and in any event if **You** fail to wear a crash helmet or **You** do not comply with the licensing laws of the country in which the accident occurs, or have not paid the appropriate additional premium.
 17. **You** driving a motor vehicle or riding a motorcycle, quad bike or any mechanically assisted cycle without an appropriate UK licence which permits **You** to drive the type and capacity of vehicle, or when not insured under a motor insurance policy.
 18. any claims arising from **Your** participation in or practice of professional or organised sports, motor racing, speed or endurance tests, taking part in dangerous expeditions or the crewing of a vessel outside European Waters, **Hazardous Pursuits** or **Manual Work** unless the appropriate additional premium has been paid and it is shown on **Your Policy Schedule**.
 19. winter sports of any kind unless the appropriate premium has been paid and it is shown on **Your Policy Schedule**. Even if the appropriate Winter sports premium has been paid, the following activities will remain excluded: ski jumping, ice hockey, the use of skeletons or bobsleighs; ski or ski bob racing in International and National events and their heats and officially organised practice or training for these events. Never ski alone if going off piste. Please be aware **Your** policy excludes cover in the event of any claim where **You** or the **Insured Person** has skied alone off piste or the resort stipulates off piste skiing is only permitted when accompanied by a guide or instructor.
 20. any claims relating to a cruise holiday unless the appropriate premium has been paid and it is shown on **Your Policy Schedule**. In any event there is no cover for cargo or container ship travel.
 21. accommodation costs paid for using any timeshare, holiday property bond or other holiday points scheme.
 22. any payment which **You** would normally have made during **Your** travels, if nothing had gone wrong;
 23. **Your** pregnancy:
 - I. after the twenty-sixth (26th) week of gestation for a single pregnancy and sixteen (16) weeks in respect of a multiple pregnancy
 - II. If any complications exist with this or any previous pregnancy;
 - III. if it is the result of medically assisted reproductive programs, including but not limited to IVF and GIFT;
 - IV. for medical treatment and investigation that is normally conducted in respect of pregnancy or which is not for an unexpected, serious medical complication;
 - V. for the cost of childbirth (regardless of the proximate cause and irrespective of what stage of gestation the child is born); or
 - VI. the cost of medical treatment for a newborn child.
 24. the failure of any computer hardware or software or other electrical equipment to recognise or process any date as the true calendar date (this exclusion does not apply to claims made under Section 3 (Emergency Medical Emergency and Repatriation Expenses) or Section 13 (Personal Accident).
 25. any claim arising as a direct result of a situation highlighted by the Foreign and Commonwealth Office where **You** have travelled to a specific country or to an area where, prior to **Your Trip** commencing, the Foreign and Commonwealth Office have advised against all (or all but essential) travel.
 26. the closure of **United Kingdom** or international airspace temporarily or otherwise on the orders or recommendation of the Civil Aviation Authority or similar body in any Country.
 27. claims arising from **Your** willful, malicious or unlawful acts.
 28. any claim arising directly or indirectly from a change in circumstances from that originally declared on **Your** medical screening including **Medical Conditions** or **Change in Health** or anyone's good health on which **Your Trip** depends that **You** knew about before **Your Trip** commenced unless **We** have agreed in writing.
 29. any claims arising from **Your** participation in or practice of any professional entertaining.
 30. **We** shall not provide any cover or pay any claim or provide any benefit to the extent that this cover, payment of a claim or benefit would expose **Us** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, **United Kingdom** or the United States of America.
 31. any claim or loss arising directly or indirectly from a **cyber event**.
 32. any claim arising as a result of **You** failing to get the inoculations and vaccinations that **You** need in relation to **Your Trip**.
 33. **You** are not covered if **You** are travelling with the purpose of receiving medical treatment abroad.
 34. **You** are not covered for any claim arising from natural catastrophe which were existing or in the public domain by the date **You** purchased this insurance or at the time of booking any **Trip**, whichever is the later.
 35. any claim relating to an incident which **You** were aware of at the time **You** purchased this insurance and which could reasonably be expected to lead to a claim.
 36. any claim arising from civil riots, blockades, strikes or industrial action of any type (except for **Strikes or Industrial Action** which were not existing or publicly announced by the date **You** purchased this insurance or at the time of booking any **Trip**).
 37. any claim if **You** already have a more specific insurance covering this (for example, if an item **You** are claiming for under Section 6 (Personal Effects and Baggage) is a specified item on **Your** household contents insurance policy).
 38. any claim directly or indirectly related to a **Pandemic** and/or **Epidemic**, including but not limited to **Coronavirus (COVID-19)**. This Policy will also not provide cover for claims relating to the fear or threat of **Pandemic** and/or **Epidemic**, including but not limited to **Coronavirus (COVID-19)**. In the event of a conflict between this general exclusion and any other term in **Your** policy terms and conditions, this general exclusion takes precedence. This general exclusion applies to all sections of cover with the exception of Section 1 - Cancellation of Trip, Section 2 – Curtailment and Section 3 – Emergency Medical and Repatriation Expenses, as long as prior to **Your Trip** commencing, the Foreign and Commonwealth Office (FCO) had NOT advised against all (or all but essential) travel to **Your** intended destination.

MEDICAL AND OTHER EMERGENCIES

Your Travel insurance policy is not a private medical insurance policy and does not cover private medical treatment, private hospital costs or other related expenses incurred unless these have been specifically agreed and authorised by the **Medical Emergency Assistance Company**.

The **Medical Emergency Assistance Company** will provide immediate help if You are ill, injured or die outside the **United Kingdom**. They provide a 24-hour emergency service three hundred and sixty-five (365) days a year. The contact details are as follows:

Medical Emergency Assistance Company
Phone: + 44 (0) 203 819 7170
E-mail: internationalhealthcare@healix.com

Please have the following information available when You (or someone on Your behalf) contact the **Medical Emergency Assistance Company** so that Your case can be dealt with swiftly and efficiently:

- Your name, home address and email;
- Your mobile phone number and contact phone number abroad;
- The hospital and treating doctor's details;
- Your policy number shown on **Your Policy Schedule**; and
- The name, address and contact phone number of Your GP.

Please quote the scheme name which is: Avion Travel Insurance.

Please note: This is not a private medical insurance. If You go into hospital abroad and You are likely to be kept as an inpatient for more than twenty-four (24) hours or if your outpatient treatment is likely to cost more than £500, someone must contact the **Medical Emergency Assistance Company** for You as soon as reasonably possible. If they do not, **We** may not provide cover or **We** may reduce the amount **We** pay for Your inpatient or outpatient treatment.

In the event that you require inpatient hospital treatment and/or evacuation /repatriation, it is imperative that the **Medical Emergency Assistance Company** is contacted and authorisation obtained prior to such treatment and/or evacuation/repatriation taking place.

Failure to contact the **Medical Emergency Assistance Company** and obtain authorisation may prejudice the claim and could mean that some or all of the costs involved may not be paid. You should not attempt to find Your own solution and then expect full reimbursement from us without prior approval having been obtained from the **Medical Emergency Assistance Company**.

If you have to return to the **United Kingdom** under Section 2 (Curtailed) or Section 3 (Emergency Medical and Repatriation Expenses) the **Medical Emergency Assistance Company** must authorise this. If they do not, **We** may not provide cover or **We** may reduce the amount **We** pay for Your return to the **United Kingdom**.

All cover ceases if You have to return to the **United Kingdom** under Section 2 (Curtailed) or Section 3 (Emergency Medical and Repatriation Expenses), cover cannot be provided to resume Your trip, or for further Trips if you have a single trip policy.

HOW TO MAKE A CLAIM (SECTIONS 1-26)

You must register a claim under all Sections by contacting the following company:

Claims Settlement Agencies
308-314 London Road,
Hadleigh,
Benfleet,
Essex,
SS7 2DD

Tel: 01702 553443

E-mail: info@csal.co.uk

To download a claim form please visit www.csal.co.uk The fastest and easiest way to make a claim is online at www.submitclaim.co.uk/jus
The process should take approximately 10-15 minutes to complete (depending on the type of claim), but before continuing You should ensure You have Your **Policy certificate**, **Trip** dates, supporting documentation and details of the incident.

Claims Cooperation

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

Access to additional materials

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

Right to medical records and medical examination

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

FOR CLAIMS UNDER SECTION 27 (END SUPPLIER FAILURE INSURANCE)

Please contact:

IPP Claims at Cunningham Lindsey
Oakleigh House
14-15 Park Place
Cardiff
CF10 3DQ

Telephone: +44 (0) 208 776 3752
Email: insolvency-claims@ipplondon.co.uk
Website: www.ipplondon.co.uk/claims.asp

FOR CLAIMS UNDER 28 (TRAVEL DISPUTE)

Please contact:

Claims Department
Legal Insurance Management Ltd
1 Hagley Court North
The Waterfront
Brierley Hill
West Midlands
DY5 1XF
Telephone: **01384 377000**

HOW TO MAKE A COMPLAINT (SECTIONS 1 – 26)

We aim to provide the highest standard of service to every customer. If **Our** service does not meet **Your** expectations, **We** want to hear about it so **We** can try to put things right. All complaints **We** receive are taken seriously. The following will help **Us** understand **Your** concerns and give **You** a fair response.

Making Your complaint

1. If Your complaint relates to Your claim:

A. In the first instance please contact:

Claims Settlement Agencies,
308-314 London Road,
Hadleigh,
Benfleet, SS7 2DD
Tel: 01702 553443
Email: info@csal.co.uk

When **You** make contact please provide the following information;

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

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

If **We** are unable to resolve **Your** complaint immediately, **We** will send **You** a written acknowledgement within two (2) days of receipt. **We** will then investigate **Your** complaint and, in most cases, send **You** a full response in writing within two (2) weeks of receipt.

In exceptional cases, where **We** are unable to complete **Our** investigations within two (2) weeks, **We** will send **You** a full written response as soon as **We** can, and in any event within four (4) weeks of receipt of **Your** complaint.

B. If You remain dissatisfied with Our response:

You can raise the matter with the Financial Services and Pensions Ombudsman (FSPO), an independent body that adjudicates on complaints, at the following address:

Financial Services and Pensions Ombudsman
Lincoln House
Lincoln Place
Dublin 2
D02 VH29
Telephone: +353 1 567 7000
Email: info@fsp.ie
Website: www.fspo.ie

2. If Your complaint relates to Your Policy:

A. In the first instance please contact:

The Office Manager
JustTravelcover.com,
Victoria House
Toward Road
Sunderland
SR1 2QF
Tel: 0333 033 0021
Email: admin@justtravelcover.com

When **You** make contact please provide the following information;

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

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

If **We** are unable to resolve **Your** complaint immediately, **We** will send **You** a written acknowledgement within two (2) days of receipt. **We** will then investigate **Your** complaint and, in most cases, send **You** a full response in writing within two (2) weeks of receipt.

In exceptional cases, where **We** are unable to complete **Our** investigations within two (2) weeks, **We** will send **You** a full written response as soon as **We** can, and in any event within four (4) weeks of receipt of **Your** complaint.

B. If You remain dissatisfied with Our response:

You can raise the matter with the Financial Ombudsman Service (FOS).

The FOS is an independent body that arbitrates on complaints about general insurance products, **You** have six (6) months from the date of **Our** final response to refer **Your** complaint to the FOS.

If **We** cannot resolve **Your** complaint **You** may refer it to Financial Ombudsman Service (FOS at the following address:

Financial Ombudsman Service

Exchange Tower

London

E14 9SR

Telephone: 0800 023 4567 – From UK Landline

Telephone: 0300 123 9123 – From UK Mobile

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

Website: www.financial-ombudsman.org.uk

If **You** purchased **Your Policy** online **You** are also able to use the EC On-line Dispute Resolution (ODR) platform at <http://ec.europa.eu/consumers/odr/> who will notify the Financial Services and Pensions Ombudsman on **Your** behalf.

Please note that this can only be used for complaints about purchases made online.

Complaints about non-insured events and **Your** travel arrangements must be referred to **Your** travel organiser.

Making a complaint does not affect **Your** right to take legal action.

How We use personal information

We will use the information from **Your Policy** for the purpose of providing **You** with insurance services and additional products and services. **We** fully accept **Our** responsibility to promote the privacy of customers and the confidentiality and security of information entrusted to **Us**.

The information provided by **You** or on **Your** behalf of when the **Policy** was taken out, together with other information, will be used by **Us**, **Our** Group companies and **Our** service providers and agents. It will be used for administration, customer service and claims.

It may also be used for the purpose of fraud prevention including passing details to other insurers and regulatory bodies. **You** have provided information in connection with the purchase and performance of this insurance policy and **You** have consented to the processing of the personal data, including sensitive personal data and **You** have consented to the transfer of this information abroad.

Unless **You** have informed **Us** otherwise, **We** or **Our** service providers and agents may contact **You** by mail or telephone to let **You** know about any goods, services or promotions that may be of interest to **You** and/or share **Your** information with organisations that are **Our** business partners. Under the UK Data Protection Act 2018 which incorporates the General Data Protection Regulation (EU)2016/679, **You** have certain rights regarding access to **Your** information. **You** have the right to see a copy of the personal information held about **You**, if **You** believe that any of the information **We** are holding is incorrect or incomplete, please let **Us** know as soon as possible. Any information which is found to be incorrect will be corrected promptly.

We may monitor and/or record communication with **Us** either directly or by reputable organisations selected by **Us**, to ensure consistent servicing levels and account operation.

We will keep information about **You** only for as long as is appropriate.

In certain circumstances, **We** may need **Your** consent to process certain categories of information about **You** (including sensitive details such as information about **Your** health). Where **We** need **Your** consent, **We** will ask **You** for it separately. **You** do not have to give **Your** consent and **You** may withdraw **Your** consent at any time. However, if **You** do not give **Your** consent, or **You** withdraw **Your** consent, this may affect **Our** ability to provide the insurance cover from which **You** benefit and may prevent **Us** from providing cover for **You** or handling **Your** claims.

Want more details?

For more information about how **We** use **Your** personal information please see **Our** full privacy notice(s), which is/are available online on **Our** website www.chaucerplc.com/privacy-cookie-policy/ or in other formats on request. If **You** require details of the JustTravelcover.com privacy policy, this can be found online at <http://www.justtravelcover.com/privacy>

UK Data Protection Act 2018 which incorporates the General Data Protection Regulation (EU)2016/679.

SECTION 27 - END SUPPLIER FAILURE INSURANCE

This Section only applies if You have paid the appropriate additional premium and it is shown on Your Policy Schedule.

Certificate of Insurance

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 Liberty Mutual Insurance SE (**The Insurer**).

The Insurer will pay up to £1500 in total for each Person-Insured named on the Invoice for:

1. Irrecoverable sums paid prior to **Financial Failure** of the Scheduled Airline, hotel, train operator including Eurostar, car ferries; villas abroad & cottages in the UK; coach operator, car or camper hire company, caravan sites, campsites, mobile home, safaris; excursions; Eurotunnel; theme parks or attractions 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 **Financial Failure** after departure:
 - a) additional pro rata costs incurred by the Insured Person(s) 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, Isle of Man or Northern Ireland to a similar standard of transportation as enjoyed prior to the curtailment of the travel arrangements.

Financial Failure means the **End Supplier** becoming Insolvent or has an administrator appointed and being unable to provide agreed services.

End Supplier means the company that owns and operates the services listed in point 1 above.

The Insurer will not pay for:

1. Travel or accommodation not booked within the United Kingdom, Channel Islands, Isle of Man or Northern Ireland prior to departure
2. Any **End Supplier** which is, or which any prospect of **Financial Failure** is known by the Insured or widely known publicly at the date of the Insured's application under this policy
3. Any loss or part of a loss which at the time of the happening of the loss is insured or guaranteed by any other existing Policy, Policies, bond, or is capable of recovery from under section 75 of the Consumer Credit Act or from any bank or card issuer or any other legal means.
4. The **Financial Failure** of any travel agent, tour organiser, booking agent or consolidator with whom the Insured has booked travel or accommodation
5. 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 (IPP) claims only - any occurrence which may give rise to a claim should be advised as soon as reasonably practicable to the following by quoting **Your Policy** number, Travel Insurance Policy name and **reference ESFI-V1.20**:

IPP Claims at Sedgwick
Oakleigh House
14-15 Park Place
Cardiff
CF10 3DQ

Telephone: +44 (0)345 266 1872

Email: insolvency-claims@ipplondon.co.uk

Website: www.ipplondon.co.uk/claims.asp

ALL OTHER CLAIMS - REFER TO YOUR INSURANCE POLICY AND SEE ALTERNATIVE CLAIMS PROCEDURE.

HOW TO MAKE A COMPLAINT

If **You** have a complaint, we really want to hear from **You**. We welcome **Your** comments as they give us the opportunity to put things right and improve our service to **You**. Please telephone us on: (020) 8776 3750.

Or write to:

The Customer Services Manager International Passenger
Protection Limited, IPP House, 22-26 Station Road,
West Wickham, Kent BR4 0PR

Fax: (020) 8776 3751

Email: info@ipplondon.co.uk

Please make sure that **You** quote the **Policy** number which can be found on **Your Schedule**.

It is our policy to acknowledge any complaint within five (5) working days advising **You** of who is dealing with **Your** concerns and attempt to address them. We will provide **You** with a written response outlining our detailed response to **Your** complaint within two (2) weeks of receipt of the complaint. If our investigations are ongoing we will write to **You**, at that time, and outline why we are not in a position to provide **You** with a written response and explain to **You** that **You** are able, at that time, to ask Lloyd's Complaints Team review the complaint. In any event, **You** will receive either our written response or an explanation as to why we are not in a position to provide one within four (4) weeks of receipt of **Your** complaint.

Having followed the above procedure, if **You** are not satisfied with the response **You** may write to:

Complaints Team
Lloyd's
One Lime Street London
EC3N 7HA
Email: complaints@lloyds.com
More information can be found on their website – www.lloyds.com/complaints

Again, if **You** are not satisfied with the response **You** receive from Lloyd's or they have failed to provide **You** with a written response within eight (8) weeks of the date of receipt of **Your** complaint, **You** may have the right to contact the Financial Ombudsman Service at the following address (if **You** are an Eligible Complainant as set out in the definition below)

The Financial Ombudsman Service,
Exchange Tower,
London
E14 9SR

Telephone 0800 023 4 567 (calls to this number are free from "fixed lines" in the UK) or 0300 1239123 (calls to this number are charged at the same rate as 01 and 02 numbers on mobile phone tariffs in the UK)
Email: complaint.info@financial-ombudsman.org.uk

More information can be found on their website – www.financial-ombudsman.org.uk

Making a complaint will not affect **Your** right to take legal action.

SECTION 28 – TRAVEL DISPUTE

This Section only applies if You have paid the appropriate additional premium and it is shown on Your Policy Schedule. Important Notice Regarding the operation of this Policy

Failure to comply with the following terms could mean that we decline to pay Your claim.

- All potential claims must initially be reported to Our appropriate Claims Helpline Service, which operates between the hours of 09.00 – 17.00 Mondays to Friday excluding Bank Holidays.

Claims Notification & Advice Helpline Service – 01384 377000

- This is a **Policy** where **You** must notify **Us** during the **Period of Insurance** and within thirty (30) days of returning from the holiday which is subject to the dispute and which may give rise to any claim under this **Policy**. Failure to do so could mean that **We** decline to pay a claim for **Your** Professional Fees.
- Whilst the **Policy** may include events that occur Worldwide, **Policy** cover will only operate where Legal Proceedings can be brought within the Court Jurisdiction of a country within the **United Kingdom** or European Union.
- If **You** can convince **Us** that there are sensible prospects of being successful in **Your** claim and that it is reasonable for Professional Fees to be paid **We** will;
- take over the claim on **Your** behalf
- appoint a specialist of **Our** choice to act on **Your** behalf.

We may limit the Professional Fees that **We** pay under the **Policy** where:

1. **We** consider it is unlikely a reasonable settlement of **Your** claim will be obtained, or
2. there are insufficient prospects of obtaining recovery on any sums claimed or
3. the potential settlement amount of **Your** claim is disproportionate compared with the time and expense incurred in pursuing or defending **Your** claim.

Where it may cost **Us** more to handle a claim than the amount in dispute **We** may at **Our** option pay to **You** the amount in dispute which will then constitute the end of the claim under this **Policy**.

- If Legal Proceedings have been agreed by **Us**. **You** may at this stage decide to nominate and use **Your** own solicitor or indeed, **You** may wish to continue to use **Our** own specialists. If **You** decide to nominate **Your** own professional **We** must agree this in advance and **You** will be responsible for any Professional Fees in excess of those which **Our** own specialists would normally charge **Us** (Details are available upon request)
- At the conclusion of **Your** claim if **You** are awarded any costs (not **Your** damages), these must be paid to **Us**.
- In the event that **You** make a claim under this **Policy** which **You** subsequently discontinue due to **Your** own disinclination to proceed, any legal costs incurred to date will become **Your** own responsibility and will be required to be repaid to the insurer.

PLEASE NOTE THAT IF YOU ENGAGE THE SERVICES OF ANYONE PRIOR TO MAKING CONTACT WITH THE CLAIMS HELPLINE SERVICES AND INCUR ANY COSTS WITHOUT OUR PRIOR WRITTEN APPROVAL THESE COSTS WILL NOT BE COVERED BY THIS INSURANCE.

If upon receipt of this **Policy** **You** are unhappy with any of the requirements as stated above please advise **Your** insurance adviser within fourteen (14) days of issue, who subject to **You** not having travelled or made a claim under this **Policy**, will arrange a full refund of premium

Section 28 Policy Definitions

The words or expressions detailed below have the following meaning wherever they appear in this **Policy**.

Agent

The Agent appointed by the Coverholder to transact this insurance with **You**.

Authorised Professional

A solicitor, counsel, claims handler or mediator, accountant, firm of accountants or other appropriately qualified person appointed and approved by **Us** under the terms and conditions of this **Policy** to represent **Your** or an **Insured Person's** interests.

Claim Limit(s)

The amount **We** will pay in respect of any one claim and the total amount payable within any one **Period of Insurance** as specified within the **Schedule**.

Claims Specialist

Our own claims panel solicitor or claims handler.

Court

A Court, tribunal or other competent authority.

Event

The initial Event, act or omission which sets off a natural and continuous sequence of Events that subsequently gives rise to a claim for Professional Fees and/or payment of a benefit under this **Policy**.

Excess

The first amount of each and every claim as detailed on the **Schedule** or Insured Event.

Holiday

A Holiday **Trip** outside of the **United Kingdom** or a Holiday within the **United Kingdom** which includes two or more consecutive nights stay in Pre-Booked Accommodation.

Insured Person

The persons named within the **Policy Schedule** attached to this **Policy**.

Insurer

This insurance is administered by Legal Insurance Management Limited and underwritten by Royal & Sun Alliance Insurance Plc.

Legal Proceedings

When formal Legal Proceedings are issued against an opponent in a Court of Law.

Period of Insurance

The **Period of Insurance** shown in the **Schedule**.

Policyholder, You, Your

The person or company who has paid the premium and is named in the **Schedule** as the **Policyholder**.

Pre-Booked Accommodation

A commercially run premises where a fee is charged which has been booked prior to **Your** departure on **Your** Holiday not including premises owned by friends or family.

Professional Fees

Legal fees and costs properly incurred by the Authorised Professional, with **Our** prior written authority including costs incurred by another party for which **You** are made liable by Court Order, or may pay with **Our** consent of a civil claim in the Territorial Limits arising from an Insured Incident.

In the Event that the matter falls within the limits of a Small Claims Court, the maximum amount payable to the Authorised Professional shall be limited to the maximum amount recoverable from that respective Court.

Prospects of Success

At least a 51 % chance of the **Insured Person(s)** achieving a favourable outcome

Schedule

The document which shows details of **You** and this insurance and is attached to and forms part of this **Policy**.

Standard Professional Fees

The level of Professional Fees that would normally be incurred by **Us** in either handling this matter using **Our** own Claims Specialists or a nominated Authorised Professional of **Our** choice.

Territorial Limits

Worldwide but only where Legal Proceedings can be brought in a **United Kingdom** or European Union (EU) country's Court Jurisdiction.

Terrorism

The use, or threat of use, of biological, chemical and/or nuclear force or contamination by any person(s), 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(s) or put any section of the public in fear.

Time of Occurrence

When the Event occurred or commenced whichever is the earlier.

We, Us, Our

Legal Insurance Management Ltd and Royal Sun Alliance Insurance plc.

Cover

You have paid the premium and supplied to **Us** a proposal and declaration or other information which shall be the basis of this contract and be incorporated in this policy.

Upon payment of the **Policy** excess if applicable **We** will indemnify **You** in accordance with **Our** Standard Professional Fees and where requested by **You** any other **Insured Person** up to the Limit of Indemnity subject to the terms, conditions and exclusions of this **Policy**, against Professional Fees arising from an insured Event within the Territorial Limits where **You** notify **Us** within thirty (30) days of returning from the Holiday which is subject to the dispute and which may give rise to any claim under this **Policy**.

What is covered:

Pursuing a breach of contract claim arising from a contract (which must be evidenced and recorded in writing) entered into by or on **Your** behalf for the purposes of undertaking a Holiday in order to seek compensation and or implementation of the contract from the following:

- a) **Your** Tour Operator or Holiday Company
- b) **Your** Travel Agent
- c) A Car Hire company with whom **You** have pre-booked a vehicle
- d) An Airline, Ferry, Train, Cruise liner or Coach Operator
- e) A Hotelier or Property Owner

Subject to the cause of action arising within the Territorial Limits and where Legal Proceedings are able to be brought in a **United Kingdom** or European Union (EU) Country's Court jurisdiction.

What is not covered:

1. Any matter where the value of the goods or services in dispute or the total instalments due at the time of making the claim is less than £150.
2. An Event not reported to the Insurer within thirty (30) days of returning from the Holiday subject to the dispute.
3. Professional Fees and expenses which a Court of Criminal Jurisdiction orders to be paid.
4. Actions pursued in order to obtain satisfaction of a judgment or legally binding decision.
5. The **Insured Person's** travelling expenses, subsistence allowances or compensation for absence from work.
6. Any claim where the Event arises from incidents which have occurred or services and the like which have been provided prior to the first inception date of this insurance.

General Exclusions for section 28

This insurance does not cover:

1. Professional Fees incurred:
 - a) in respect of any Event where the Time of Occurrence commenced prior to the commencement of the insurance;
 - b) where the **Insured Person** should have realised when purchasing this insurance that a claim under this insurance might occur;
 - c) before **Our** written acceptance of a claim;
 - d) before **Our** approval or beyond those for which **We** have given **Our** approval;
 - e) where **You** fail to give proper instructions in due time to **Us** or to the Authorised Professional;
 - f) where **You** are responsible for anything which in **Our** opinion prejudices **Your** case;
 - g) if **You** withdraw instructions from the Authorised Professional, fail to respond to the Authorised Professional, withdraw from the Legal Proceedings or the Authorised Professional refuses to continue to act for **You**;
 - h) where **You** decide that **You** no longer wish to pursue **Your** claim as a result of disinclination. All costs incurred up until this stage will become **Your** responsibility;
 - i) in respect of the amount in excess of **Our** Standard Professional Fees where **You** have elected to use an Authorised Professional of **Your** own choice;

2. the pursuit, continued pursuit or defence of any claim if **We** consider it is unlikely a sensible settlement will be obtained or where the likely settlement amount is disproportionate compared with the time and expense incurred;
3. claims which are conducted by **You** in a manner different from the advice or proper instructions of **Us** or the Authorised Professional;
4. appeals unless **You** notify **Us** in writing of **Your** wish to appeal at least six (6) working days before the deadline for giving notice of appeal expires and **We** consider the appeal to have reasonable Prospects of Success;
5. any Professional Fees and expenses that could have been recovered under any other insurance except beyond the amount which would be payable under such insurance had this **Policy** not been effected;
6. damages, fines or other penalties **You** are ordered to pay by a Court, tribunal or arbitrator;
7. claims arising from an Event arising from **Your** deliberate act, omission or misrepresentation;
8. any Professional Fees relating to **Your** alleged dishonesty or deliberate and wilful criminal acts or omissions;
9. a dispute which relates to any compensation or amount payable under a contract of insurance;
10. a dispute with **Us** not dealt with under the Arbitration condition;
11. an application for judicial review;
12. any Professional Fees incurred in defending or pursuing new areas of law or test cases;
13. any claim involving medical or clinical negligence or pharmaceutical or any related claims (including but not limited to tobacco products);
14. any claim arising from a stress or psychological related condition;
15. any matter arising from or relating to any business or trading activity or venture for gain undertaken by an **Insured Person** including but not limited to any personal guarantee and investment in unlisted companies;
16. Legal Proceedings outside the European Union (EU) and proceedings in constitutional international or supranational Courts or tribunals including the European Court of Justice and the Commission and Court of Human Rights;
17. Legal Proceedings between an **Insured Person** and a central or local government authority;
18. disputes between an **Insured Person** and their family or a matrimonial or co-habitation dispute;
19. any claims made or considered against **Us**, the Agent or Authorised Professional used to handle any claim;
20. any claims relating to cosmetic treatment, surgery or tanning;
21. Professional Fees incurred that exceed the maximum amount recoverable from that respective Court in relation to matters that fall within Small Claims Court Limits.
22. any direct or indirect liability, loss or damage caused:
 - a) to equipment because it fails correctly to recognise data representing a date in a way that it does not work properly or at all; or
 - b) by computer viruses.
 This does not apply to legal proceedings connected with claiming compensation following **Your** death or bodily injury.
23. any claim or expense of any kind caused directly or indirectly by:
 - a) ionising radiation or radioactive contamination from any nuclear fuel or waste which results from the burning or nuclear fuel; or
 - b) the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it;
24. any loss or damage caused by any sort of war, invasion or revolution
25. any loss or damage caused by pressure waves caused by aircraft or other flying objects moving at or above the speed of sound;
26. any loss, damage, liability, cost or expense of any kind directly or indirectly caused by, resulting from or in connection with any act of terrorism. For the purpose of this exclusion, "terrorism" means the use, or threat of use, of biological, chemical and/or nuclear force or contamination by any person(s), 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(s) or put any section of the public in fear.

GENERAL CONDITIONS FOR SECTION 28:

Consumer Insurance Act

You are required by the provisions of the Consumer Insurance (Disclosure and Representations) Act 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.

Observance

Our liability to make any payment under this **Policy** will be conditional on **You** complying with the terms and conditions of this insurance.

Claims

You must tell **Us** in writing within thirty (30) days of returning from the respective Holiday about any matter, which could result in a claim being made under this **Policy**, and must obtain in writing **Our** consent to incur Professional Fees.

We will give such consent if **You** can satisfy **Us** that there are reasonable Prospects of Success in pursuing or defending **Your** claim and that it is necessary for Professional Fees to be paid and **You** have paid the Excess.

We may require (at **Our** discretion) **You** at **Your** expense to obtain the opinion of an expert or counsel on the merits of a claim or continued merits of a claim or Legal Proceedings. If **We** subsequently agree to accept or continue with the claim, the costs of such opinion will be covered.

If after receiving a claim or during the course of a claim **We** decide that:

1. **Your** Prospects of Success are insufficient;
2. It would be better for **You** to take a different course of action;
3. **We** cannot agree to the claim.

We will write to **You** giving **Our** reasons and **We** will not then be bound to pay any further Professional Fees for this claim.

We may limit any Professional Fees that **We** will pay under the **Policy** in the pursuit, continued pursuit or defence of any claim:

1. If **We** consider it is unlikely a sensible settlement will be obtained; or
2. where the likely settlement amount is disproportionate to the time and expense necessary to achieve a settlement; or
3. **We** consider that it is unlikely that **You** will recover the sums due and or awarded to **You**.

Alternatively where it may cost **Us** more to handle a claim than the amount in dispute **We** may at **Our** option pay to **You** the amount in dispute which shall be deemed to represent full and final settlement under this **Policy** providing that all the terms and conditions of this **Policy** have been complied with.

In the event that **You** make a claim under this policy which **You** subsequently discontinue due to **Your** own disinclination to proceed, any legal costs incurred to date will become **Your** own responsibility and will be required to be repaid to the Insurer.

Representation

We will take over and conduct in **Your** name the prosecution, pursuit, defence or settlement of any claim. The Authorised Professional nominated and appointed by **Us** will act on **Your** behalf and **You** must accept **Our** nomination.

If Legal Proceedings have been agreed by **Us**, **You** may nominate **Your** own Authorised Professional whose name and address **You** must submit to **Us**. In selecting **Your** Authorised Professional **You** shall have regard to the common law duty to minimise the cost for **Your** claim. Any dispute arising from this shall be referred to Arbitration in accordance with the Policy Conditions.

Where **You** have elected to use **Your** own nominated Authorised Professional **You** will be responsible for any Professional Fees in excess of Our Standard Professional Fees.

Conduct of Claim

1. **You** shall at all times co-operate with **Us** and give to **Us** and the Authorised Professional evidence, documents and information of all material developments and shall attend upon the Authorised Professional when so requested at **Your** own expense.
2. **We** shall have direct access at all times to and shall be entitled to obtain from the Authorised Professional any information, form, report, copy of documents, advice computation, account or correspondence relating to the matter whether or not privileged, and **You** shall give any instructions to the Authorised Professional which may be required for this purpose. **You** or **Your** Authorised Professional shall notify **Us** immediately in writing of any offer or payment into Court made with a view to settlement and **You** must secure **Our** written agreement before accepting or declining any such offer.
3. **We** will not be bound by any promise or undertaking given by **You** to the Authorised Professional or by either of **You** to any Court, witness, expert or agent or other person without **Our** agreement.

Recovery of Costs

You should take all steps to recover costs charges, fees or expenses. If another person is ordered, or agrees, to pay **You** all or any costs charges, fees, expenses or compensation **You** will do everything possible (subject to **Our** directions) to recover the money and hold it on **Our** behalf. If payment is made by instalments these will be paid to **Us** until **We** have recovered the total amount that the other person was ordered, or agreed to pay by way of costs, charges or fees.

Fraud

We have the right to refuse to pay a claim or to void this insurance in its entirety if **You** make a claim which is in any respect false or fraudulent.

Privacy Notice

Royal & Sun Alliance Insurance plc Privacy Policy

Your privacy is important to **Us** and **We** are committed to keeping it protected. **We** have created this Customer Privacy Notice which will explain how **We** use the information **We** collect about **You** and how **You** can exercise **Your** data protection rights. **You** can view our full privacy notice by visiting <https://www.rsagroup.com/support/legal-information/partner-privacy-policy/>

If **You** are unable to access the link or have any questions or comments about **Our** privacy notice, please write to: The Data Protection Officer, RSA, Bowling Mill, Dean Clough Industrial Park, Halifax, HX3 5WA.

You can also email us at crt.halifax@uk.rsagroup.com

Legal Insurance Management Ltd Privacy Notice

Legal Insurance Management Ltd (LIM) needs to collect and store personal data about its clients, insurance claims, suppliers and other users of LIM's facilities to allow it to maintain its core operations and meet its customers' requirements effectively. The provision of this personal data is necessary for LIM to administer **Your** insurance policy and meet **Our** contractual requirements under the **Policy**.

It is important to LIM that **You** are clear on what information **We** collect and why **We** collect it. **You** can withdraw **Your** consent at any point by notifying LIM, however if **You** have an on-going claim this may affect continued cover under **Your** **Policy**. Should **Your** data need updating, this can also be done at any point by contacting LIM.

To view **Our** full privacy notice, **You** can go to <https://www.legalim.co.uk/policyholder-privacy-notice> or request a copy by emailing **Us** at dataprotection@legalim.co.uk. Alternatively, **You** can write to us at: Data Protection, Legal Insurance Management Ltd, 1 Hagley Court North, Brierley Hill, West Midlands, DY5 1XF.

Due Care

You must take due care to prevent incidents that may give rise to a claim and to minimise the amount payable by **Us**.

Cancellation

We hope **You** are happy with the cover this **Policy** provides. However, if after reading this **Policy**, this insurance does not meet with **Your** requirements, please return it to **Your** Agent within fourteen (14) days of issue and **We** will refund **Your** premium provided **You** have not submitted a claim.

The Insurer shall not be bound to accept renewal of any Insurance and may at any time cancel any insurance document by giving fourteen (14) day's notice in writing where there is a valid reason for doing so. A cancellation letter will be sent to the Insured at their last known address. Valid reasons may include but are not limited to:

- a) Fraud
- b) Non-payment of premium
- c) Threatening and abusive behaviour
- d) Non-compliance with policy terms & conditions

Provided the premium has been paid in full the Insured shall be entitled to a proportionate rebate of premium in respect of the unexpired period showing on the insurance.

Acts of Parliament

Any reference to Act of Parliament within this **Policy** shall include an amending or replacing Act and shall also include where applicable equivalent legislation in Scotland, Northern Ireland, the Channel Islands, the Isle of Man and under European Law where applied in the **United Kingdom**.

Arbitration

Any dispute between **You** and **Us**, which is not solved by the **Policy**, will be governed by the laws of England and Wales and shall be referred to a single arbitrator who shall either be a solicitor or barrister on whom we both agree. If we cannot agree, one will be nominated by the Law Society. Where appropriate the dispute will be resolved on the basis of written submissions. The costs of resolving the dispute will be met in full by the party against whom the decision is made. If the decision is not clearly made against either party, the arbitrator shall have the power to apportion costs.

Contracts (Rights of Third Parties) Act 1999

Unless expressly stated nothing in this insurance contract will create rights pursuant to the Contracts (Rights of Third Parties) Act 1999 in favour of anyone other than the parties to the insurance contract.

Notices

Any letter or notice concerning this insurance will be properly issued if it is sent to the last known address of the person intended to receive it.

Claims Notification and Advice Helpline Service

All potential claims must be reported initially to the Travel Dispute Claims Notification and Advice Helpline Service for advice and support.

Travel Dispute Claims Notification & Advice Helpline Service: - 01384 377000

We will not accept responsibility if the Helpline Services fail for reasons beyond **Our** control.

Law

This policy shall be governed by and construed in accordance with the Law of England and Wales unless the Policyholder's habitual residence (in the case of an individual) or central administration and/or place of establishment is located in Scotland in which case the law of Scotland shall apply. In the event of the place of establishment being situated in the Channel Islands the relevant law governing the Channel Islands shall apply.

Complaints Procedure

In the event of a complaint arising under this insurance, **You** should in the first instance contact Legal Insurance Management Ltd.

Write to **Us** at: Legal Insurance Management Ltd, 1 Hagley Court North, The Waterfront, Brierley Hill, West Midlands, DY5 1XF Email Us At: claims@legallim.co.uk
Call Us On: 01384 377 000

Please ensure **Your Policy** number is quoted in all correspondence to assist a quick and efficient response.

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 €2 million and fewer than ten staff.

You may contact the Financial Ombudsman Service at: Financial Ombudsman Service, Exchange Tower, London, E14 9SR Telephone: 0300 123 9123 or 0800 023 4567

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

The above complaints procedure is in addition to **Your** statutory rights as a consumer. For further information about **Your** statutory rights contact **Your** local Authority Trading Standards Service or Citizens Advice Bureau.

Compensation Scheme

Royal & Sun Alliance Insurance plc is a member of the Financial Services Compensation Scheme (FSCS). This provides compensation in case any member goes out of business or into liquidation and is unable to meet any valid claims against its policies. **You** may be entitled to compensation if **We** cannot meet **Our** obligations, depending on the circumstances of the claim. Further information about the compensation scheme can be obtained from the FSCS.

IMPORTANT NUMBERS:

Medical Emergency: +44 (0) 0203 819 7170

Claims: 01702 553443

Just Travel Cover: 0333 003 0021

Email: admin@justtravelcover.com

Avion

