

# TRAVEL INSURANCE

## POLICY WORDING



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](http://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:	<b>0333 003 0021</b>
Sales:	<b>0800 294 2969</b>
Email:	<b><a href="mailto:admin@justtravelcover.com">admin@justtravelcover.com</a></b>

## 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:	<b>01702 553 443</b>
	<b><a href="http://www.submitclaim.co.uk/a2t">www.submitclaim.co.uk/a2t</a></b>
	Please quote: <b>VOY/A2T/2022-23/Just</b>

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 INFORMATION RELATING TO SECTIONS 1-16 AND 19-21

We draw **You** attention to the exclusions detailed in the 'General Exclusions' section, in particular, exclusions 40 & 41 on page 24 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**.

Please note general exclusion 40 applies to all sections of cover, whilst general exclusion 41 applies to all sections of cover with the exception of Section 1 - Cancellation or Curtailment/Loss of Holiday, Section 2 - Emergency Medical Expenses and Repatriation and Section 17 - End Supplier Failure; provided that **You** have received the recommended number of doses of an approved **Coronavirus** vaccine 14 days prior to **Your Trip** commencing. This vaccination requirement shall not apply where **You** were ineligible for vaccination, or unable to receive the vaccine for medical reasons, and this is shown in **Your** medical records. **You** should also refer to general exclusion 2.

Please be aware, there is no cover under this policy if (having no symptoms of, or **You** not testing positive for **Coronavirus**) **You** are advised to quarantine or **You** choose to self-isolate due to a person **You** have come into contact with having **Coronavirus**.

Provided **You** have paid the appropriate premium as shown on **Your Policy certificate**, **You** are covered in accordance with the full wording shown herein up to the limits indicated below. The limits apply per person for each separate **Trip**. The excesses apply for each person and each section of each claim unless otherwise stated.

Benefits Schedule		Cover Levels and Limits Per Person Per Trip		
		Bronze	Silver	Gold
Sections of Cover				
	<b>Excess</b> - per person and per section of each claim († Unless otherwise stated)	£150	£75	£50
	Loss of Deposit	£50	£50	£50
<b>1</b>	<b>Cancellation or Curtailment/Loss of Holiday</b>	£1,500	£2,500	£5,000
<b>2</b>	<b>Emergency Medical Expenses and Repatriation</b>	£10,000,000	£10,000,000	£10,000,000
	<i>Including relative's additional expenses</i>			
	<i>Including emergency repatriation/overseas burial of mortal expenses</i>			
	<i>Including emergency pain relief dental treatment † Nil Excess applies</i>	£150	£300	£450
	<i>Additional accommodation &amp; travel expenses if you test positive for Coronavirus &amp; are unable to return home as planned</i>	£2,000	£2,000	£2,000
	<i>Additional accommodation &amp; travel expenses for one parent/carer to stay with you if you test positive for Coronavirus &amp; are unable to return home as planned</i>	£2,000	£2,000	£2,000
<b>3</b>	<b>Hospital Stay Benefit (amount per day) † Nil Excess applies</b>	£500 (£15)	£1,000 (£25)	£2,000 (£50)
<b>4</b>	<b>Personal Accident - loss of sight, limb(s) or permanent total disablement † Nil Excess applies</b>	£10,000	£15,000	£20,000
	<i>Maximum payable in the event of death</i>	£5,000	£10,000	£10,000
	<i>Maximum payable in the event of death if under 16 years or 65 years of age or over</i>	£2,000	£2,000	£2,000
<b>5</b>	<b>Additional Cover on Your Return Home † Nil Excess applies</b>			
	<i>Aftercare - Home Help or Nanny</i>	£200	£300	£400
	<i>- UK Physiotherapy Treatment</i>	£200	£400	£500
	<i>Including - UK Medical Exam</i>	<b>No cover</b>	£200	£400
	<i>Convalescence/Recuperation Holiday</i>	<b>No cover</b>	£400	£750
	<i>Modification to Your home</i>	<b>No cover</b>	£300	£750
<b>6</b>	<b>Travel Delay &amp; Abandonment</b>			
	<i>Travel Delay on Your outbound journey (amount per 12 hours) † Nil Excess applies</i>	£200 (£40)	£300 (£50)	£525 (£75)
	<i>Abandonment (after 24 hours)</i>	£1,500	£2,500	£5,000
<b>7</b>	<b>Missed Departure &amp; Connections † Nil Excess applies</b>	£500	£750	£1,000
<b>8</b>	<b>Personal Baggage</b>			
	<i>Overall limit (£500 for under 18's)</i>	£1,250	£2,000	£3,000
	<i>Maximum per item, pair or set</i>	£150	£200	£350
	<i>Total limit for all valuables</i>	£200	£300	£500
	<i>Spectacles and sunglasses</i>	£100	£200	£300
	<i>Unreceipted items limit</i>	£250	£250	£250
	<i>Emergency purchases † Nil Excess applies</i>	£100	£150	£200
<b>9</b>	<b>Additional Cover For Your Medical Items</b>			
	<i>Loss or damage to Medical Aids</i>	£500	£750	£1,000
	<i>Loss or damage to prescribed medications † Nil Excess applies</i>	£200	£350	£500
	<i>Emergency replacement of prescribed medications † Nil Excess applies</i>	£200	£350	£500
	<i>Delayed mobility equipment &amp; medical aids (per day) † Nil Excess applies</i>	£250 (£50)	£500 (£100)	£1,000 (£200)
<b>10</b>	<b>Personal Money</b>	£200	£350	£500
	<i>Cash limit (£50 for under 18's)</i>	£100	£200	£300
<b>11</b>	<b>Loss of Passport &amp; Travel Documents † Nil Excess applies</b>	£200	£300	£500
<b>12</b>	<b>Personal Liability</b>	£1,000,000	£1,500,000	£2,000,000
<b>13</b>	<b>Legal Expenses</b>	£10,000	£15,000	£20,000

Benefits Schedule (Continued)		Cover Levels and Limits Per Person Per Trip		
		Bronze	Silver	Gold
<b>Sections of Cover</b>				
	<b>Excess</b> - per person and per section of each claim († Unless otherwise stated)	£150	£75	£50
	Loss of Deposit	£50	£50	£50
<b>14</b>	<b>Catastrophe &amp; Travel Disruption</b>	<b>No Cover</b>	<b>No Cover</b>	
	<i>Extended Cancellation or Curtailment/Loss of Holiday</i>			£3,000
	<i>Extended Travel Delay &amp; Abandonment</i>			£3,000
	<i>Catastrophe &amp; Travel Disruption Cover related to pre-booked accommodation</i>			£3,000
	<i>Extended Missed Departure † Nil Excess applies</i>			£1,000
<b>15</b>	<b>Kennel &amp; Cattery Fees † Nil Excess applies</b>	£50	£100	£250
<b>16</b>	<b>Hijack, Kidnap &amp; Mugging Benefit (amount per 24 hours)</b>	£500 (£25)	£1,000 (£50)	£1,500 (£75)
<b>17</b>	<b>End Supplier Failure † Nil Excess applies</b>	<b>No Cover*</b>	<b>No Cover*</b>	£1,500
<b>18</b>	<b>Travel Dispute</b>	<b>No Cover*</b>	<b>No Cover*</b>	£25,000

**The Following Sections Only Apply If You Have Paid The Additional Premium**

<b>19</b>	<b>Winter sports Cover Option</b>			
	<i>Winter Sport Equipment</i>	£500	£750	£1,000
	<i>i. Owned or Borrowed Winter sports Equipment (amount per item, pair or set)</i>	£250	£350	£500
	<i>ii. Hired Winter sports Equipment (amount per item, pair or set)</i>	£150	£200	£400
	<i>Winter sports Equipment Hire (amount per day) † Nil Excess applies</i>	£300 (£15)	£400 (£20)	£500 (£25)
	<i>Lift pass</i>	£250	£500	£750
	<i>Ski pack (amount per day) † Nil Excess applies</i>	£300 (£15)	£400 (£20)	£500 (£25)
	<i>Piste closure (amount per day) † Nil Excess applies</i>	£300 (£15)	£400 (£20)	£500 (£25)
<b>20</b>	<b>Cruise Plus Cover Option</b>   <i>This policy does not offer any cover, under any section of the policy, for cruise travel unless this option is purchased</i>			
	<i>Rejoin Your Cruise</i>	£250	£500	£750
	<i>Missed Port Benefit (per port) † Nil Excess applies</i>	£300 (£75)	£400 (£100)	£600 (£150)
	<i>Cabin Confinement (amount per day) † Nil Excess applies</i>	£300 (£75)	£400 (£100)	£600 (£150)
	<i>Cruise Itinerary Changes (amount per port) † Nil Excess applies</i>	£300 (£75)	£400 (£100)	£600 (£150)
	<i>Unused Pre-booked Excursions</i>	£300	£400	£600
	<i>Cruise Interruption</i>	£300	£400	£600
<b>21</b>	<b>Golf Cover Option</b>			
	<i>Golf Equipment</i>	£1,000	£1,500	£2,500
	<i>Maximum Per Item</i>	£250	£350	£500
	<i>Golf Equipment Hire (amount per day) † Nil Excess applies</i>	£250 (£25)	£400 (£40)	£750 (£75)
	<i>Green Fees (amount per day) † Nil Excess applies</i>	£250 (£25)	£400 (£40)	£750 (£75)

\* Sections 17 & 18 - Included on Gold cover, can be added to the same limit as included on Gold to Bronze and Silver by payment of an additional premium.

Policy Features Table			
Single Trip Policy Features			
	Bronze	Silver	Gold
Maximum age at date of departure	75	75	75
Maximum period per <b>Trip</b> if aged 65 years or under	184 days	184 days	184 days
Maximum period per <b>Trip</b> if aged 66 to 75 years	45 days	45 days	45 days
Annual Multi-Trip Features			
Maximum age at start date of the period of cover shown on <b>Your Policy certificate</b>	75	75	75
Maximum period per <b>Trip</b>	31 days	31 days	31 days
<b>Home country Trips</b> (min 2 nights in pre-booked and pre-paid accommodation)	Included	Included	Included
<b>Family</b> members can travel separately if named on <b>Your Policy certificate</b>	No	No	Yes
Wintersports - upon payment of an additional premium and shown on <b>Your Policy certificate</b> - up to total maximum of	21 days	21 days	21 days

## Introduction

Welcome to Your Able2Travel travel insurance policy.

**Please note:** Terms shown in bold in this policy have the meanings given to them in the Definitions on pages 9 and 10.

This policy wording is only valid when issued in conjunction with an Able2Travel Travel Insurance **Policy certificate** and provided the required insurance premium has been paid.

The following cover is provided for each insured person. It is important that **You** refer to the individual sections of cover for full details of what **You** are entitled to should **You** need to make a claim. The sum insured and the excess applicable to any claim made will depend upon the level of insurance **You** have purchased. **Your Policy certificate** will show whether **You** have bought Bronze cover, Silver cover, or Gold cover. **Your Policy certificate** will also show whether **You** have purchased any additional sections of cover as outlined in the tables on page 3.

## Eligibility

This policy is only available to **You** if:

- **You** are resident in the **United Kingdom**, Channel Islands or Isle of Man and have **Your** main **Home** in the **United Kingdom**, Channel Islands or Isle of Man;
- **You** have been in the **United Kingdom**, Channel Islands or Isle of Man for a minimum of 6 months in the year prior to purchasing this policy;
- **You** are registered with a General Practitioner in the **United Kingdom**, Channel Islands or Isle of Man;
- **You** are 18 years of age or over at the date of buying this policy, unless travelling with an adult insured and named on this policy;
- **You** hold a **UK** National Insurance number (where aged 16 years of age or older);
- **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;
- At the time **You** purchase this policy, **You** and all persons insured are not aware of any reason that could give rise to a claim.
- **Your Trip** starts and ends in the **United Kingdom**, Channel Islands or Isle of Man (single trip or annual multi-trip cover only);

## Period of Insurance

If **You** have paid the appropriate annual multi-trip travel insurance premium and **You** are 75 years old or under at the start date of the period of cover shown on **Your Policy certificate**, the overall period of insurance shall be for 12 months starting from the date shown. This insurance then covers an unlimited number of holiday/leisure **Trips** starting within that period, except that if **You** are undertaking a **Trip** that exceeds the maximum number of days shown in the Policy Features Table on page 3, **You** will not be covered. **Wintersports** are covered (subject to payment of the appropriate additional premium and shown on **Your Policy certificate**) up to the total number of days shown in the Policy Features Table on page 3. **You** are insured when travelling on leisure or business.

Except as stated below, cover for each separate **Trip** under this insurance starts when **You** leave **Your Home** or place of business in **Your Home country** at the start of **Your Trip**, and finishes as soon as **You** return to **Your Home** or place of business in **Your Home country**.

**You** are only covered for the period for which a premium has been paid and in any event the total period of any one **Trip** must not exceed the period shown in the Policy Features Table below.

For cancellation only (section 1), cover starts from the date shown on **Your Policy certificate** or the date **You** book **Your Trip**, whichever is the later.

## Trip extensions if you decide you wish to extend your trip whilst overseas

If, once **You** have left **Your Home Country** and before the end of the period of cover, **You** decide **You** want to extend **Your** policy, please contact JustTravelCover on +44 (0) 333 003 0021.

Extensions can usually only be considered if there has been no change in **Your** health (or that of a **Relative** or **Business Colleague**) 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 **Your** 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 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, testing positive for **Coronavirus**, injury or unavoidable delays affecting **Your** return flight or **Public Transport**, **Your Trip** cannot be completed within the period of cover outlined in **Your Policy certificate**, cover will be extended for **You** at no extra cost for up to thirty (30) days.

This also applies to:

- a. one person travelling with **You** who is authorised to stay with **You** by **Our** nominated emergency service if the extension is due to medical reasons; or
- b. one parent (who is an insured person named on the **Policy certificate**) to stay with **You** and travel **Home** with **You**, where **You** are aged under 18 years (at the time of the incident) and **You** test positive for **Coronavirus** within fourteen (14) days of **Your** booked **Trip** return date and as a result **You** are unable to return **Home** as planned; or
- c. one insured person named on the **Policy certificate** who acts as **Your** carer to stay with **You** and travel **Home** with **You**.

All requests for more than thirty (30) days must be authorised by **Our** nominated emergency service. Please see 'Need medical help abroad' on page 5 for details of how to contact **Our** nominated emergency service.

## Trip extensions – travel disruption caused by a pandemic/epidemic (including Coronavirus)

If, as a result of a **Pandemic** and/or **Epidemic** (including but not limited to **Coronavirus**), **You** are unable to return **Home** as planned, due to:

- a. a country closing their borders and/or
  - b. the cancellation or delay of **Your** booked **Public Transport**
- and as a result **You** wish to extend coverage under **Your** current policy, please contact JustTravelCover on: +44 (0) 333 003 0021. **We** will need full details of **Your** circumstances, to allow **Us** to consider any such request. Please be aware, that all such extension requests will be considered, but cannot be guaranteed.

## What Coronavirus Cover do You have under this Policy?

**You** are covered up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your Policy certificate** for:

- ▶ **Section 1 - Cancellation or Curtailment/Loss of Holiday:**  
the pro-rata costs of the unused travel and accommodation costs (including unused pre-booked excursions up to a value of £100) that have been paid or where there is a contract to pay that cannot be recovered from anywhere else if the cancellation or **Curtailment** of **Your Trip** is necessary and unavoidable as a result of **You** testing positive for **Coronavirus** within 14 days of **Your Trip** departure date, or **You** being admitted to hospital due to testing positive for **Coronavirus** since **You** purchased **Your** policy.
- ▶ **Section 2 - Emergency Medical Expenses and Repatriation:**
  - a. the reasonable costs necessarily incurred as a result of **You** sustaining **Accidental Bodily Injury**, unexpected **Illness** (including with symptoms of or testing positive for **Coronavirus**), or death during **Your Trip** in respect of emergency medical, surgical and hospital treatment and transportation.
  - b. If **You** cannot return **Home** as **You** originally planned because **You** test positive for **Coronavirus** within fourteen (14) days of **Your** booked **Trip** return date, **We** will pay for:
    - any additional costs of **Your** return flights and/or **Public Transport** to **Your Home** (economy class); and
    - any extra accommodation (room only) costs; and
    - the additional cost of return flights and/or **Public Transport** to **Your Home** (economy class) and extra accommodation costs (room only) for one parent to stay with **You** and travel **Home** with **You**, provided **You** are aged under 18 years (at the time of the incident); and
    - the additional cost of return flights and/or **Public Transport** to **Your Home** (economy class) and extra accommodation costs (room only) for one person insured under **Your** policy who acts as **Your** carer to stay with **You** and travel **Home** with **You**.

Please see the relevant sections for important information regarding the conditions and exclusions apply to this cover.

## How to Make a Claim

Which sections do You need to claim under?	<u>Sections 1-16 and Sections 19-21</u>	<u>Section 17 (End Supplier Failure)</u>	<u>Section 18 (Travel Dispute)</u>
<b>How can You make a claim online?</b>	<p>The fastest and easiest way to make a claim is to make a claim at: <a href="http://www.submitclaim.co.uk/a2t">www.submitclaim.co.uk/a2t</a></p> <p>Please Quote: <b>VOY/A2T/2022-23/Just</b></p> <p>The process should take approximately 10-15 minutes to complete (depending on the type of claim), but before continuing <b>You</b> should ensure <b>You</b> have <b>Your Policy certificate</b>, <b>Trip</b> dates, supporting documentation and details of the incident.</p>	<p>Any occurrence which may give rise to a claim should be advised as soon as reasonably practicable at: <a href="http://www.ipplondon.co.uk/claims.asp">www.ipplondon.co.uk/claims.asp</a></p> <p>Please Quote: <b>IPP ESFI V1-21</b></p>	<p>Failure to comply with the following terms could mean that <b>We</b> decline to pay <b>Your</b> claim.</p> <p>All potential claims must initially be reported to <b>Our</b> appropriate Claims Helpline Service, which operates between the hours of 09.00 – 17.00 Mondays to Friday excluding Bank Holidays.</p> <p><b>Claims Notification &amp; Advice Helpline Service</b> <b>01384 377000</b></p> <p><b>We</b> will not accept responsibility if the Helpline Services fail for reasons beyond <b>Our</b> control.</p>
<b>What other contact options are there?</b>	<p><b>Post: Claims Settlement Agencies Ltd</b> <b>308 London Road, Hadleigh, Benfleet,</b> <b>Essex, SS7 2DD</b> <b>Tel: 01702 553 443</b> <b>Email: <a href="mailto:info@csal.co.uk">info@csal.co.uk</a></b></p>	<p><b>Post: IPP Claims at Sedgwick</b> <b>Oakleigh House, 14-15 Park</b> <b>Place,</b> <b>Cardiff CF10 3DQ</b> <b>United Kingdom</b> <b>Tel: +44 (0)345 266 1872</b> <b>Email: <a href="mailto:Insolvency-claims@ipplondon.co.uk">Insolvency-claims@ipplondon.co.uk</a></b></p>	
<b>What information and documents do You need to submit a claim?</b>	<p>Please do not send in any documentation until <b>You</b> have a completed claim form to go with it (accessible at <a href="http://www.csal.co.uk">www.csal.co.uk</a>). The claim form lists the additional documentation necessary to support <b>Your</b> claim. Always make sure that any loss or theft of <b>Valuables</b> or any items are reported to the police within 24 hours of discovering the loss, or as soon as possible after that, and a written report or reference obtained in the country where the incident occurred. If <b>Your Baggage</b> is damaged or lost in transit whilst “checked in” <b>You</b> must report it to the handling agents or airline as soon as possible on collection and obtain a Property Irregularity Report. These reports (if applicable to <b>Your</b> claim), together with all available receipts and any other requested documentation, must be submitted with <b>Your</b> claim form.</p>	<p>Please ensure <b>You</b> are also able to quote <b>Your</b> policy number and <b>Your</b> Travel Insurance Policy Name</p>	

## Need medical help abroad?

**Our nominated emergency service is here to help, call them first on:**

**Tel: +44 (0) 203 819 7170**

**For emergencies:** if **You** are taken by ambulance to hospital following an emergency call, **You** or a travelling companion should call **Our** nominated emergency service as soon as possible once **You** have been admitted to hospital.

**For non-emergencies:** if **You** need a GP, or need to go to A&E or a clinic, Call **Our** nominated emergency service first, before **You** try to locate help, so the nominated emergency service can guide **You** to the safest and most appropriate source of treatment. If **You** are unfortunate enough to need medical help whilst abroad please call the 24/7 nominated emergency service first on:

**Tel: +44 (0) 203 819 7170**  
**Email: [internationalhealthcare@healix.com](mailto:internationalhealthcare@healix.com)**

The highly experienced multi-lingual team are available to talk 24 hours a day, to advise **You** or **Your** travelling companion of what steps to take. Their aim will always be to establish the best treatment available to **You** in the country **You** are visiting.

**Their first steps will always be to...**

- Confirm that **You're** in a place of safety;
- Establish the best local treatment available to **You**; and
- Consider **Your** health and best interests;

### Important Note:

It may affect **Your** claim if **You**, **Your** travelling companion or a doctor/nurse does not contact **Our** nominated emergency service on the number above. **Our** nominated emergency service do not cover any costs over £500 where prior agreement regarding treatment has not been obtained from **Our** nominated emergency service.

The team of in-house doctors, nurses and experienced case managers will advise **You**, **Your** travelling companion, and/or **Your** treating doctor, of what steps to take.

**They understand how important it is to have someone who...**

- **You** can contact at any time of the day or night
- **You** can trust has the medical expertise to guide **You** to the right course of treatment
- Has an in-depth understanding of how and when to transfer sick and injured patients back **Home**
- Will speak to **You** in a language **You** can understand.

The team is focused on trying to take some of the worry out of what can be an incredibly stressful situation so they will keep **Your** key contacts updated on **Your** progress for **You** and if need be, they will fly a doctor or nurse out, with specialist repatriation equipment, to accompany **You Home**.

They actively monitor the capabilities of medical facilities throughout the world and use this knowledge to determine whether **You** need to be transferred to a different facility. Once they are satisfied that **You** are getting the appropriate treatment, they will agree a treatment plan with **Your** treating doctor and **You**. If **You** cannot be discharged in time to continue **Your Trip** as planned, they will make arrangements to bring **You Home** at the appropriate time.

## Disclosure of your Medical Conditions

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.

Your policies do not cover claims arising from any Existing medical conditions that require You to answer 'Yes' to the questions below.

NO	1. Has anyone travelling ever had treatment for:	Yes	<p>If You have answered YES to any of the questions on the left, You must tell Us, in order to seek cover for Your medical condition(s), although an increased premium or excess may be required to do so.</p> <p>To enable Us to consider Your medical condition please contact <b>JustTravelcover Healthcheck</b> on:  <b>+44 (0) 333 003 0021</b>            9.00am-5.00pm Monday–Friday</p> <p>Should We require any additional premium, and You accept Our offer, this should be paid to JustTravelcover Healthcheck, and sent within 14 days of Our offer. If Your Existing medical condition would require an additional premium to be covered and You choose not to declare it, We reserve the right to decline a claim relating to this condition, unless otherwise agreed by Us in writing. Full confirmation of Our terms and conditions will be sent out to Your address after Your call. Any additional medical conditions not declared to Us will not be covered.</p> <p>If Your answer changes to 'Yes' at any point after the purchase of this policy You must call to inform Us of this change in health to ensure You are fully covered for Your Trip.</p>
	any heart or circulatory condition?	Yes	
	any type of diabetes?	Yes	
	a stroke or high blood pressure?	Yes	
	any type of cancer whether in remission or not?	Yes	
	any lung or breathing condition?	Yes	
	an organ transplant or dialysis?	Yes	
NO	2. In the last 5 years, has anyone travelling suffered from a serious or recurring medical condition, been prescribed medication or received treatment or attended a <b>Medical Practitioner's</b> surgery?	Yes	<p><b>BE AWARE</b></p> <p>We are unable to provide cover for any claim arising as a result of an Existing medical condition for which anyone travelling is on a waiting list for investigations or treatment. We are also unable to provide cover for any claim arising as a result of a condition for which anyone travelling has been diagnosed by a <b>Medical Practitioner</b> as suffering from a terminal illness.</p>
NO	3. In the last 5 years, has anyone travelling been referred to a specialist or consultant at a hospital or clinic for tests, diagnosis or treatments or attended as an outpatient?	Yes	
NO	4. Has anyone travelling ever been diagnosed or treated for any form of anxiety, depression or Psychiatric Condition including eating disorders?	Yes	
NO	5. Has anyone travelling been placed on a waiting list currently for investigations or treatment?	Yes	
NO	6. Has anyone travelling been diagnosed by a <b>Medical Practitioner</b> as suffering from a terminal illness?	Yes	
NO	7. Are You planning to take part in any hazardous activities (see general exclusions 13 to 18)? If so, please contact <b>JustTravelcover</b> on <b>+44 (0) 333 003 0021</b> to see what cover may be available.		

## Important

You must tell Us if, at any time during the period of insurance and each time You make arrangements to travel, there is a change in circumstances and You answer 'yes' to any of the important conditions relating to health and activities by contacting Us as soon as possible so that We may reassess Your coverage relating to any Trips You have booked or may wish to book in the future. Please refer to general conditions 1, 2 & 3.

## Changes in Your Health

- If Your health changes after You purchased Your policy or before booking Your Trip but before You travel, You must tell **JustTravelcover** on **+44 (0) 333 003 0021** about these changes if because of these You:
  - Have seen a doctor and have seen or been referred to a consultant or specialist;
  - Have been admitted to hospital for, or are waiting to receive treatment (including surgery, tests or investigations) or the results of tests and investigations;

We will then tell You if We can cover Your medical conditions free of charge or for an additional premium.
- If We cannot cover Your medical conditions, or You do not want to pay the additional premium quoted, We will give You the choice of either:
  - Making a cancellation claim for any pre-booked Trips; or
  - Cancelling Your policy and receiving a proportionate/partial refund (provided that You have not made a claim or are about to).

## Non Travellers Health

We will not provide cover for any claim if, at the time Your policy starts or booking a Trip, whichever was the later, any person on whom the Trip depends including the person with whom You are travelling or have arranged to travel, a person with whom You have arranged to reside with temporarily, a **Relative**, friend or **Business Colleague** had a medical condition for which he or she:

- was receiving treatment at hospital (other than where they go to hospital for check-ups for a stable condition, at regular intervals which have been arranged beforehand);
- was waiting for a hospital consultation, investigations or treatment (other than where they go to hospital for check-ups for a stable condition, at regular intervals which have been arranged beforehand);
- had been given a terminal prognosis, or been told that their condition is likely to get worse in the next 12 months.

## Important Features

We would like to draw **Your** attention to some important features of **Your** insurance including:

### 1. Insurance document

**You** should read this document carefully. It gives full details of what is and is not covered and the conditions of the cover. Cover can vary from one policy to another so **You** should familiarise **Yourself** with this particular insurance.

### 2. Conditions and exclusions

Specific conditions and exclusions apply to individual sections of **Your** insurance, whilst general exclusions and conditions will apply to the whole of **Your** insurance.

### 3. Health

This insurance contains restrictions regarding the health of the people travelling and of other people upon whose health the **Trip** depends. **You** are advised to read the document carefully.

### 4. 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' or replacement cost basis. Deductions will be made in respect of wear, tear and depreciation.

### 5. Limits

This insurance has limits on the amount the **Insurer** will pay under each section. Some sections also include other specific limits, for example, for any one item or for **Valuables** in total.

### 6. Excesses

Under some sections of this insurance, claims will be subject to an excess. This means each person will be responsible for paying the first part of their claim under each applicable section.

### 7. 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 (4) 175ml glasses of wine; a witness report of a third party that has advised that **You** have notably impaired **Your** faculties and/or judgement. Please refer to general exclusions 8, 9 and 10.

### 8. Reasonable care

**You** need to take all reasonable care to protect **Yourself** and **Your** property, as **You** would if **You** were not insured and that includes not doing anything that could reasonably be expected to cause injury or death to **Yourself** or others. Any amounts the **Insurer** will pay for property left **Unattended** in a public place or **Unattended** vehicle is very limited, as specified.

### 9. Sports & activities

**You** may not be insured if **You** are going to take part in sports & activities where there is a generally recognised risk of injury. Please check that this insurance covers **You**, or ask **Us**.

### 10. Customer service

We always try to provide a high level of service. However, if **You** think **We** have not lived up to **Your** expectations, please refer to the complaints procedure.

### 11. Cancellation rights

This insurance contains a 14 day 'cooling off' period during which **You** can return it and get a full refund, providing **You** have not travelled and there are no claims. For further details on how to cancel **Your** policy please refer to Cancellation Rights on page 9.

### 12. Fraudulent claims

It is a criminal offence to make a fraudulent claim.

### 13. Residency

This policy is only available if **You** are permanently resident in the **United Kingdom**, Channel Islands or Isle of Man and registered with a **Medical practitioner** in **Your Home country**.

## Special Notice

**This is not a private medical insurance policy and is only designed to cover You for emergency treatment.**

This 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 **Our** nominated emergency service as part of a medical emergency covered by this policy.

This policy is only designed to cover **You** for emergency treatment. Emergency treatment means unforeseen and unplanned treatment that is needed for the sudden onset of an acute condition, which for medical reasons and in the opinion of **Our** nominated emergency service, cannot be delayed until **You** return to the **United Kingdom** and could be undertaken in the **United Kingdom** if **You** were to return **Home** (at **Your** own cost). The decision of the Medical Emergency Assistance Company is final. An acute condition means: A disease, **Illness** or injury that is likely to respond quickly to treatment which aims to return **You** to the state of health **You** were in immediately before suffering the disease, **Illness** or injury, or which leads to **Your** full recovery.

### Claims for reimbursement of costs

This insurance policy will only respond to claims for **Irrecoverable costs** 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.

### Pregnancy

The policy does not intend to cover the normal costs or losses otherwise associated with pregnancy (including multiple pregnancy) or childbirth. This includes but is not limited to delivery by caesarean section or any other medically or surgically assisted delivery which does not cause medical complications. The policy does, however, cover **You** should complications arise with **Your** pregnancy due to **Accidental Bodily Injury** or unexpected **Illness** which occurs while on **Your Trip**.

## Reciprocal Health Agreements

### European Health Insurance Card (EHIC)/Global Health Insurance Card (GHIC)

The EHIC allows **You** to access state provided healthcare in all European Economic Area (EEA) countries and Switzerland. **Your** EHIC will be accepted for the remainder of its validity. From 4th January 2021, if **You** do not have a valid EHIC **You** will need to apply for a GHIC but please be aware that the GHIC does not cover Switzerland, Iceland, Liechtenstein or Norway. For more information or to apply for **Your** GHIC: online at [www.dh.gov.uk/travellers](http://www.dh.gov.uk/travellers) or by telephoning **0845 606 2030**.

Presenting **Your** EHIC/GHIC at a public medical facility will allow **You** to obtain treatment at a reduced cost and in many cases free of charge, provided **You** are a **UK** resident (please note if **You** reside in the Isle of Man or the Channel Islands **You** are not eligible for an EHIC/GHIC). **You** must carry it with **You** when travelling abroad. Remember to check **Your** EHIC/GHIC is still valid before **You** travel.

If **You** are travelling outside the EEA then there are some countries that have reciprocal agreements with the **UK** and these can be found on: [www.gov.uk/guidance/uk-reciprocal-healthcare-agreements-with-non-eu-countries](http://www.gov.uk/guidance/uk-reciprocal-healthcare-agreements-with-non-eu-countries).

### 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](http://www.humanservices.gov.au/medicare) or by emailing: [medicare@humanservices.gov.au](mailto: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 **Medical practitioner** has decided the condition needs prompt attention. For more information, please go to [www.health.govt.nz](http://www.health.govt.nz) or email: [info@health.govt.nz](mailto:info@health.govt.nz). Alternatively please call **Our** nominated emergency service for guidance.

If **You** are admitted to hospital contact must be made with **Our** nominated emergency service 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/GHIC, Medicare in Australia or private health insurance, **We** will not apply the deduction of a policy excess under Section 2 - Emergency Medical Expenses.

## Territorial Limits

You are covered for **Trips** to countries within the following areas provided that **You** have paid the appropriate premium, as shown in **Your Policy certificate**:

<b>Area 1 - United Kingdom</b>	England, Wales, Scotland, Northern Ireland and the Isle of Man.
<b>Area 2 - Europe</b>	All countries listed in "Area 1" above together with Albania, Andorra, Armenia, Austria, Azores, Belarus, Belgium, Bosnia-Herzegovina, Bulgaria, Channel Islands, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, Former Yugoslav Republic of Macedonia, France, Germany, Gibraltar, Greece, Hungary, Iceland, Italy, Kosovo, Latvia, Liechtenstein, Lithuania, Luxembourg, Madeira, Malta, Macedonia, Moldova, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Republic of Ireland, Romania, Russia, San Marino, Sardinia, Serbia, Slovakia, Slovenia, Spain (including the Balearic Islands and Canary Islands), Svalbard, Sweden, Switzerland, Turkey, Ukraine, Vatican City.
<b>Area 3 - Anywhere in the world excluding Canada, Caribbean, Mexico &amp; USA</b>	All countries listed in "Area 1" & "Area 2" above with all countries worldwide excluding Canada, the Caribbean, Mexico, and the United States of America.
<b>Area 4 - Anywhere in the world</b>	All countries listed in "Area 1", "Area 2" & "Area 3" above and also including Canada, the Caribbean, Mexico, and the United States of America.

If **You** have bought the annual multi-trip option, **Trips** wholly within **Your Home country** are also insured but only if they include a minimum of 2 nights away from **Home** in pre-booked and pre-paid accommodation.

Stop-overs in a country within a higher area are insured provided they do not exceed 48 hours in each direction.

**Please note:** this policy does not cover **Your** travel to a country or specific area or event to which the Foreign, Commonwealth & Development Office (FCDO) have advised against all (or all but essential) travel. This exclusion does not apply where **Your** destination is within Area 2 - Europe (see the 'Territorial Limits' above) and where the Foreign, Commonwealth & Development Office (FCDO) have advised against all (or all but essential) travel solely due to the **Coronavirus** risk.

It is **Your** responsibility to check the latest advice from the FCDO prior to commencing **Your Trip**, which **You** can find at <https://www.gov.uk/foreign-travel-advice>.

## Insurers

This insurance is sold & administered by JustTravelCover on behalf of Voyager Insurance Services.

### For Sections 1-16 and Sections 19-21:

This insurance is underwritten by Chaucer Insurance Company DAC. Registered office: 38 & 39 Baggot Street Lower, Dublin 2, D02 T938, Ireland.

### For Section 17:

This is arranged by International Passenger Protection, IPP House, 22-26 Station Road, West Wickham, Kent, BR4 0PR, United Kingdom and is underwritten by Liberty Mutual Insurance Europe SE (The Insurer).

### For Section 18:

This is administered by Arc Legal Assistance Limited, The Gatehouse, Lodge Park, Lodge Lane, Langham, Colchester, Essex, CO4 5NE, and underwritten by AmTrust Europe Ltd.

## Our Regulator

Voyager Insurance Services are authorised and regulated by the Financial Conduct Authority, FRN 305814. Registered office: Bankside 300 Peachan Way, Broadland Business Park, Norwich, Norfolk, NR7 0LB. Registered no. 3251842.

JustTravelcover is a trading name of Just Insurance Agents Limited which is authorised and regulated by the Financial Conduct Authority (FCA 610022) and registered in England and Wales (Company No. 05399196). Registered Office: Victoria House, Toward Road, Sunderland SR1 2QF.

### For Sections 1-16 and Sections 19-21:

Chaucer Insurance Company DAC is authorised and regulated by the Central Bank of Ireland and registered in the Republic of Ireland.

### For Section 17:

Liberty Mutual Insurance Europe SE are authorised and regulated by the Luxembourg Minister of Finance and the Commissariat aux Assurances. Deemed authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority (registered number 829959). Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the **UK** for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website.

### For Section 18:

Arc Legal Assistance Ltd is authorised and regulated by the Financial Conduct Authority. FCA Register number 305958.

Details of the extent of **Our** regulation by the Financial Conduct Authority are available on request.

**You** can check this information on the Financial Services Register by visiting the Website <https://register.fca.org.uk/> or by phoning 0800 111 6768 or 0300 500 8082.

## Financial Services Compensation Scheme

JustTravelCover, Voyager Insurance Services Limited, Chaucer Insurance Company DAC & AmTrust Europe Ltd are covered by the Financial Services Compensation Scheme. **You** may be entitled to compensation from the Scheme if an **Insurer** is unable to meet its obligations to **You** under this policy. Further information can be obtained from the Financial Services Compensation Scheme ([www.fscs.org.uk](http://www.fscs.org.uk)) or by contacting the FSCS at 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU or by calling 0800 678 1100 or 020 7741 4100.

## Choice of Law and Jurisdiction

This policy, **Policy Certificate** and any endorsements shall be governed by and construed in accordance with the law of England and Wales. Each party agrees that the Courts of England and Wales shall have exclusive jurisdiction in respect of any dispute which may arise out of or in connection with this policy or any claim.

## Interest

No sum payable under this policy shall carry interest.

## Rights of Third Parties

A person 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.

For **Your** information, the Contracts (Rights of Third Parties) Act 1999 allows a person who is not a party to a contract to be able to enforce that contract if the contract expressly allows him/her to or if the contract confers a benefit upon him/her. However, the Act will not be applied if the parties make it clear in the contract that the third party does not have the right to enforce it. For further guidance please see [www.legislation.gov.uk](http://www.legislation.gov.uk) or contact the Citizens Advice Bureau.

## Information You Have Given Us

In deciding to accept this policy and in setting the terms and premium, **We** have relied on the information **You** have given **Us**. **You** must take care when answering any questions **We** ask by ensuring that all information provided is accurate and complete.

If **We** establish that **You** deliberately or recklessly provided **Us** with false or misleading information **We** will treat this policy as if it never existed and decline all claims.

If **We** establish that **You** carelessly provided **Us** with false or misleading information it could adversely affect **Your** policy and any claim. For example, **We** may:

- treat this policy as if it had never existed and refuse to pay all claims and return the premium paid. **We** will only do this if **We** provided **You** with insurance cover which **We** would not otherwise have offered;
- amend the terms of **Your** insurance. **We** may apply these amended terms as if they were already in place if a claim has been adversely impacted by **Your** carelessness;
- reduce the amount **We** pay on a claim in the proportion the premium **You** have paid bears to the premium **We** would have charged **You**; or
- cancel **Your** policy in accordance with the Cancellation rights condition below.

**We** or **Your** insurance broker will write to **You** if **We**:

- intend to treat **Your** policy as if it never existed; or
- need to amend the terms of **Your** policy.

If **You** become aware that information **You** have given **Us** is inaccurate, **You** must inform JustTravelCover on +44 (0) 333 003 0021 as soon as practicable.

# Cancellation Rights

## Important - Applicable to all policies:

**We** will not refund the premium if **You** have travelled on the policy, or if **You** have made or if **You** intend to make a claim, or an incident has occurred which is likely to give rise to a claim.

To cancel **Your** policy, please telephone: **JustTravelCover** on +44 (0) 333 003 0021 or email: [admin@justtravelcover.com](mailto:admin@justtravelcover.com)  
Alternatively, **You** can write to:

JustTravelCover,  
Victoria House, Toward Road,  
Sunderland, SR1 2QF

**1. If You wish to cancel the policy within the 14-day cooling off period**  
If **You** decide this cover is not suitable for **You** and **You** want to cancel **Your** policy **You** must contact JustTravelCover within 14 days of buying the policy or the date **You** receive **Your** policy documents. Any premium already paid will be refunded to **You** in full.

**2. If You wish to cancel the policy outside the 14-day cooling off period**  
**a. for single trip policies:**

If **You** cancel the policy at any time after the 14 day cooling off period, **You** will be entitled to a refund of the premium paid, subject to a deduction of 30% for the Cancellation cover **You** have received.

**b. for annual multi-trip policies:**

If cover has started, **You** will be entitled to a pro-rata refund of premium, in accordance with the amounts shown below.

Period of cover	Refund Due
If cover has not started	100%
Up to two (2) months	60%
Up to three (3) months	50%
Up to four (4) months	40%
Up to five (5) months	30%
Up to six (6) months	25%
Six (6) months or over	No refund

**3. Our right to cancel the policy**

**We** may cancel **Your** policy where there is a valid reason for doing so by giving **You** thirty (30) days' notice by registered post to **Your** last known address. A proportionate refund of the premium paid will be made to the policyholder from the date **We** cancel the policy. Valid reasons may include but are not limited to:

- If **You** advise **Us** of a change of risk under **Your** policy which **We** are unable to insure;
- Where **You** fail to respond to requests from **Us** for further information or documentation;
- Where **You** have given incorrect information and fail to provide clarification when requested; and/or
- The use of threatening or abusive behaviour or language, or intimidation or bullying of **Our** staff or suppliers, by **You** or any person acting on **Your** behalf.

No refund will be payable if **You** have made or intend to make a claim or if **Your Trip** has already started.

# Definitions

Listed below are certain words that appear throughout the policy. In all cases they will be shown in **Bold** and will have the meanings shown below.

**The below definitions apply when used in reference to Sections 1-16 & 19-21**

**Accident/Accidental** means a sudden, unexpected event caused by something external and visible, which results directly and solely in loss, damage or physical **Bodily Injury**.

**Baggage** means luggage, including, clothing and personal items which are owned or borrowed (but not hired) by **You** and have been either taken or purchased on the **Trip**. The following are not included: animal skins, antiques, bicycles, binoculars, bonds, computer games and consoles, computer or telecommunications equipment of any kind, coupons, diving equipment, documents of any kind, furs, iPods, marine and craft equipment, mobile phones, money, motor vehicles, MP3 players, musical instruments, radios, sailboards or related equipment or fittings of any kind, securities, stamps, surfboards, tape recorders, television sets, travellers cheques, video equipment or DVD equipment of any kind.

**Bodily Injury** means a **Bodily Injury** which is the direct result of an **Accidental**, external, violent and visible cause, including **Accidental** injury as a direct result of being exposed to the elements. This does not include an injury caused by sickness, disease or any naturally occurring condition.

**Breakdown** means that the vehicle in which **You** are travelling stops as a result of mechanical or electrical failure due to any cause other than lack of fuel, oil or water.

**Business colleague** means a person in the same employment as **You** in **Your** country of residence, whose absence from work or place of employment for one or more complete days at the same time as **You**, prevents the effective continuation of that business.

**Complications of pregnancy and childbirth** means toxemia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole, (molar pregnancy), post partum haemorrhage, retained placenta membrane, placental abruption, hyperemesis gravidarum, placenta praevia, stillbirths, miscarriage, medically necessary emergency caesarean section, medical necessary termination and premature births. This definition is only applicable if the complication occurs more than 8 Weeks (or 16 Weeks in the case of a known multiple pregnancy) prior to the expected delivery date.

**Coronavirus** means Coronavirus, COVID-19, including any related and/or similar conditions howsoever called, or any mutation of these.

**Couple** means all married and non-married couples living in a permanent relationship at the same address.

**Cruise/cruising/cruise holiday** means a voyage on a ship/vessel sailing on the seas or oceans that includes stopping at various ports. No cover is provided for container or cargo ship travel. There is no cover provided for Cruises unless **You** have paid the appropriate additional premium and cover is shown on **Your Policy certificate**.

**Curtailed/curtail** means cutting **Your** planned **Trip** short by early return to **Your Home country** or **Your** admission to hospital as an inpatient so that **You** lose the benefit of accommodation **You** have paid for.

**Curtailed costs** means travel costs necessary to return **You Home** before the booked return date and a pro-rata amount representing the total pre-paid or contracted costs of accommodation, car hire and excursions attributable to each complete day which is not spent overseas. The following are not included: all costs attributable to the outward and return travel tickets, whether used or unused.

**End supplier** means any service providers of major elements of **Your** booked itinerary, including transport, accommodation and ground arrangements that are booked directly with them and paid for before the start of **Your Trip** and not part of a **Package holiday**.

**Epidemic** means a widespread occurrence of an infectious disease in a community at a particular time.

**Existing medical condition** means any condition that has been suffered or for which medical advice (including routine check-ups), investigation, treatment or medication has been received within the 5 years prior to the date that this insurance was arranged or the date that **You** subsequently made arrangements for a **Trip** (on an annual multi-trip policy) or **You** extended the original period of **Your** insurance.

**Family** means two adults aged 65 or under (or 1 adult for a single parent family), and all of their children (including foster children) aged 17 or under. All persons must live at the same address. Only on Gold annual multi-trip policies are all insured persons entitled to travel separately providing all travellers are named on the **Policy certificate**.

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

**Home** means **Your** usual place of residence in the **United Kingdom**, Channel Islands or Isle of Man.

**Home country** means whichever one of the **United Kingdom**, Channel Islands or Isle of Man is **Your** usual place of residence.

**Illness** means any disease, infection, bodily disorder which is unexpectedly contracted by **You** prior to **Your Trip** or unexpectedly manifests itself for the first time during **Your Trip**.

**Information technology system** means 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.

**Insurer** means Chaucer Insurance Company DAC for sections 1-16 and sections 19-21.

**Irrecoverable costs** means any costs where **You** are not entitled to a refund by any other means, and/or costs that are not compensated elsewhere, and/or costs that are already accepted or offered by **Your** transport and/or accommodation provider, even if this is a credit note or alternative travel arrangements.

**Level of cover** means the applicable sections of cover and the respective limits identified within the Benefits Schedule chosen by **You** under the policy as indicated on **Your Policy certificate**. The levels of cover applicable are 'Bronze', 'Silver' and 'Gold'.

**Loss of holiday** means the number of days **You** are confined to a hospital, hotel room or cabin on **Your** treating doctor's orders and are unable to participate in **Your** planned **Trip**, due to death, serious injury or **Illness**.

**Medical aids** means wheelchairs, walking frames and sticks, supplies and equipment designed to provide mobility and care for the disabled and any other articles of such equipment belonging to **You** or for which **You** are legally responsible.

**Medical practitioner** means a registered practising member of the medical profession registered in the country where **You** are treated who is not related to **You** or any person with whom **You** are travelling.

**Non-traveller** means **Your Relatives** or **Business Colleagues** who are not travelling with **You** and people with whom **You** have arranged to stay.

**Package holiday** means all aspects of a holiday arranged with a tour operator or travel agent prior to **Your** departure at an inclusive price.

**Pandemic** means an **Epidemic** that has spread across a large region.

**Personal money** means cash, being bank notes and coins, travellers' cheques, travel tickets and accommodation vouchers carried by **You** for **Your** personal use.

**Policy certificate** means the document showing details of the cover and which should be read in conjunction with this policy wording.

**Public transport** means any aeroplane, ship, train or coach on which **You** are booked to travel.

**Redundancy/redundant** means **You** becoming unemployed (provided employment has been on a continuous basis with the same employer for at least 24 months; and **You** qualify for payment under current UK redundancy payment legislation; and at the time of booking the **Trip** or purchasing this policy, whichever is the later, there was no reason to believe anyone would be made **Redundant**) or any person who is travelling or **You** have arranged to travel with.

**Relative** means husband or wife (or partner with whom **You** are living at the same address), parent, grandparent, parent-in-law, brother, sister, child, grandchild, brother-in-law, sister-in-law, son-in-law, daughter-in-law or fiancé(e).

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

**Travelling companion** means any named person on **Your Policy certificate** or booking invoice or with whom **You** are travelling with for the whole period of **Your Trip**.

**Trip** means any holiday, leisure or business **Trip** which begins and ends in **Your Home country** during the period of insurance for which **You** have paid the appropriate premium. Each **Trip** under annual multi-trip cover is considered to be a separate insurance, with the terms, definitions, exclusions and conditions contained in this policy applying to each **Trip**. The maximum duration for any one **Trip** is shown on **Your Policy certificate**.

**Please note:** There is no cover under any section of the policy for **Cruise Trips** unless **You** have paid the appropriate additional premium and cover is shown on **Your Policy certificate**. In any event there is no cover for cargo or container ship travel.

**Unattended** means when **You** are not in full view of and not in a position to prevent unauthorised interference with **Your** property. Each **Trip** under annual multi-trip cover is considered to be a separate insurance, with the terms, definitions, exclusions and conditions contained in this policy applying to each **Trip**.

**United Kingdom/UK** means England, Scotland, Wales and Northern Ireland & Isle of Man.

**Utilisation of nuclear, chemical or biological weapons of mass destruction** means 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; which is capable of causing incapacitating disablement or death amongst people or animals.

**Valuables** means jewellery, gold, silver, precious metal or precious or

semiprecious stone articles, watches, cameras, camcorders, photographic, audio, video, computer, television and telecommunications equipment (including CDs, DVDs, tapes, films, cassettes, cartridges, headphones, electronic readers, laptops, tablets, smartphones and mobile phones), computer games and associated equipment, telescopes, binoculars and satellite navigation equipment.

**We, Us and Our** means Voyager Insurance Services Limited who administer the insurance for sections 1-16 and sections 19-21.

**Winter sports** means cross country skiing (Nordic skiing), glacier skiing, recreational racing, snowmobiling, mono skiing, off piste skiing or snowboarding (providing local safety guidelines and warnings are observed), on piste skiing or snowboarding, snowblading and sledging.

**Winter sports equipment** means skis, snowboards, ski-poles, bindings, ski-boots and snowboard boots.

**You and Your** means each person who is named on the **Policy certificate**, for whom the premium has been paid, and whose age does not exceed the maximum shown in the Policy Features Table on page 3. **You** must be resident in the **United Kingdom**, Channel Islands or Isle of Man and registered with a **Medical practitioner** in **Your Home country**. Each person is separately insured.

**The below definitions apply when used in reference to Section 18**

**Agent** means the Agent appointed by the coverholder to transact this insurance with **You**.

**Authorised Professional** means 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)** means 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** means our own claims panel solicitor or claims handler.

**Court** means a **Court**, tribunal or other competent authority.

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

**Holiday** means a **Holiday** trip outside of the United Kingdom or a **Holiday** within the United Kingdom which includes two or more consecutive nights stay in prebooked accommodation.

**Insured Person** means the persons named within the policy **Schedule** attached to this policy.

**Insurer** means this insurance is administered by Arc Legal Assistance Limited and underwritten by AmTrust Europe Ltd.

**Legal Proceedings** means when formal **Legal Proceedings** are issued against an opponent in a **Court** of law.

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

**Policyholder, You, Your** means the person or company who has paid the premium and is named in the **Schedule** as the **Policyholder**.

**Pre-Booked Accommodation** means 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** means 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** means at least a 51% chance of the **Insured Person(s)** achieving a favourable outcome.

**Schedule** means the document which shows details of **You** and this insurance and is attached to and forms part of this policy.

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

**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.

**Time of Occurrence** means when the **Event** occurred or commenced whichever is the earlier.

**We, Us, Our** means Arc Legal Assistance Limited and AmTrust Europe Ltd.

## SECTION 1 CANCELLATION OR CURTAILMENT/LOSS OF HOLIDAY

Cover under this section starts from the date shown on **Your Policy certificate** or the date travel is booked, whichever is the later.

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your Policy certificate** for the pro-rata costs of the unused travel and accommodation costs (including unused pre-booked excursions up to a value of £100) that have been paid or where there is a contract to pay that cannot be recovered from anywhere else if the cancellation or **Curtailed** of **Your Trip** is necessary and unavoidable as a result of the following:

- a. **You** dying or **You** suffering **Accidental Bodily Injury**, or **You** testing positive for **Coronavirus** within 14 days of **Your Trip** departure date, or **You** being admitted to hospital due to testing positive for **Coronavirus** since **You** purchased **Your** policy or **You** suffering an unexpected **Illness**.
- b. the **Accidental Bodily Injury**, unexpected **Illness** or death of **Your Travelling companion**, **Your Relative** or that of a **Travelling companion**, **Your Business colleague** or person with whom **You** intended to stay.
- c. receipt of a summons for jury service or being subpoenaed as a court witness (except as an expert witness).
- d. unexpected requirement for emergency and unavoidable duty as a member of the armed forces, police, fire, nursing, ambulance or coastguard services resulting in cancellation of previously agreed leave.
- e. **Redundancy**, provided that **You** are entitled to payment under the current redundancy payments legislation and that at the time of booking **Your Trip** or buying the insurance **You** had no reason to believe that **You** would be made **Redundant**. **You** must have had 2 years continuous employment with that employer.
- f. **Your** presence being required to make **Your** property safe and secure following fire, flood or burglary that causes serious damage at **Your Home** within 48 hours prior to **Your** departure, or whilst **You** are away.
- g. **Your** car becoming unusable as a result of theft, fire or **Accident** within 7 days prior to **Your** departure. This only applies if **You** are planning to go on a selfdrive **Trip** in the car.

**Please note:** there is no cover under b., c., d. or e. above, if this is related to a **Pandemic** and/or **Epidemic**, including but not limited to **Coronavirus**, as this is excluded - see General Exclusions 40 and 41. Under a. above this cover extends to include the **Loss of Holiday**, where applicable, for a period in excess of 24 hours.

### You are not covered for

- a. the amount of the excess shown in the Benefits Schedule.
- b. anything not included in **You** are covered above.
- c. any directly or indirectly related claims if at the time this insurance was arranged and each time **You** make arrangements for a **Trip** **You** or anyone travelling has ever had treatment for;
  - i. any heart or circulatory condition,
  - ii. any type of diabetes,
  - iii. a stroke or high blood pressure,
  - iv. any type of Cancer, whether in remission or not,
  - v. any lung or breathing condition,
  - vi. an organ transplant or dialysis.
- d. any directly or indirectly related claims if in the last 5 years, **You** or anyone travelling has:
  - i. suffered from a serious or recurring medical condition, been prescribed medication or received treatment or attended a **Medical Practitioner's** surgery,
  - ii. been referred to a specialist or consultant at a hospital or clinic for tests, diagnosis or treatments or attended as an outpatient.
- e. any directly or indirectly related claims if at the time this insurance was arranged and each time **You** make arrangements for a **Trip** **You** or anyone travelling has ever been diagnosed or treated for any form of anxiety, depression or Psychiatric Condition including eating disorders.

**We** may agree not to apply (c, d or e) above or to accept this insurance at special terms but only if **You** supply **Us** with details of **Your** condition. Please contact JustTravelCover Healthcheck on +44 (0) 333 003 0021.

- f. any directly or indirectly related claims if at the time this insurance was arranged and each time **You** make arrangements for a **Trip** **You** or anyone travelling:
  - i. has been placed on a waiting list for investigations or treatment,
  - ii. has been diagnosed by a **Medical Practitioner** as suffering from a terminal **Illness**.
- g. any claim if, at the time **Your** policy starts or booking a **Trip**, whichever was the later, any person on whom the **Trip** depends including the person with whom **You** are travelling or have arranged to travel, a person with whom **You** have arranged to reside with temporarily, a **Relative**, friend or **Business colleague** had a medical condition for which he or she:
  - ▶ was receiving treatment at hospital (other than where they go to hospital for check-ups for a stable condition, at regular intervals which have been arranged beforehand);

- ▶ was waiting for a hospital consultation, investigations or treatment (other than where they go to hospital for check-ups for a stable condition, at regular intervals which have been arranged beforehand);
- ▶ had been given a terminal prognosis, or been told that their condition is likely to get worse in the next 12 months.

If **You** are in any doubt, please call JustTravelCover on +44 (0) 333 003 0021.

- h. any claims arising directly or indirectly from **Coronavirus**:
  - ▶ 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** since **You** purchased **Your** policy;
  - ▶ if **You** are advised to quarantine or **You** choose to self-isolate due to a person **You** have come into contact with having **Coronavirus**;
  - ▶ under '**You** are covered' points b., c., d. or e.;
  - ▶ if a medical professional advises **You** not to travel as **You** have underlying health conditions that place **You** 'at a higher risk' from **Coronavirus**;
  - ▶ as a result of 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**;
  - ▶ any costs of **Coronavirus** testing, unless **You** are admitted to hospital as an in-patient outside of **Your Home country**, as a result of an **Accident** or **Illness** that is covered under section 2 - Emergency Medical Expenses and Repatriation.
- i. any costs incurred in respect of visas obtained in connection with the **Trip**.
- j. disinclination to travel.
- k. failure to obtain the necessary passport, visa or permit in time for **Your Trip**.
- l. claims arising from **Your** anxiety, stress, depression or any other mental or nervous disorder unless **You** provide a medical certificate from a registered mental health professional stating that this necessarily prevented **You** from travelling. Unless declared and accepted by **Us** in writing.
- m. the cost of **Your** unused original tickets where **Our** nominated emergency service or **We** have arranged and paid for **You** to come **Home** following **Curtailed** of the **Trip**. If however **You** have not purchased a return ticket, **We** reserve the right to deduct the cost of an economy flight from any additional costs **We** have incurred which are medically necessary to repatriate **You** to **Your Home**.
- n. **You** being on a hospital waiting list where the claim relates to **You** accepting an appointment that causes **You** to cancel or **Curtailed** **Your Trip**.
- o. any claim for promotional vouchers or reward points, without monetary value such as Air Miles or Avios Points.
- p. any claim for accommodation costs paid for using any Timeshare, Holiday Property Bond or other holiday points scheme.
- q. any claim for **Loss of Holiday** not supported by a medical certificate from **Your** treating **Medical practitioner** confirming the number of days that **You** were confined to a hospital, hotel room or cabin.

### Conditions

It is a requirement of this insurance that;

- a. (for Cancellation) if **You** become aware of any circumstances which make it necessary for **You** to cancel **Your Trip**, **You** must advise **Your** tour operator or travel agent in writing within 48 hours. The maximum amount **We** will pay will be limited to the applicable Cancellation charges at that time.
- b. (for Cancellation) if **You** wish to cancel **Your Trip** because **You** have tested positive for **Coronavirus**, **You** must provide, at **Your** own expense, a positive official test result confirming **Your** diagnosis of **Coronavirus**.
- c. (for **Curtailed**) **You** must obtain a medical certificate from a **Medical practitioner** (or if applicable, provide at **Your** Own expense, a positive official test result confirming **Your** diagnosis of **Coronavirus** unless agreed otherwise by **Our** nominated emergency service), and the prior approval of **Our** nominated emergency service to confirm the necessity to either:
  - i. return **Home** prior to **Curtailed** of the **Trip** due to death, **Accidental Bodily Injury** or **Illness**, or testing positive for **Coronavirus** or Complications of pregnancy or childbirth; or
  - ii. remain in hospital for the rest of the **Trip** due to **Accidental Bodily Injury**, or testing positive for **Coronavirus** or **Illness**.
- d. (for **Loss of holiday**) **You** must obtain a medical certificate from the **Medical practitioner** in attendance confirming their order for **You** to remain confined to a hospital, hotel room or cabin, if applicable.
- e. (for **Curtailed**) **You** must contact **Our** nominated emergency service for assistance if **You** need to **Curtailed** **Your Trip** for an insured reason.
- f. (for **Curtailed**) if **You** are **Curtailed** **Your Trip** (which includes **Loss of holiday**) payments will be calculated on a pro-rata basis taking into consideration all **Irrecoverable costs** relating to travel, accommodation and excursions. If **You** are unable to revalidate **Your** return ticket **We** will pay for **Your** repatriation costs up to the same class of travel as on **Your** outward journey.

Please also refer to the General Exclusions and Conditions.

## SECTION 2 EMERGENCY MEDICAL EXPENSES & REPATRIATION

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your Policy certificate** for the reasonable costs necessarily incurred as a result of **You** sustaining **Accidental Bodily Injury**, unexpected **Illness** (including with symptoms of or testing positive for **Coronavirus**), or death during **Your Trip** in respect of;

- a. emergency medical, surgical and hospital treatment and transportation. At the sole discretion of **Our** nominated emergency service, who reserve the right to make the final decision as to whether or not it is medically necessary, this also includes the cost of repatriation to **Your Home country**, by whatever means deemed medically necessary. The cost of emergency dental treatment to natural teeth is covered up to the amount shown in the Benefits Schedule provided that it is for the immediate relief of pain only.
- b. additional travel and accommodation expenses (on a bed & breakfast basis) to enable **You** to return **Home** if **You** are unable to travel as originally planned.
- c. additional travel and accommodation expenses (on a bed & breakfast basis) for a **Travelling companion** to stay with **You** and accompany **You Home**, or a **Relative** or friend to travel from **Your Home country** to stay with **You** and accompany **You Home** subject to **You** obtaining approval from **Our** nominated emergency service prior to incurring any cost. This is extended for up to two people if **You** are under 18 years of age.
- d. returning **Your** remains to **Your Home** or of a funeral in the country where **You** died, up to the equivalent cost of returning **Your** remains to **Your Home country**.
- e. with the prior agreement of **Our** nominated emergency service, **Your** necessary additional travel expenses to return **Home** following the death, injury or **Illness** of a **Travelling companion** insured by **Us** or of **Your** (or **Your Travelling companion's**) **Relative** or **Business colleague** in **Your Home country**.
- f. If **You** cannot return **Home** as **You** originally planned because **You** test positive for **Coronavirus** within fourteen (14) days of **Your** booked **Trip** return date, **We** will pay for:
  - any additional costs of **Your** return flights and/or **Public Transport** to **Your Home** (economy class); and
  - any extra accommodation (room only) costs; and
  - the additional cost of return flights and/or **Public Transport** to **Your Home** (economy class) and extra accommodation costs (room only) for one parent to stay with **You** and travel **Home** with **You**, provided **You** are aged under 18 years (at the time of the incident); and
  - the additional cost of return flights and/or **Public Transport** to **Your Home** (economy class) and extra accommodation costs (room only) for one person insured under **Your** policy who acts as **Your** carer to stay with **You** and travel **Home** with **You**.

### Please note:

**You** must ensure **You** return **Home** upon receipt of a negative test for **Coronavirus**, following **Your** confinement.

Please refer to 'Trip Extensions if you are unable to return home from your trip as planned' on page 4 for details of how to extend the cover under **Your** policy until **You** are able to return **Home**.

If **You** require any help with altering **Your** return flight or **Public Transport**, please contact **Our** nominated emergency service.

### **You are not covered for**

- a. the amount of the excess shown in the Benefits Schedule in respect of each claim unless a recovery can be made under the terms of the European Health Insurance Card (EHIC) or Global Health Insurance Card (GHIC) or any other reciprocal agreement.
- b. any directly or indirectly related claims if at the time this insurance was arranged and each time **You** make arrangements for a **Trip You** or anyone travelling has ever had treatment for;
  - i. any heart or circulatory condition,
  - ii. any type of diabetes,
  - iii. a stroke or high blood pressure,
  - iv. any type of Cancer, whether in remission or not,
  - v. any lung or breathing condition,
  - vi. an organ transplant or dialysis.
- c. any directly or indirectly related claims if in the last 5 years, **You** or anyone travelling has:
  - i. suffered from a serious or recurring medical condition, been prescribed medication or received treatment or attended a **Medical Practitioner's** surgery.
  - ii. been referred to a specialist or consultant at a hospital or clinic for tests, diagnosis or treatments or attended as an outpatient.
- d. any directly or indirectly related claims if at the time this insurance was arranged and each time **You** make arrangements for a **Trip You** or anyone travelling has ever been diagnosed or treated for any form of anxiety, depression or Psychiatric Condition including eating disorders.

- e. any directly or indirectly related claims if at the time this insurance was arranged and each time **You** make arrangements for a **Trip You** or anyone travelling:
  - i. has been placed on a waiting list for investigations or treatment.
  - ii. has been diagnosed by a **Medical Practitioner** as suffering from a terminal illness.

**We** may agree not to apply (c, d or e) above or to accept this insurance at special terms but only if **You** supply **Us** with details of **Your** condition. Please contact JustTravelCover Healthcheck on **+44 (0) 333 003 0021**.

- f. any claim arising from medical treatment of any kind occurring after **You** have refused the offer of repatriation when, in the opinion of **Our** nominated emergency service, **You** are fit to travel.
- g. any claim which is not supported by medical reports.
- h. any treatment or surgery;
  - i. which is not immediately necessary and can wait until **You** return **Home**. **We** reserve the right to repatriate **You** when **You** are fit to travel in the opinion of **Our** nominated emergency service.
  - ii. which in the opinion of **Our** nominated emergency service is considered to be cosmetic, experimental or elective.
- iii. carried out in **Your Home country** (other than the cover provided under Section 5 - Additional cover on **Your** return home), or more than 12 months after the expiry of this insurance.
- iv. not given within the terms of any reciprocal health agreements, wherever such agreements exist.
- i. any costs of **Coronavirus** testing, unless **You** are admitted to hospital as an in-patient outside of **Your Home country**, as a result of an **Accident** or **Illness** that is covered under section 2 - Emergency Medical Expenses and Repatriation.
- j. any claims arising directly or indirectly from **Coronavirus** under sub-section f (If **You** cannot return to the **United Kingdom** as **You** originally planned because **You** test positive for **Coronavirus**) if **You** do not have an official positive test result confirming **Your** diagnosis within fourteen (14) days of **Your** booked **Trip** return date.
- k. exploratory tests unless they are normally conducted as a direct result of the condition which required referral to hospital.
- l. claims related to manual labour unless declared to and accepted by **Us**.
- m. the additional cost of accommodation in a single or private room, unless it is medically necessary or there is no alternative.
- n. the costs of medication or treatment that **You** knew at the time of **Your** departure would need to be continued during **Your Trip**.
- o. the costs of replacing or repairing false teeth or of dental work involving the use of precious metals.
- p. any claim for pregnancy which falls outside the definition of **Complications of pregnancy and childbirth**.
- q. the cost of **Your** unused original tickets where **Our** nominated emergency service or **We** have arranged and paid for **You** to come **Home** following **Curtailment** of the **Trip**. If however **You** have not purchased a return ticket, **We** reserve the right to deduct the cost of an economy flight from any additional costs **We** have incurred which are medically necessary to repatriate **You** to **Your Home**.
- r. any in-patient, hospital, clinic or repatriation expenses in excess of £500 which have not been reported to and authorised by any in-patient, hospital, clinic or repatriation expenses in excess of £500 which have not been reported to and authorised by **Our** nominated emergency service in advance.
- s. costs of telephone calls, other than:
  - i. calls to **Our** nominated emergency service notifying and dealing with the problem for which **You** are able to provide receipts or other evidence to show the cost of the calls and the numbers **You** telephoned.
  - ii. any costs incurred by **You** when **You** receive calls on **Your** mobile from **Our** nominated emergency service for which **You** are able to provide receipts or other evidence to show the cost of the calls.
- t. the cost of taxi fares, other than those for **Your** travel to or from hospital relating to **Your** admission, discharge or attendance for outpatient treatment or appointments or for collection of medication prescribed for **You** by the hospital. However, any costs incurred by **You** to visit another person or by another person visiting **You** in hospital are not covered.

**Please note** that it is essential under the terms of this insurance that;

- a. **Our** nominated emergency service is contacted immediately and their prior authority obtained if it appears likely that **You** require admission to hospital or **You** require medical treatment which will cost more than £500 (or the equivalent in local currency). If it is not possible to notify them in advance because the condition requires immediate treatment to save life or limb **Our** nominated emergency service must be notified as soon as possible. Failure to do so will affect the assessment of **Your** claim.

- b. wherever possible **You** must use medical facilities that entitle **You** to the benefits of any reciprocal health agreements, such as the European Health Insurance Card (EHIC) or Global Health Insurance Card (GHIC) within Europe and reciprocal health agreements, including those in Australia and New Zealand.
- c. if **You** are injured or become ill during **Your Trip**, the Assistance Helpline may:
- move **You** from one hospital to another; and /or;
  - arrange for **You** to return to the **United Kingdom** at any time.
- They will do this if they and the treating doctor think that it is safe for **You** to be moved or returned to the **United Kingdom**. If **You** choose not to, **Our** liability will end on the date it was deemed safe for **You** to be moved.

Please also refer to the **General Exclusions and Conditions**.

## SECTION 3 HOSPITAL STAY BENEFIT

**You are covered** for the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your Policy certificate** for each night spent receiving in-patient hospital treatment outside of **Your Home country** that is covered under Section 2 - Emergency Medical Expenses and Repatriation.

Please also refer to the **exclusions and conditions relating to Section 2 - Emergency Medical Expenses and Repatriation and the General Exclusions and Conditions**.

## SECTION 4 PERSONAL ACCIDENT

**You are covered** for the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your Policy certificate** if **You** have an **Accident** whilst **You** are on **Your Trip** which is the sole and independent cause of **Your** death, permanent total disablement, loss of sight or loss of limb(s) within 12 months of the **Accident**.

If **You** are aged under 16 years or 65 years of age or over at the date of the **Accident**, the amount **You** are covered for in the event of **Your** death is shown in the Benefits Schedule.

Payment under this section in respect of all the consequences of an **Accident** shall be limited in total to the amount shown in the Benefits Schedule. In the event of **Your** death within 12 months of the **Accident**, the total payment will be limited to the amount shown for death. **We** will only pay for one personal accident benefit for each insured person named on **Your Policy Certificate** during the period of cover shown on **Your Policy Certificate**.

### 'Loss of limb'

In the case of a lower limb, loss by physical severance at or above the ankle, or Permanent and total loss of and/or total and irrecoverable loss of use of an entire leg or foot which lasts twelve (12) calendar months and at the expiry of that period being beyond hope of improvement, or  
In the case of an upper limb, loss by physical severance of the entire four fingers through or above the meta carpo phalangeal joints or permanent and total loss of and/or total and irrecoverable loss of use of an entire arm or hand which lasts twelve (12) calendar months and at the expiry of that period being beyond hope of improvement.

### 'Loss of sight'

Permanent and total loss of sight in both eyes where **Your** name has been added to the Register of Blind Persons on the authority of a qualified ophthalmic specialist; or Permanent and total loss of sight, if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale (seeing at least three feet what **You** should see at sixty feet), which lasts twelve (12) calendar months and at the expiry of that period being beyond hope of improvement.

### 'Permanent total disablement'

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

- 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,
- Dressing – putting on and taking off all necessary items of clothing,
- Toileting – getting to and from the toilet, transferring on and off the toilet and associated personal hygiene,
- 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 of the previously described activities of daily living ever again.

### You are not covered for

- claims resulting from motorcycling.
- claims arising out of manual labour.
- a 'permanent total disablement' claim if at the date of the **Accident You** are over the age of 65 years or are not in full time paid employment.
- any claim for sickness, disease, nervous shock or naturally occurring condition or degenerative process.

Please also refer to the **General Exclusions and Conditions**.

## SECTION 5 ADDITIONAL COVER ON YOUR RETURN HOME

*The benefit provided under this section below is intended to provide additional cover on **Your** return **Home** following hospitalisation abroad which is covered under Section 2 - Emergency Medical Expenses and Repatriation (unless this was related to a **Pandemic** and/ or **Epidemic**, including but not limited to **Coronavirus**, as this is excluded under General Exclusions 40 and 41).*

### Aftercare

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your Policy certificate** for the cost of treatment given, prescribed or authorised by a **Medical practitioner** in **Your Home country** and agreed by **Us** following **Accidental Bodily Injury** or **Illness** that required inpatient treatment during a **Trip** outside **Your Home country**:

- for the employment of a home help or nanny, provided this was not available to **You** before **Your Trip**;
- for the cost of further physiotherapy treatment;
- for the cost of a further medical examination by a **Medical practitioner** back in the **UK** in relation to a check up or follow-up and/or any treatment or service rendered;

In relation to **Your** injury or **Illness** that required inpatient treatment during **Your Trip**.

### Convalescence/Recuperation Holiday

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** show on **Your Policy certificate** towards the cost of a convalescence/recuperation **Trip** within **Your Home country** in the event that **You** are hospitalised for more than 5 days outside **Your Home country** and **We** have accepted **Your** claim under Section 2, Emergency Medical Expenses & Repatriation. **You** must take **Your** convalescence/recuperation **Trip** within 3 months of **Your** return **Home** from the original **Trip** in which **You** suffered **Your** injury or **Illness** that required inpatient treatment during **Your Trip**. **Your** policy will be extended to cover **Your** convalescence **Trip** up to a maximum of 31 days.

### Modification to Your home

**You are covered** up to the amount shown in the Benefits Schedule for medically necessary modifications to **Your Home**, to cater for a new disability that is expected to last more than 90 days, that are required as a direct result of **Your** injury or **Illness** that required inpatient treatment during **Your Trip** and **We** have accepted **Your** claim under Section 2, Emergency Medical Expenses & Repatriation; as agreed by **Us** and certified by a **Medical practitioner** and provided such modifications were not required by **You** before **Your Trip**.

**You are not covered** for anything listed under 'what is not covered' under Section 2, Emergency Medical Expenses.

### Conditions

It is a requirement of this insurance that;

- Aftercare - **You** must send **Us** written confirmation (at **Your** own expense) from **Your Medical practitioner** in **Your Home country** of the need for treatment.
- Convalescence - the convalescence **Trip** must be taken within 3 months of **Your** return to **Your Home country**. **You** will need to provide receipts for **Your Trip**.

Please also refer to the **General Exclusions and Conditions**.

## SECTION 6 TRAVEL DELAY ON YOUR OUTBOUND JOURNEY & ABANDONMENT

The benefit provided under Travel Delay and Abandonment below is intended to provide compensation if **You** are delayed at **Your** point of departure and is only applicable if **You** have travelled there and checked-in. If **You** have not travelled to **Your** departure point **You** will not be covered even if **You** have checked in online.

### Travel Delay on Your Outbound Journey

**You** are covered up to the amounts shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your Policy certificate** if the departure of the **Public transport** on which **You** are booked to travel from **Your Home country** is delayed by at least 12 hours and for each complete 12 hours thereafter.

### Abandonment

However, if **Your** departure from **Your Home country** is delayed for more than 24 hours and **You** choose to abandon **Your Trip**, instead of a payment for delay, **You** are covered for the cost of the **Trip**, up to the maximum claimable under Section 1 - Cancellation or Curtailment/Loss of Holiday.

### Special Conditions

- if **You** are a **UK** resident living in Northern Ireland and **Your** travel itinerary requires **You** to use Republic of Ireland departure/arrival points, **Your** cover will be as if **You** are still travelling from Northern Ireland with respect to claims coverage.

#### You are not covered for

- for a claim caused by a strike if it had started or been announced before **You** arranged this insurance or booked **Your Trip**, whichever is the later.
- if **You** fail to check-in on time.
- if transport services are withdrawn as the result of a recommendation or instruction from the Civil Aviation Authority, Port Authority or similar body.
- for the amount of the excess shown in the Benefits Schedule in respect of each claim for abandonment.
- to claim under this section if **You** have claimed under Section 7 - Missed Departure & Connections or Section 14 - Catastrophe & Travel Disruption from the same cause.
- for any loss as a result of closure of air space directly attributable to volcanic eruption.

Please also refer to the General Exclusions and Conditions.

## SECTION 7 MISSED DEPARTURE & CONNECTIONS

**You** are covered up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your Policy certificate** for necessary additional travel and accommodation expenses (on a bed & breakfast basis) that **You** incur in reaching **Your** destination if **You** arrive at any departure point shown on **Your** prebooked itinerary too late to board the **Public transport** on which **You** are booked to travel as a result of;

- the failure of **Public transport**, or
- a road traffic **Accident** or vehicle **Breakdown** delaying the vehicle in which **You** are travelling, or
- a delay involving **Your** own vehicle because of unexpected and unforeseen heavy traffic or road closures that were sufficiently severe to warrant reporting on a recognised motoring association Website, Highways Agency Website, on television, news bulletins or in the press.

### Special Conditions

- if **You** are a **UK** resident living in Northern Ireland and **Your** travel itinerary requires **You** to use Republic of Ireland departure/arrival points, **Your** cover will be as if **You** are still travelling from Northern Ireland with respect to claims coverage.

#### You are not covered for

- a claim caused by a strike if it had started or been announced before **You** arranged this insurance or booked **Your Trip**, whichever is the later.
- a claim under this section if **You** have claimed under Section 6 - Travel Delay & Abandonment or Section 14 - Catastrophe & Travel Disruption from the same cause.
- for any claim for more than the cost of the original booked **Trip**.
- for any loss as a result of closure of air space directly attributable to volcanic eruption.

### Conditions

It is a requirement of this insurance that;

- You** must have planned to arrive at **Your** departure point in advance of **Your** earliest scheduled check-in time and provide a written report from the carrier, police or relevant transport authority confirming the delay and stating its cause.

- in the event of a claim arising from any delay occurring following an **Accident** to or **Breakdown** of the vehicle in which **You** are travelling **You** must obtain written confirmation from the carrier, police or relevant transport authority confirming the delay and stating its cause.
- in the event that the vehicle in which **You** are travelling is delayed by heavy traffic or road closures **You** must obtain confirmation that the delays were sufficiently severe to warrant reporting on a recognised motoring association Website, Highways Agency Website on television, news bulletins or in the press.

Please also refer to the General Exclusions and Conditions.

## SECTION 8 PERSONAL BAGGAGE

**You** are covered up to the amounts shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your Policy certificate**, after making reasonable allowance for wear, tear and depreciation for the loss or theft of, or damage to;

- Your Baggage.**
- Your Valuables.**

**We** may at **Our** option replace, reinstate or repair the lost or damaged **Baggage**.

**You** are also covered up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** show on **Your Policy certificate** in respect of emergency purchases for the cost of buying necessary items (for example clothing, and toiletries) if **You** are deprived of **Your Baggage** for more than 12 hours after arrival at **Your** outbound destination. **You** must provide receipts for the items that **You** buy. If **Your Baggage** is permanently lost, any amount that **We** pay for emergency purchases will be deducted from the total claim.

### Replacement Key Cover

**You** are also covered up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your Policy certificate** for the costs of (parts and labour) of replacing the relevant locks in the event **You** lose **Your** keys to **Your** main permanent residence and/or **Your** car and/or **Your** motorcycle whilst on a **Trip**. **We** will not arrange for the work to be carried out and will not be liable for any damage caused in the process of replacing the locks.

#### You are not covered for

- the amount of the excess shown in the Benefits Schedule in respect of each claim, except for emergency purchases.
- more than the amount shown in the Benefits Schedule for any one item, pair or set in respect of **Baggage** and **Valuables**.
- more than the amount shown in the Benefits Schedule in respect of spectacles and sunglasses.
- any additional value an item may have because it forms part of a pair or set.
- more than £100 in total for **Baggage** stolen from an **Unattended** motor vehicle between the hours of 8pm and 8am or, if the theft occurs at any other time of day, unless the vehicle is being used for travel between different points of overnight accommodation.
- loss or theft of or damage to **Valuables** whilst they are **Unattended** unless locked in a hotel safe (or equivalent facility) or locked in **Your** private accommodation.
- breakage of fragile articles unless caused by fire or by an **Accident** to the aeroplane, ship or vehicle in which they are being carried.
- loss or theft of or damage;
  - to household goods, bicycles, waterborne craft and their fittings of any kind.
  - to motor vehicles, trailers or caravans or any fixtures, fittings or accessories therein or thereon.
  - to watersports and **Winter sports equipment**.
  - to **Baggage** in transit unless reported to the carrier immediately and a written Property Irregularity Report is obtained.
  - to **Baggage** sent by post, freight or any other form of unaccompanied transit.
  - to sports clothes and equipment whilst in use.
  - caused by moth or vermin or by gradual wear and tear in normal use.
  - caused by any process of cleaning, repairing or restoring.
  - caused by leakage of powder or fluid from containers carried in **Your Baggage**.
- mechanical or electrical **Breakdown**.
- Medical aids** and prescribed medication.
- Golf equipment**.
- Business equipment and Business samples.

Please note the **Insurer's** liability for articles owned by the insured shall be further limited to take into account wear and tear, as follows;

Age of Equipment	Proportion of Original Purchase Price
Up to 1 year	85%
Up to 2 years	70%
Up to 3 years	50%
Up to 4 years	25%
Up to 5 years	10%
Over 5 years	NIL

Please also refer to the **Special Exclusions and conditions shown on this page and to the General Exclusions and Conditions.**

## SECTION 9 ADDITIONAL COVER FOR YOUR MEDICAL ITEMS

**You are covered** up to the amounts shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your Policy certificate**, after making reasonable allowance for wear, tear and depreciation for the loss or theft of, or damage to:

- a. **Medical aids** owned by **You** or for which **You** are legally responsible, including the necessary costs to hire other Mobility Aids, and
- b. Prescribed medication.

**You are also covered** up to the amount shown in the Benefits Schedule in respect of emergency hire costs or purchases for the cost of:

- a. buying necessary prescribed medication (including the additional costs incurred in arranging and transporting emergency prescribed medications if this is not available locally), and
- b. **Medical aids**;

If **You** are deprived of **Your** prescribed medication, Medical Items for more than 12 hours after arrival at **Your** outbound destination.

**We** may at **Our** option replace, reinstate or repair the lost or damaged **Medical aids**.

**You** must provide receipts for the items that **You** buy including any eligible hire costs. If **Your** medication or **Medical aids** are permanently lost, any amount that **We** pay for emergency purchases will be deducted from the total claim.

### You are not covered for

- a. the amount of the excess shown in the Benefits Schedule in respect of each claim for **Your** loss or damage to **Medical aids**.
- b. more than £100 in total for **Medical aids** or prescribed medication stolen from an **Unattended** motor vehicle between the hours of 8pm and 8am or, if the theft occurs at any other time of day, unless the vehicle is being used for travel between different points of overnight accommodation.
- c. loss or theft of or damage to **Medical aids**, or prescribed medication whilst they are **Unattended** including on a beach, unless locked in a hotel safe (or equivalent facility) or locked in **Your** private accommodation.
- d. breakage of fragile articles unless caused by fire or by an **Accident** to the aeroplane, ship or vehicle in which they are being carried.
- e. loss or theft of or damage to
  - i. **Medical aids**, or prescribed medication in transit unless reported to the carrier immediately and a written Property Irregularity Report is obtained.
  - ii. **Medical aids**, or prescribed medication sent by post, freight or any other form of unaccompanied transit.
  - iii. caused by any process of cleaning, repairing or restoring.
  - iv. caused by leakage of powder or fluid from containers carried in **Your Baggage**.
- f. mechanical or electrical **Breakdown**.

**Please note** the **Insurer's** liability for articles owned by the insured shall be further limited to take into account wear and tear, as follows;

Age of Equipment	Proportion of Original Purchase Price
Up to 1 year	85%
Up to 2 years	70%
Up to 3 years	50%
Up to 4 years	25%
Up to 5 years	10%
Over 5 years	NIL

Please also refer to the **Special Exclusions and conditions shown on this page and to the General Exclusions and Conditions.**

## Important Recommendation:

Please make sure that **You** keep all important prescribed medication in **Your** hand luggage when travelling and not in **Your** check-in luggage. This is to make sure **You** have **Your** prescribed medication readily available with **You** in the event of loss or delay of **Your** checked in luggage.

## SECTION 10 PERSONAL MONEY

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your Policy certificate** for loss or theft of **Personal money** which is the property of **You** and carried on **Your** person or placed in a safety deposit box or similar locked, fixed receptacle.

### You are not covered for

- a. the amount of the excess shown in the Benefits Schedule in respect of each claim.
- b. more than the amount shown in the Benefits Schedule in respect of all cash carried by **You** belonging to **You** or a **Travelling companion**.
- c. any loss resulting from shortages due to error, omission or depreciation in value.
- d. claims for loss which has not been reported to the police within 24 hours of discovering the loss, or as soon as possible after that, and a written report or reference obtained in the country where the incident occurred.
- e. claims arising from delay, detention, seizure or confiscation by customers or other officials.
- f. claims arising for loss or theft of **Personal money** which at the time of such loss or theft was located in checked-in luggage or an **Unattended** motor vehicle at any time.
- g. claims arising for **Personal money** left **Unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property including loss or theft occurring on a beach or in or around a swimming pool.

Please also refer to the **Special Exclusions and conditions shown on this page and to the General Exclusions and Conditions.**

## SECTION 11 LOSS OF PASSPORT & TRAVEL DOCUMENTS

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your Policy certificate** following loss or theft of **Your** passport for any necessary additional travel and accommodation costs, including the cost of any travel documents such as emergency passports, visas or permits incurred to enable **You** to continue **Your Trip** or return to **Your Home country**.

### You are not covered for

- a. loss or theft either from an **Unattended** motor vehicle at any time or from **Baggage** whilst in transit unless **You** are carrying it.
- b. the cost of a permanent replacement for the passport itself.

Please also refer to the **Special Exclusions and conditions shown below and to the General Exclusions and Conditions.**

## SPECIAL EXCLUSIONS APPLICABLE TO SECTIONS 8, 9, 10 & 11

### You are not covered for

- a. more than £100 in total under these sections in respect of loss or theft of anything left **Unattended** in a public place, including on a beach.
- b. any loss or theft unless reported to the police within 24 hours of discovering the loss, or as soon as possible after that, and a written report or reference obtained in the country where the incident occurred.
- c. loss of bonds or securities of any kind.
- d. delay, detention, seizure or confiscation by customs or other officials.

## SPECIAL CONDITIONS APPLICABLE TO SECTIONS 8, 9, 10 & 11

It is a requirement of this insurance that **You** must:

- a. in the event of a claim;
  - i. provide receipts or other documentation to prove ownership and value, especially in respect of **Valuables**, **Medical aids** and any items for which **You** are claiming more than £100 and,
  - ii. retain any damaged items for **Our** inspection. Failure to exercise all reasonable care may result in **Your** claim being reduced or declined.
- b. take care of **Your** property at all times and take all practical steps to recover any item lost or stolen.

Please also refer to the **General Exclusions and Conditions.**

## SECTION 12 PERSONAL LIABILITY

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your Policy certificate** (inclusive of legal costs and expenses), incurred with **Our** written consent, if **You** are held legally liable to pay as compensation for any claim or series of claims arising from any one event or source of original cause if **You** are held legally liable for causing;

- a. **Accidental Bodily Injury**, including death, (unless this was related to a **Pandemic** and/or **Epidemic**, including but not limited to **Coronavirus**, which is excluded under General Exclusions 40 and 41) and disease to a person, and/or
- b. **Accidental** loss of or damage to material property (property that is both material and tangible).

### **You are not covered for**

- a. the amount of the excess shown in the Benefits Schedule in respect of each claim.
- b. any liability for;
  - i. **Bodily Injury, Illness** or disease of any person who is **Your Relative**, a **Travelling companion**, or under a contract of employment, service or apprenticeship with **You** when the **Bodily Injury, Illness** or disease arises out of and in the course of their employment to **You**.
  - ii. loss or damage to property belonging to or held in trust by or in the custody or control of **You** other than temporary accommodation occupied by **You** in the course of the journey;
  - iii. **Bodily Injury** or damage caused directly or indirectly in connection with the ownership, possession or use by **You** or on behalf of **You** of aircraft, hovercraft, watercraft (other than nonmechanically powered watercraft less than 30 feet in length used on inland waters), mechanically propelled vehicles (other than golf buggies used on golf courses and not on public roads), firearms (other than sporting guns).
  - iv. **Bodily Injury** caused directly or indirectly in connection with the ownership, possession or occupation of land or buildings, immobile property or caravans or trailers, any wilful or malicious act, carrying on of any trade, business or profession, any racing activity.
  - v. fraudulent, dishonest, malicious or criminal acts of **You** or any person authorised by **You**.
  - vi. any claim assumed by **You** under any contract or agreement unless such liability would have attached in the absence of such contract or agreement.
  - vii. punitive or exemplary damages.

### **Conditions**

It is a requirement of this insurance that;

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

Please also refer to the **General Exclusions and Conditions**.

## SECTION 13 LEGAL EXPENSES

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your Policy certificate** for legal costs and expenses incurred in pursuit of a claim for compensation or damages from a third party who causes **Your** death or **Accidental Bodily Injury** or **Illness** (unless this was related to a **Pandemic** and/or **Epidemic**, including but not limited to **Coronavirus**, which is excluded under General Exclusions 40 and 41) during **Your Trip**.

Where there are two or more persons insured by this policy, then the maximum amount **We** will pay for all such claims shall not exceed £20,000 if **You** have purchased **Bronze cover**, £30,000 if **You** have purchased **Silver cover**, or £40,000 if **You** have purchased **Gold cover**.

### **Definitions Applicable to this Section**

**Legal expenses** means;

- a. fees, expenses and other disbursements reasonably incurred (as determined by **Our** legal counsel) by a **Legal representative** in pursuing a claim or legal proceedings for damages and/or compensation against a third party who has caused **Your Accidental Bodily Injury**, death or **Illness**.
- b. fees, expenses and other disbursements reasonably incurred (as determined by **Our** legal counsel) by a **Legal representative** in appealing or resisting an appeal against the judgement of a court tribunal or arbitrator.
- c. costs that **You** are legally liable for following an award of costs by any court or tribunal or an out-of-court settlement made in connection with any claim or legal proceedings.

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

### **You are not covered for**

- a. the amount of the excess shown in the Benefits Schedule in respect of each claim.
- b. any liability for;
  - i. any claim reported to **Us** more than 12 months after the beginning of the incident which led to the claim.
  - ii. **Legal expenses** incurred in the defence against any civil claim or legal proceedings made or brought against **You**.
  - iii. **Legal expenses** incurred before receiving **Our** prior written approval, unless such costs would have been incurred subsequently to **Our** approval.
  - iv. incurred in connection with any criminal or wilful act committed by **You**.
  - v. **Legal expenses** incurred for any claim or legal proceedings brought against the **Insurer, Us, Our** agents.
  - vi. fines, compensation or other penalties imposed by a court or other authority.
  - vii. **Legal expenses** incurred after **You** have not accepted an offer from a third party to settle a claim or legal proceeding where the offer is considered by all parties to be reasonable or **You** not accepting an offer from **Us** to settle a claim.
  - viii. **Legal expenses** which **We** consider to be unreasonable or excessive or unreasonably incurred (as determined by **Our** legal counsel).
  - ix. actions between individuals named on **Your Policy certificate**.
  - x. **Legal expenses** incurred in pursuing any claim for compensation against the manufacturer, distributor or supplier of any drug, medication or medicine.

### **Conditions**

It is a requirement of this insurance that;

- a. written consent must be obtained from **Us** prior to incurring **Legal expenses**. This consent will be given if **You** can satisfy **Us** that;
  - i. there are reasonable (as determined by **Our** legal counsel) grounds for pursuing or defending the claim or legal proceedings, and
  - ii. it is reasonable (as determined by **Our** legal counsel) for **Legal expenses** to be provided in a particular case. The decision to grant consent will take into account the opinion of **Your Legal representative** as well as that of **Our** own advisers. **We** may request, at **Your** own expense, an opinion of counsel as to the merits of the claim or legal proceedings. If the claim is admitted, **Your** costs in obtaining this opinion will be covered by this policy.
- b. all claims or legal proceedings including any appeal against judgement resulting from the same original cause, event, or circumstance, will be regarded as one claim.
- c. if **You** are successful in any action, any **Legal expenses** provided by **Us** will be reimbursed to **Us**.
- d. **We** may at **Our** discretion assume control at any time of any claim or legal proceedings in **Your** name for damages and or compensation from a third party.
- e. **We** may at **Our** discretion offer to settle a claim with **You** instead of initiating or continuing any claim or legal proceedings for damages and or compensation from a third party, and any such settlement will be full and final in respect to the claim.
- f. **We** may at **Our** discretion offer to settle a counter-claim against **You** instead of continuing any claim or legal proceedings for damages and or compensation from a third party.

Please also refer to the **General Exclusions and Conditions**.

## SECTION 14 CATASTROPHE & TRAVEL DISRUPTION

The following section only applies if **You** have paid the appropriate premium for the **Gold Level of cover** as shown on **Your Policy certificate**.

**You are covered** up to the amounts shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your Policy certificate** in respect of the following:

### Extended Cancellation or Curtailment/Loss of Holiday

The cover detailed under Section 1 - Cancellation or Curtailment/Loss of Holiday is extended up to the amounts shown in the Benefits Schedule to include necessary cancellation or **Curtailment** or **Loss of Holiday** of **Your** planned **Trip** due to the closure of air space directly attributable to volcanic eruption or as a result of the Foreign, Commonwealth & Development Office (FCDO) or regulatory authority in a country to/from which **You** are travelling issuing a directive (unless this was related to a **Pandemic** and/or **Epidemic**, including but not limited to **Coronavirus**, which is excluded under General Exclusions 40 & 41);

- a. prohibiting all travel or all but essential travel to, or
- b. recommending evacuation from; the country or specific area or event to which **You** were travelling, providing the directive came into force after **You** purchased this insurance or, booked the **Trip** (whichever is the later) and, in the case of **Curtailment**, after **You** had left **Your Home country** to commence the **Trip**.

### Extended Travel Delay & Abandonment

The cover detailed under Section 6 - Travel Delay & Abandonment is extended up to the amounts shown in the Benefits Schedule to include;

- a. any **Irrecoverable costs** for unused travel and accommodation if **You** choose to abandon **Your Trip** as a result of **You** being denied boarding (because there are too many passengers for the seats available) and no other suitable alternative flight could be provided within 24 hours.
- b. suitable additional travel and accommodation expenses (room only up to the equivalent standard to that originally booked) incurred in reaching **Your** overseas destination and/or in returning to **Your Home country** as a result of;
  - i. the **Public transport** on which **You** were booked to travel being cancelled, delayed for more than 24 hours, diverted or re-directed after take-off, or
  - ii. **You** being denied boarding (because there are too many passengers for the seats available) and no other suitable alternative flight could be provided within 24 hours.
  - iii. closure of air space directly attributable to volcanic eruption.

If the same expenses are also covered under Section 7 – Missed Departure & Connections **You** can only claim for these under one section for the same event. The amount payable will be calculated after deduction of the amount of the refund on **Your** ticket(s) together with any compensation from the **Public transport** operator.

### Catastrophe & Travel Disruption cover related to pre-booked accommodation

**You are covered** up to the amounts shown in the Benefits Schedule for either:

- a. **Your** proportionate share of **Irrecoverable costs** for unused accommodation (including unused pre-booked excursions up to a value of £100) that have been paid or where there is a contract to pay that cannot be recovered from anywhere else; or
- b. necessary additional travel and accommodation expenses incurred to an equivalent value and standard in the event that **You** are forced to move from pre-booked accommodation to continue **Your Trip**, or if the **Trip** cannot be continued, to return **Home** as a result of;
  - i. an infectious disease affecting **Your** stay in **Your** accommodation or resort;
  - ii. a directive from the responsible government or local authority directly affecting the area where the prebooked accommodation is.
  - iii. fire, flood, earthquake, explosion, tsunami, landslide, avalanche, hurricane, volcanic eruption, storm or other natural disaster that threatens **Your** safety such that official evacuation orders are issued or that the pre-booked accommodation is rendered uninhabitable.

**You** can only claim under one of subsections a. or b. above, not both. If the same costs and charges are also covered under Section 1 - Cancellation or Curtailment/Loss of Holiday **You** can only claim for these under one section for the same event.

## Extended Missed Departure & Connections

Section 7 - Missed Departure & Connections is extended to provide cover in the event;

- a. that **You** are denied boarding (because there are too many passengers for the seats available) and no other suitable alternative flight could be provided within 12 hours;
- b. of the closure of air space directly attributable to volcanic eruption.

### Special condition relating to volcanic eruption claims

If **You** arrive at **Your** departure point and **Your** booked **Public transport** is cancelled because of a volcanic eruption, then cover is available to **You** for necessary additional travel and accommodation expenses (room only up to the equivalent standard to that originally booked) necessarily incurred to reach **Your** overseas destination or to return **You** to **Your Home**. If the same expenses are also covered under Section 7 – Missed Departure & Connections **You** can only claim for these under one section for the same event.

### You are not covered for

- a. the amount of the excess shown in the the Benefits Schedule in respect of each claim, except for Extended Missed Departure & Connections.
- b. **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 & Development Office (FCDO) deem otherwise.
- c. any costs, expenses or compensation payable by or recoverable from a carrier, travel agent, tour operator, tour organiser, airline, hotel, credit card company or other service provider.
- d. any claim under Section 14 - Catastrophe & Travel Disruption which is also covered under Section 1 - Cancellation or Curtailment/Loss of Holiday, Section 6 - Travel Delay and Abandonment or Section 7 - Missed Departure & Connections for the same event.
- e. loss of timeshare points, fees and other administrative costs normally associated within a timeshare membership programme. Loss of air miles, air mile points, loyalty card points.
- f. where no contractual liability exists or where no financial loss has been sustained.
- g. costs incurred if acting against the Foreign, Commonwealth & Development Office (FCDO) or regulatory authority in a country to/from which **You** are travelling.
- h. any claims arising directly or indirectly from;
  - i. strike, industrial action or a directive advising against travel, or all but essential travel, to a country or specific area or event to which **You** are travelling, if it had started or been announced before **You** arranged this insurance or booked **Your Trip**, whichever is the later
  - ii. the **Public transport** on which **You** were booked to travel being taken out of service on the instructions of the Civil Aviation Authority, Port Authority or similar authority.

## Conditions

It is a condition of this insurance that before any claim may be considered under this section;

- a. **You** must provide a statement from the appropriate local authority and/or accommodation provider confirming the reason, nature and duration of the circumstances leading to a claim under this section.
- b. **You** must notify **Our** nominated emergency service and obtain their prior authority before **You** make any arrangements to return **Home** safely.
- c. **You** must notify the travel agent, tour operator or provider of transport or accommodation as soon as **You** find it necessary to cancel the **Trip**. If **You** fail to do so then the amount **We** will pay will be limited to the cancellation charges that would have otherwise applied.
- d. **You** must check in according to the booked itinerary unless the tour operator or **Public transport** operator has requested **You** not to travel to the intended departure point.
- e. **You** must comply with the terms of the contract of the **Public transport** operator and seek financial compensation, assistance or a refund of **Your** ticket from them.

Please also refer to the **General Exclusions and Conditions**.

## SECTION 15 KENNEL & CATTERY FEES

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your Policy certificate** for each complete 24 hour period and in total for extra kennel and/or cattery costs for **Your** dog or cat if **You** are delayed in returning from **Your Trip** because of death or **Accidental Bodily Injury**.

Please also refer to the exclusions and conditions relating to Section 2 - **Emergency Medical Expenses and Repatriation** and Section 7 - **Missed Departure & Connections**, and also the **General Exclusions and conditions**.

## SECTION 16 HIJACK, KIDNAP & MUGGING BENEFIT

**You are covered** up to the amount shown in the Benefits Schedule for each complete 24 hour period and in total if:

- a. **You** are prevented from reaching **Your Trip** destination as a result of the aircraft, sea vessel or international train in which **You** are travelling being hijacked; or
- b. if during **Your Trip** **You** are unlawfully and illegally abducted and held against **Your** will as a result of being kidnapped; or
- c. **You** are hospitalised during **Your Trip** because of **Bodily Injuries** sustained during a mugging or similar violent and unprovoked attack.

### **You are not covered for**

- a. any claim relating to the payment of ransom.
- b. any claim where the hijack, kidnap or mugging has not been reported to or investigated by the police or local authority and a written report provided to **Us** by them confirming the details of the incident, that **You** were involved and the duration of any hijack or kidnapping during which **You** were unlawfully detained.
- c. any claim as a result of an act of a **Relative**, another insured person under this policy or an individual who resides with **You** on a permanent basis, or person previously known to **You** at time of departing on the **Trip**.
- d. any claim unless **Our** nominated emergency service was contacted as soon as possible after hijack, kidnapping or **Your** admission to hospital in the event of mugging.
- e. any claim for Mugging Benefit unless **You** can provide medical evidence from the treating doctor to confirm the injuries and treatment given.

Please also refer to the **General Exclusions and Conditions**.

## SECTION 17 END SUPPLIER FAILURE

*The following section is provided by International Passenger Protection Limited and is underwritten by Liberty Mutual Insurance Europe SE. It only applies to the Gold level of cover or if **You** have paid the appropriate premium as shown on **Your** insurance certificate.*

### **Definitions applicable to this section only**

The following words shall have the meanings given below.

**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 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.

**We, Us** and **Our** means Liberty Mutual Insurance Europe SE, which is arranged by International Passenger Protection Limited.

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen Level of Cover shown on **Your Policy certificate** for;

- a. irrecoverable sums paid prior to **Financial Failure** of an **End Supplier** of the travel arrangements not forming part of an inclusive holiday prior to departure, or;
- b. in the event of **Financial Failure** after departure:
  - i. additional pro rata costs incurred by **You** in replacing that part of the travel arrangements to a similar standard of transportation as enjoyed prior to the **Curtailement** of the travel arrangements, or;
  - ii. if **Curtailement** of the **Trip** is unavoidable - the cost of return transportation to the **United Kingdom**, Channel Islands, the Isle of Man or Northern Ireland to a similar standard of transportation as enjoyed prior to the **Curtailement** of the travel arrangements.

### **You are not covered for**

- a. travel or accommodation not booked within the **United Kingdom**, Channel Islands, Isle of Man or Northern Ireland prior to departure.
- b. any **End Supplier** which is, or which any prospect of **Financial Failure** is known by **You** or widely known publicly at the date of **Your** application under this policy.
- c. 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.
- d. the **Financial Failure** of any travel agent, tour organiser, booking agent or consolidator with whom **You** have booked travel or accommodation.
- e. any losses which are not directly associated with the incident that caused **You** to claim. For example, loss due to being unable to reach **Your** pre-booked hotel following the **Financial Failure** of an airline.

Please also refer to the **General Exclusions and Conditions**.

## SECTION 18 TRAVEL DISPUTE

The following section only applies to the Gold level of cover or if **You** have paid the appropriate additional premium as shown on **Your** insurance certificate.

**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 30 days of returning from the **Holiday** which is subject to the dispute and which may give rise to any claim under this policy.

**You are covered** for 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 prebooked 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.

### **You are not covered for**

- a. 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.
- b. an **Event** not reported to the **Insurer** within 30 days of returning from the **Holiday** subject to the dispute.
- c. **Professional Fees** and expenses which a **Court** of Criminal Jurisdiction orders to be paid.
- d. actions pursued in order to obtain satisfaction of a judgement or legally binding decision.
- e. The **Insured Person's** travelling expenses, subsistence allowances or compensation for absence from work.
- f. 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 18**

This insurance does not cover:

1. **Professional Fees** incurred:
  - i. in respect of any **Event** where the **Time of Occurrence** commenced prior to the commencement of the insurance;
  - ii. where the **Insured Person** should have realised when purchasing this insurance that a claim under this insurance might occur;
  - iii. before **Our** written acceptance of a claim;
  - iv. before **Our** approval or beyond those for which **We** have given **Our** approval;
  - v. where **You** fail to give proper instructions in due time to **Us** or to the **Authorised Professional**;
  - vi. where **You** are responsible for anything which in **Our** opinion prejudices **Your** case;
  - vii. 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**;
  - viii. 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;
  - ix. 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 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 relate 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:
  - i. 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
  - ii. 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:
  - i. a. ionising radiation or radioactive contamination from any nuclear fuel or waste which results from the burning or nuclear fuel; or
  - ii. 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 18:**

#### 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.

#### 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**.

#### 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.

## SECTION 19 WINTER SPORTS OPTION

*The following option only applies if **You** have paid the appropriate additional premium as shown on **Your Policy certificate**.*

*If **You** have purchased an annual multi-trip policy please refer to the Policy Features Table on page 3 for details of the total maximum days of winter sports cover provided.*

### Winter sports Equipment

**You are covered** up to the amounts shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your Policy certificate**, after **Us** making reasonable allowance for wear, tear and depreciation and subject to the special condition shown below for;

- a. loss or theft of, or damage to **Winter sports equipment** owned or borrowed by **You**.
- b. loss or theft of, or damage to **Winter sports equipment** hired by **You**.
- c. the cost of necessary hire of **Winter sports equipment** following;
  - i. loss or theft of, or damage to, **Your Winter sports equipment** insured by **Us**, or
  - ii. the delayed arrival of **Your Winter sports equipment**, subject to **You** being deprived of their use for not less than 12 hours.

#### **You are not covered for**

- a. the amount of the excess shown in the Benefits Schedule for each claim other than claims for hire costs.
- b. **Winter sports equipment** stolen from an **Unattended** motor vehicle between the hours of 8pm and 8am or, if stolen at any other time, unless they were forcibly removed whilst locked and whilst out of sight wherever possible either inside the vehicle or to a purpose designed ski rack.
- c. damage to **Winter sports equipment** whilst in use for race training or racing.
- d. **Your** damaged **Winter sports equipment** unless returned to the **United Kingdom**, Channel Islands or the Isle of Man for **Our** inspection.
- e. loss or theft of **Winter sports equipment** not reported to the police within 24 hours of discovering the loss, or as soon as possible after that, and a written report or reference obtained in the country where the incident occurred.
- f. loss or theft of, or damage to, **Winter sports equipment** whilst in transit unless reported to the carrier and a Property Irregularity Report obtained.
- g. loss or theft of, or damage to, **Winter sports equipment** over 5 years old.
- h. loss or theft of **Winter sports equipment** left **Unattended** in a public place.

### Special Conditions

In respect of loss or damage to **Winter sports equipment**, **We** will not pay more than the proportion shown below depending on the age of the equipment.

Age of Equipment	Proportion of Original Purchase Price
Up to 1 year	85%
Up to 2 years	70%
Up to 3 years	50%
Up to 4 years	25%
Up to 5 years	10%
Over 5 years	NIL

It is a requirement of this insurance that **You** must, in the event of a claim, provide receipts or other documentation to prove ownership and value.

**Please also refer to the General Exclusions and Conditions.**

### Lift Pass

**You are covered** up to the amounts shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your Policy certificate** for the proportionate value of any ski pass that **You** are unable to use following;

- a. **Accidental** injury or sickness that prevents **You** from skiing, as medically certified, or
- b. loss or theft of **Your** ski pass.

#### **You are not covered for**

- a. the amount of the excess shown in the Benefits Schedule for each claim.
- b. any claim not substantiated by a police and/or a medical report.

**Please also refer to the General Exclusions and Conditions.**

### Ski Pack

**You are covered** up to the amounts shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your Policy certificate** for the proportionate value of any ski hire or ski school fee that **You** are unable to use following **Your**;

- i. **Accidental** injury or sickness that prevents **You** from skiing, as medically certified, or
- ii. loss or theft of **Your** ski pass.

#### **You are not covered for**

- a. the amount of the excess shown in the Benefits Schedule for each claim.
- b. any claim not substantiated by a police and/or a medical report.

**Please also refer to the General Exclusions and Conditions.**

### Piste Closure

*Valid for the period 1st December to 31st March only.*

**You are covered up** to the amounts shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your Policy certificate** for each complete day that it is not possible to ski because all lifts are closed due to a complete lack of snow, adverse conditions or avalanche danger in **Your** pre-booked **Trip** resort, for either;

- a. the costs **You** have paid for travel to an alternative resort including the necessary additional cost of a ski pass, or
- b. a compensation payment to **You** after **You** return where no alternative is available.

**You are not covered** if **You** arranged this insurance or booked **Your Trip** within 14 days of departure and at that time conditions in **Your** planned resort were such that it was likely to be not possible to ski.

#### Conditions

- a. **You** must provide written confirmation from the resort authorities or ski lift operators for the period that there was no skiing available owing to the closure of all ski lifts.
- b. **You** must submit receipts for the travel and ski pass costs that **You** wish to claim.

**Please also refer to the General Exclusions and Conditions.**

## SECTION 20 CRUISE PLUS COVER OPTION

The following option only applies if **You** have paid the appropriate additional premium as shown on **Your Policy certificate**.

### Rejoin Your Cruise cover

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your Policy certificate** for necessary additional travel expenses by the most direct route and additional accommodation (room only) that is agreed by **Our** nominated emergency service to reach;

- a. the next docking port in order for **You** to re-join the **Cruise**; or
- b. the final destination of **Your Cruise**, following **Your** temporary **Illness** (unless this was related to a **Pandemic** and/or **Epidemic**, including but not limited to **Coronavirus**, which is excluded under General Exclusions 40 and 41) or injury requiring hospital treatment on dry land which is covered under Section 2 – Emergency Medical Expenses and Repatriation.

If, at the time of requesting **Our** assistance to rejoin **Your Cruise**, satisfactory medical or other evidence required by **Us**, is not supplied in order to substantiate the claim, **We** will make all necessary arrangements at **Your** cost and arrange appropriate reimbursement as soon as the claim has been validated.

#### You are not covered for

- a. the amount of the excess shown in the Benefits Schedule in respect of each claim.
- b. any costs where transportation or accommodation costs are payable or refundable by the **Cruise** operator.
- c. any claim arising directly or indirectly from any **Existing medical condition** unless **You** have declared these to **Us** and **We** have written to **You** accepting them for insurance.
- d. any claim as a result of an insured person being a hospital in-patient where the condition was not covered under Section 2 – Emergency Medical Expenses and repatriation, or where **We** have not been contacted and/ or a recommended hospital has not been appointed by **Us** and where **You** have not obtained a medical certificate from the **Medical practitioner** in attendance confirming it was medically necessary for **You** to accompany and assist an insured person admitted as an in-patient for an insured condition.
- e. any travel costs where **You** failed to contact **Us** for approval prior to arranging travel and so **We** could provide assistance with any travel arrangements. Failure to do so can result in the claim being declined.

Please also refer to the General Exclusions and Conditions

### Missed Port Departure

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your Policy certificate** for necessary additional travel expenses by the most direct route and additional accommodation (room only) that is agreed by **Our** nominated emergency service for **You** to join **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;

- a. the failure of scheduled **Public transport**, or
- b. an **Accident** to or **Breakdown** of the vehicle in which **You** are travelling, or
- c. an **Accident** or **Breakdown** occurring ahead of **You** on a motorway or dual carriageway which causes an unexpected delay to the vehicle in which **You** are travelling, or
- d. strike or industrial action or adverse weather conditions.

If, at the time of requesting **Our** assistance in a missed port departure claim, satisfactory evidence required by **Us**, is not supplied in order to substantiate the claim, **We** will make all necessary arrangements at **Your** cost and arrange appropriate reimbursement as soon as the claim has been validated.

#### You are not covered for

- a. claims arising directly or indirectly from;
  - i. strike or Industrial action or air traffic control delay existing or publicly declared by the date this insurance is purchased by **You** or the date **Your Trip** was booked whichever is the later.
  - ii. an **Accident** to or **Breakdown** of the vehicle in which **You** are travelling for which a professional repairers report is not provided.
  - iii. **Breakdown** of any vehicle in which **You** are travelling if the vehicle is owned by **You** and has not been serviced properly and maintained in accordance with manufacturer's instructions.
  - iv. 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.

- b. additional expenses where the scheduled **Public transport** operator has offered suitable alternative travel arrangements.
- c. additional expenses where **Your** planned arrival time at the port is less than 3 hours in advance of the sail departure time if **You** are travelling independently and not part of an integrated **Cruise** package.

#### Special Conditions

- a. in the event of a claim arising from any delay arising from traffic congestion **You** must obtain written confirmation from the police or emergency **Breakdown** services of the location, reason for and duration of the delay.
- b. **You** must allow sufficient time for the scheduled **Public transport** or other transport to arrive on schedule and to deliver **You** to the departure point.

Please also refer to the General Exclusions and Conditions.

### Cabin Confinement

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your Policy certificate** for each complete 24 hour period that **You** are confined by the ship's medical officer, to **Your** cabin or stateroom due to **Your** compulsory quarantine, or for medical reasons (unless this was related to a **Pandemic** and/or **Epidemic**, including but not limited to **Coronavirus**, which is excluded under General Exclusions 40 and 41) during the period of the **Trip**.

#### You are not covered

- a. any claim arising directly or indirectly from any **Existing medical condition** unless **You** have declared all **Existing medical conditions** to **Us** and **We** have written to **You** accepting them for insurance.
- b. any confinement to **Your** cabin where **You** are unable to provide written confirmation from **Your** ship's medical officer confirming **You** were confined to **Your** cabin, the reason for and the length of **Your** confinement.
- c. any additional period of confinement or compulsory quarantine;
  - i. relating to treatment or surgery, including exploratory tests, which are not directly related to the injury or **Illness** which made **Your** confinement necessary.
  - ii. following **Your** decision not to be repatriated after the date when in **Our** opinion, it is safe to do so.
- d. confinement or necessary quarantine;
  - i. relating to any form of treatment or surgery which in **Our** opinion (based on information received from the ship's doctor or other **Medical practitioner** in attendance) can be delayed until **Your** return to **Your Home country**.
  - ii. as a result of a tropical disease where **You** had not had the recommended inoculations and/or taken the recommended medication.

Please also refer to the General Exclusions and Conditions.

### Cruise Itinerary Change

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your Policy certificate** for each missed port in the event **Your** scheduled port visit is cancelled due to adverse weather or timetable restrictions. **You** must get written confirmation from **Your Cruise** operator, carrier or tour operator confirming **Your** scheduled port visit was cancelled and the reason for the cancellation.

#### You are not covered for

- a. claims arising from a missed port caused by strike or industrial action if the strike or industrial action was notified at the time that the insurance was purchased.
- b. any claim arising from **Your** ship's failure to put people ashore due to the mechanical or operational failure of the ship's tender (or any other boat used to transport passengers to shore).
- c. **Your** failure to attend the excursion as per **Your** itinerary.
- d. any claim where a monetary amount, including but not limited to on board credit or other compensation, has been offered to **You** by the ship or tour operator.
- e. any claim where **You** do not have written confirmation from **Your Cruise** operator, carrier or tour operator confirming **Your** scheduled port visit was cancelled.

Please also refer to the General Exclusions and Conditions

## Unused Pre-booked Excursions

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your Policy certificate** for the cost of pre-booked, prepaid and non-refundable excursions, which **You** were unable to use as a direct result of being a hospital inpatient or being confined to **Your** cabin, due to an **Accident** or **Illness** (unless this was related to a **Pandemic** and/or **Epidemic**, including but not limited to **Coronavirus**, which is excluded under General Exclusions 40 and 41) which is covered under Section 2 – Emergency Medical Expenses and Repatriation.

### **You are not covered for**

- a. the amount of the excess shown in the Benefits Schedule.
- b. any claim as a result of being a hospital in-patient where **Our** nominated emergency service have not been contacted and/or a recommended hospital has not been appointed by **Us**.
- c. any claim arising directly or indirectly from any **Existing medical condition** unless **You** have declared all **Existing medical conditions** to **Us** and **We** have written to **You** accepting them for insurance.
- d. any claim as a result of cabin confinement where written confirmation is not provided by **Your** ship's medical officer that **You** were confined to **Your** cabin and confirming the length of **Your** confinement.

Please also refer to the **General Exclusions and Conditions**.

## Cruise Interruption

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your Policy certificate** for necessary additional travel expenses by the most direct route and additional accommodation (room only), that is agreed by **Our** nominated emergency service and necessarily incurred by **You**:

- a. to reach the next docking port in order to re-join the **Cruise**; or
- b. to reach the final destination of **Your Cruise**, following **Your Cruise** being necessarily and unavoidably interrupted as a result of;
  - i. **Your** passport being lost after **Your** international departure but before embarkation of **Your** planned **Cruise** or during disembarkation ashore on one of the scheduled stops as a result of loss or theft, or
  - ii. it being deemed medically necessary by a **Medical practitioner** for **You** to accompany and assist an insured person who is admitted as an in-patient that is covered under Section 2 – Emergency Medical Expenses and Repatriation; or
  - iii. **You** being detained by local police as a result of being a witness or being required to give evidence as a result of **Your** participation in a road traffic **Accident**, or criminal investigation where **You** are not the accused.

If, at the time of requesting **Our** assistance in the event of a **Cruise** interruption claim, satisfactory medical or other evidence required by **Us** is not supplied in order to substantiate the claim, **We** will make all necessary arrangements at **Your** cost and arrange appropriate reimbursement as soon as the claim has been validated.

### **You are not covered for**

- a. any claim for loss of passport not reported to the police or other authority within 48 hours of discovery and which **You** do not get a written report.
- b. any travel costs where **You** failed to contact **Our** nominated emergency service for approval prior to arranging travel and so **We** could provide assistance with any travel arrangements. Failure to do so can result in the claim being declined.
- c. any claim as a result of an insured person being a hospital in-patient where the condition was not covered under Section 2 – Emergency Medical Expenses and Repatriation of the policy, or where **Our** nominated emergency service have not been contacted and/or a recommended hospital has not been appointed by **Us** and where **You** have not obtained a medical certificate from the **Medical practitioner** in attendance confirming it was medically necessary for to accompany and assist an insured person admitted as an in-patient for an insured condition.
- d. any claim arising directly or indirectly from any **Existing medical condition** unless the insured person has declared all **Existing medical conditions** to **Us** and **We** have written to them accepting them for insurance.
- e. any claim where **You** have been detained by local police that is not evidenced by a written report from the local police confirming the reason and period of **Your** detention, or reason and period in which **You** were required to give evidence, that necessitated **You** missing the scheduled departure of **Your Cruise**.

Please also refer to the **General Exclusions and Conditions**.

## SECTION 21 GOLF COVER OPTION

The following option only applies if **You** have paid the appropriate additional premium as shown on **Your Policy certificate**.

### Golf Equipment

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your Policy certificate**, for **Accidental** loss, theft of or damage to **Golf equipment** which **You** own. Within this amount the following sub-limits apply;

- a. the maximum **We** will pay **You** for any one club or one piece of **Golf equipment** is shown in the Benefits Schedule. If **You** cannot provide an original receipt, valuation report or other satisfactory proof of ownership and value to support the claim, payment for any one article, or for any one pair or set of articles, will be limited to a maximum of £50. Evidence of replacement value is not sufficient.
- b. the maximum **We** will pay in total for all items lost, damaged or stolen in any one incident is limited to £250 if **You** cannot provide satisfactory proof of ownership and value.

#### **You are not covered for**

- a. the amount of the excess shown in the Benefits Schedule in respect of each claim and this is shown on **Your Policy certificate**.
- b. more than the amount shown in the Benefits Schedule per single club or single item of **Golf equipment**.
- c. wear and tear, damage caused by moth or vermin, denting or scratching, or any process of dyeing or cleaning.
- d. loss or theft of **Your Golf equipment** not reported to the police within 24 hours of discovering the loss, or as soon as possible after that, and a written report obtained, which includes the crime reference number, in the country where the incident occurred.
- e. any **Golf equipment** or documents **You** lose or that are stolen or damaged during **Your Trip**, unless reported to the carrier within 24 hours and a written Property Irregularity Report (PIR) is obtained. If the loss, theft or damage to **Your Golf equipment** is only noticed after **You** have left the airport, **You** must contact the airline in writing with full details of the incident within 7 days of leaving the airport and get a written report from them.
- f. claims arising from delay, detention, seizure or confiscation by customs or other officials.
- g. claims for loss, theft or damage to anything being shipped as freight or under a Bill of Lading.
- h. damage to, loss or theft of **Golf equipment**, which is being carried on a vehicle roof rack.
- i. damage to, loss or theft of **Golf equipment**, if it has been left;
  - i. **Unattended** in a place to which the public have access, or
  - ii. left in an **Unattended** motor vehicle unless in a locked boot and out of sight, or
  - iii. in the custody of a person who does not have an official responsibility for the safekeeping of the property.
- j. any claim for damage to **Golf equipment** whilst in use.
- k. claims arising from weather conditions resulting from the failure to protect items.
- l. any claim if **You** have claimed under another policy section or policy option.

**Please note:** Our liability is solely based upon the value of the **Golf equipment** which has been lost, stolen or damaged and would not extend to the replacement of **Your** whole set of woods, or irons in the event of a claim being made for one item.

**Please also refer to the General Exclusions and Conditions.**

### Golf Equipment Hire

**You** are covered up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your Policy certificate** for the necessary cost of hiring replacement **Golf equipment** as a result of the **Accidental** loss, theft or damage of **Your Golf equipment** during the period of insurance, or if **Your Golf equipment** is certified by the carrier to have been lost or misplaced on the outward journey of a **Trip** for a period more than 24 hours, then **We** will pay **You** up to the amount shown in the policy options Benefits Schedule to hire replacement **Golf equipment**.

**Please note:** **You** must provide receipts and a report from the carrier confirming the length of the delay, otherwise no payment will be made.

**You are not covered** for any claim arising in connection with a **Trip** solely within **Your Home country**.

**Please also refer to the General Exclusions and Conditions.**

### Green fees

**You are covered** up to the amount shown in the Benefits Schedule for the proportionate value of any pre-paid green fees, **Golf equipment** hire fees or tuition hire fees which are confirmed as non-refundable and **You** are unable to use following;

- a. **You** being involved in an **Accident** or **Your** sickness or injury, as certified by a **Medical practitioner**, which prevents **You** participating in the pre-paid golfing activity; or
- b. loss or theft of documentation which prevents **You** participating in the pre-paid golfing activity, or adverse weather conditions which causes the closure of the golf course, confirmed in writing by the golf club.

#### **You are not covered for**

- a. any claim arising directly or indirectly from any **Pre-existing medical condition** unless **You** have declared these to **Us** and **We** have written to **You** accepting them for insurance.
- b. claims arising directly from a medical condition which is not substantiated by a report from the treating doctor confirming **Your** inability to play golf.
- c. loss or theft not reported to the police within 24 hours of discovering the loss, or as soon as possible after that, and a written report obtained, which includes the crime reference number, in the country where the incident occurred. In the case of an airline, a Property Irregularity Report (PIR) will be required.
- d. any claims relating to loss or theft of documentation, or closure of the course due to adverse weather conditions that are not substantiated in writing by the golf club.
- e. claims arising for loss, theft or damage to documentation shipped as freight or under a Bill of Lading.
- f. claims arising for documentation left **Unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the documentation.
- g. claims arising for loss, theft or damage of documentation from an **Unattended** motor vehicle, unless taken from a locked boot or roof rack which is itself locked to the roof of a vehicle) between 8am to 8pm local time and there is evidence of damage or forced entry which is confirmed by a written police report.

**Please also refer to the General Exclusions and Conditions.**

### Special Conditions Relating to this Golf Option

- a. **We** have the option to either pay **You** for the loss, or replace, reinstate or repair the items concerned.
- b. claims are paid based on the value of the goods at the time that they are lost and not on a 'new for old basis' or replacement cost basis; thus deduction is made for wear, tear, and depreciation, bearing in mind the age of the items.
- c. **You** must take suitable precautions to secure the safety of **Your Golf equipment**, and must not leave it unsecured or **Unattended** or beyond **Your** reach at any time in a place to which the public have access.
- d. if claiming for **Your** goods that were stolen or lost **You** should produce proof of ownership and proof of purchase of the original goods by way of receipts, credit card or bank statements, as failure to do so may affect the assessment of the claim. The maximum **We** will pay for all pieces of **Golf equipment** lost, damaged or stolen in any one incident is limited to £200 in total if **You** are unable to provide the original receipt, proof of purchase or an insurance valuation which was obtained prior to the loss.
- e. **You** must report loss of **Golf equipment** to the local police, the carrier, the hotel or accommodation management or to the tour operator representative as appropriate, within 24 hours of discovering the loss, or as soon as possible after that, and a written report obtained, which includes the crime reference number, in the country where the incident occurred. Damage to **Golf equipment** in transit must be reported to the carrier before **You** leave the **Baggage** hall and a Property Irregularity Report (PIR) must be obtained.
- f. **You** should make any claims about losing **Your Golf equipment** or it being damaged or delayed while being held by an airline, to the airline first. Any money **You** get under this policy will be reduced by the amount of compensation **You** receive from the airline for the same event.

**Please also refer to the General Exclusions and Conditions.**

## General Exclusions

**You are not covered for claims arising out of;**

1. loss or damage directly or indirectly occasioned by, happening through or in consequence of war, **Terrorism**, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation, or requisition or destruction of or damage to property by or under the order of any government or public or local authority. However cover is provided in respect of claims under Section 2 - Emergency Medical Expenses and Repatriation, Section 3 - Hospital Stay Benefit or Section 4 - Personal **Accident** of the policy arising through **Terrorism** unless **You** planned to travel to areas that were publicly known to be affected or threatened by such risks (please see general condition 3).
2. **You** travelling to an area that the Foreign, Commonwealth & Development Office (FCDO) (or equivalent in other EU Countries) have advised against all, or all but essential, travel. This exclusion does not apply where **Your** destination is within Area 2 - Europe (see the 'Territorial Limits' on page 8) and where the Foreign, Commonwealth & Development Office (FCDO) have advised against all (or all but essential) travel solely due to the **Coronavirus** risk.
3. loss, damage, expense or indemnity directly or indirectly resulting from or attributable to radioactive contamination of any nature.
4. **You** being exposed to the **Utilisation of nuclear, chemical or biological weapons of mass destruction**.
5. loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other flying objects travelling at sonic or supersonic speeds.
6. **You** travelling in an aircraft other than as a fare paying passenger in a fully licensed passenger carrying aircraft.
7. **Your** suicide or attempted suicide or **Your** deliberate exposure to unnecessary danger (except in an attempt to save human life).
8. **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 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 judgement.
9. **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.
10. **You** having been diagnosed as suffering from acute alcohol intoxication, alcohol dependency or alcohol withdrawal.
11. **Your** wilful, self-inflicted injury or **Illness**, suicide or attempted suicide, solvent abuse, the use of drugs (other than drugs taken in accordance with treatment prescribed and directed by a **Medical practitioner** but not for the treatment of drug addiction) or self-exposure to needless peril (except in an attempt to save human life).
12. **Your** failure to obtain any necessary vaccines, inoculations or medications prior to **Your Trip** departure and take the complete course of recommended medications.
13. **Your** participation in activities of a hazardous nature except as listed on page 26, unless declared to and accepted by **Us**. **We** reserve the right to apply special terms and conditions (which may include additional premiums) and coverage will be subject to **Your** compliance with them.
14. winter sporting activities, except Wintersports as defined and the appropriate premium paid.
15. scuba diving if **You** are;
  - i. not qualified for the dive undertaken unless **You** are accompanied by a properly qualified instructor or,
  - ii. diving alone.  
Cover applies to depths according to **Your** qualifications but in any event no greater than 30 metres.
16. racing or race training of any kind (other than on foot or sailing).
17. **Your** participation or engagement in professional entertaining, professional sports, racing (other than on foot), motor rallies and motor competitions.
18. **Your** participation or engagement in manual work unless accepted by **Us** and the appropriate additional premium has been paid.
19. **You** taking part in civil commotions or riots of any kind.
20. **You** breaking or failing to comply with any law whatsoever.
21. any financial incapacity, whether directly or indirectly related to the claim.
22. the tour operator, airline or any other company, firm or person either becoming insolvent or being unable or unwilling to fulfil any part of their obligation, unless specifically covered under Section 17 - End Supplier Failure.
23. a tour operator failing to supply advertised facilities.
24. 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.
25. any costs already accepted or offered by **Your** transport and/or accommodation provider, even if this is a credit note or alternative travel arrangements.
26. any costs if **You** are unable to prove **Your** financial loss.
27. any government regulation or act.
28. **You** travelling against any health requirements stipulated by the carrier, their handling agents or any other **Public transport** provider.
29. **You** travelling against the advice of a **Medical practitioner**, or where **You** would have been if **You** had sought medical advice before beginning **Your Trip**.
30. any losses that are not directly associated with the incident that caused **You** to claim for example, loss of earnings due to being unable to return to work following injury or **Illness** happening while on a **Trip** or the cost of replacing locks in the event that keys are lost while on a **Trip**.
31. loss, damage, expense or indemnity which has not been proven and the amount thereof substantiated.
32. any search and rescue costs.
33. Any claim if **You** already have a more specific insurance covering this (for example, if an item **You** are claiming for under Section 8 - Personal Baggage is a specified item on **Your** household contents insurance policy.
34. costs recoverable elsewhere.
35. claims arising from the unauthorised use of a swimming pool outside the specified times of opening.
36. **You** climbing on top of, or jumping from a vehicle or jumping from a building or balcony, or climbing or moving from any external part of any building to another (apart from stairs) regardless of the height, unless **Your** life is in danger or **You** are attempting to save human life.
37. any claim where **You** are not wearing a helmet whilst on a motorcycle, motor scooter or moped.
38. any claim where **You** are not wearing a seatbelt when travelling in a motor vehicle, where a seatbelt is available.
39. any loss, damage, liability, cost or expense caused deliberately or accidentally by:
  - i. the use of, or inability to, use any application, software, or programme in connection with any electronic equipment (for example a computer, smartphone, tablet or internet-capable electronic device);
  - ii. any computer virus;
  - iii. any computer related hoax relating to i and/or ii above.
40. any claim directly or indirectly related to the fear or threat of a **Pandemic** and/or **Epidemic**, including but not limited to **Coronavirus**.
41. any claims directly or indirectly related to a **Pandemic** and/or **Epidemic**, including but not limited to **Coronavirus**. However, this general exclusion shall not apply to Section 1 - Cancellation or Curtailment/Loss of Holiday, Section 2 - Emergency Medical Expenses and Repatriation and Section 17 - End Supplier Failure; provided that **You** have received the recommended number of doses of an approved **Coronavirus** vaccine 14 days prior to **Your** trip commencing. This vaccination requirement shall not apply where **You** were ineligible for vaccination, or unable to receive the vaccine for medical reasons, and this is shown in your medical records. **You** should also refer to general exclusion 2.

## General Conditions

### These General Conditions apply to sections 1-16 & 19-21

**You** must comply with the following conditions to have full protection of **Your** policy. If **You** do not comply **We** may at **Our** option cancel the policy or refuse to deal with **Your** claim or reduce the amount of any claim payment.

1. **You** must answer the Disclosure of your Medical Conditions questions shown on page 6 truthfully and to the best of **Your** knowledge and contact **Us** if required. If **You** do not do so then any related claim may be reduced or rejected or **Your** policy may become invalid.
2. **You** must tell JustTravelCover as soon as possible about any change in circumstances which affects **Your** policy, including **You**, a **Travelling companion**, a **Business colleague** or **Relative** receiving confirmation of a new or changed medical condition or currently being under medical investigation, change in sporting activity or leisure activities **You** intend to participate in during **Your Trip** or any additional persons(s) to be insured under this policy by calling **+44 (0) 333 003 0021**. **We** have the right to reassess **Your** coverage, policy terms and/or premium after **You** have advised **Us** of any change in circumstance. If **You** do not advise **Us** of any change then any related claim may be reduced to rejected or **Your** policy may become invalid.
3. **You** must tell JustTravelCover if **Your** plans for **Your Trip** include travel to areas affected or threatened by war or similar risks as set out in General Exclusion 1 by calling **+44 (0) 333 003 0021**. **We** reserve the right not to cover such **Trips**.
4. **You** must advise the claims handlers of any possible claim within 31 days of **Your** return **Home**. **You** must supply them with full details of all the circumstances and any other information and documents **We** may require.
5. this insurance policy will only respond to claims for **Irrecoverable costs** 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.
6. **You** must keep any damaged articles that **You** wish to claim for and, if requested, send them to the claims handlers at **Your** own expense. If **We** pay a claim for the full value of an article, it will become **Our** property.
7. **You** must agree to have medical examination(s) if required. In the event of **Your** death, **We** are entitled to have a post mortem examination. All such examinations will be at **Our** expense.
8. **You** must assist **Us** to obtain or pursue a recovery or contribution from any third party or other insurers (including the Department of Work & Pensions) by providing all necessary details and by completing any forms.
9. all certificates, information and evidence required by the **Insurer** shall be furnished at the expense of the insured or their legal personal representatives and shall be in such form and of such nature as the **Insurer** may prescribe.
10. **You** must pay **Us** back within 1 month of demand any amounts that **We** have paid on **Your** behalf that are not covered by this insurance.
11. **You** must take all reasonable steps to avoid or minimise any loss that might result in **You** making a claim under this insurance.
12. **You** must comply with all the terms, provisions, conditions and endorsements of this insurance Failure to do so may result in a claim being declined.
13. except for claims under Section 3 - Hospital Stay Benefit, Section 4 - Personal Accident & Section 6 - Travel Delay & Abandonment, this insurance shall only be liable for its proportionate share of any loss or damage that is covered by any other insurance.
14. **We** may take action in **Your** name but at **Our** own expense to recover for **Our** benefit the amount of any payment made under this insurance.
15. **We** may at **Our** option discharge any liability under this insurance by replacing or repairing any article or articles lost or damaged, or by issuing **You** with a credit voucher.

16. this insurance is non-transferable. If a **Trip** is cancelled for any reason other than that described in Section 1 - Cancellation or Curtailment/Loss of Holiday then the cover for that **Trip** terminates immediately and no refund of premium in whole or part will be made.
17. if **You** or anyone acting on **Your** behalf makes any claim knowing it to be false or fraudulent in any way then this insurance shall become void, premiums non refundable and all claims shall be forfeited.
18. it is a condition of this policy that when booking **Your Trip** or purchasing this policy whichever is later that **You** are fit to travel and participate in any activities and excursions that **You** have planned during **Your Trip**.
19. **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.
20. 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 cosubscribing (re)insurer who for any reason does not satisfy all or part of its obligations.

## Sports and Activities

Any involvement in the following sports and/or activities is subject to **Your** compliance with local laws and regulations and the use of recommended safety equipment (such as a helmet, harness, knee and/or elbow pads, life jacket etc...)

**Please note:** The policy terms and conditions will still apply in all other respects. Please also refer to the 'General conditions' on page 25 and the 'General exclusions' on page 24.

This policy automatically covers **You** to undertake the activities listed below on a recreational and amateur basis, incidental to **Your Trip** and not in organised competitions or if **You** are a professional in that activity.

### A

Amateur Sports - Aerobics, Archery, Badminton, Baseball, Basketball, Bowls, Cricket, Croquet, Curling, Fencing, Football, Golf, Jogging, Netball, Racquetball, Roller Blading, Roller Skating, Rounders, Snooker/Pool/Billiards, Skate Boarding, Squash, Surfing (amateur), Swimming, Table Tennis, Tennis, Ten Pin Bowling, Volleyball, Water Polo and Weightlifting only  
Angling/Fishing

### B

Banana Boating  
Beach Games

### C

Canoeing/River Canoeing (up to Grade 3)  
Clay Pigeon Shooting  
Cycling (other than Touring/Mountain Biking)

### F

Fell Walking/Fell running

### H

Hiking (under 2000 metres altitude)

### J

Jet Boating

### M

Motorcycling up to 50cc (with appropriate licence, wearing a crash helmet and no racing)

### O

Orienteering  
Outwardbound Pursuits (ground level only)

### P

Paintballing  
Parascending/Parasailing (over water towed by boat)  
Pony Trekking

### R

Rambling (under 2000 metres altitude)

### S

Sail Boarding  
Sailing/Dinghy Sailing within Territorial Waters (inland/coastal waters within 12 mile limit)  
Snorkelling

### T

Trekking (under 2000 metres altitude)  
Tug of war

### U

Underground activities (as part of an organised excursion/tour only)

### W

War Games  
Water Skiing (excluding jumping) - amateur only (inland/coastal waters within 12 mile)  
Windsurfing - amateur only (inland/coastal waters within 12 mile)  
Work Abroad - Non Manual Work (including professional, administrative or clerical duties only)

If the activity which **You** are participating is not listed or **You** are participating in anything other than on a recreational or amateur basis please contact JustTravelCover on **+44 (0) 333 003 0021**.

## Complaints Procedure

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.

### 1. Does your complaint relate to a claim under Sections 1-16 and Sections 19-21?

A. In the first instance, please contact:

The Complaints Officer  
Claims Settlement Agencies,  
308-314 London Road,  
Hadleigh, Benfleet,  
Essex, SS7 2DD  
United Kingdom  
Tel: 01702 746560  
Email: [admin@csal-claims.co.uk](mailto:admin@csal-claims.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 are dissatisfied with Our response, then 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@fspo.ie](mailto:info@fspo.ie)  
Website: [www.fspo.ie](http://www.fspo.ie)

### 2. Does your complaint relate to a claim under Section 17 End Supplier Failure?

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.

A. In the first instance, please contact:

Compliance Officer,  
Liberty Mutual Insurance Europe SE,  
20 Fenchurch Street,  
London, EC3M 3AW,  
Tel: +44 (0) 203758 0840  
Email: [complaints@libertyglobalgroup.com](mailto:complaints@libertyglobalgroup.com)

Please quote Your policy and/or claim number;

If after making a complaint You are still not satisfied You may be entitled to refer the dispute to an independent organisation. This will depend on where You are based, please see below.

#### For Policyholders and insured persons based in the UK:

The Financial Ombudsman Service is a free and impartial service, who may be contacted at:

Exchange Tower,  
Harbour Exchange,  
London, E14 9SR  
Tel: 0800 023 4567  
Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

To confirm whether You are eligible to ask the Financial Ombudsman Service to review Your complaint find out more at [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

### 3. Does your complaint relate to a claim under Section 18 - Trip Dispute?

In the event of a complaint arising under this insurance, You should in the first instance contact Arc Legal Assistance Limited. Write to Us at:

Arc Legal Assistance Limited,  
PO Box 8921,  
Colchester,  
CO4 5NE  
Email Us At: [customerservice@arclegal.co.uk](mailto:customerservice@arclegal.co.uk)  
Call Us On: 01206 615000

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](mailto: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.

### 4. Does your complaint relate to the sale and/or administration of your policy?

A. In the first instance, please contact:

Able2Travel (JTC),  
13-21 High Street, Guildford,  
Surrey, GU1 3DG  
Tel: 01483 806680  
Email: [enquiries@voyagerins.com](mailto:enquiries@voyagerins.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 are dissatisfied with Our response:

then 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 the 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](mailto:complaint.info@financial-ombudsman.org.uk)  
Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

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.

# Data Protection Notice

## Introduction

Please make sure that **You** read and understand this Data Protection notice as it explains to **You** what **We** will do with the information that **You** give **Us** in respect of this travel insurance policy.

## For Sections 1-16 and Sections 19-21:

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.

**You** should show this notice to any other person covered under **Your** insurance policy. If **Your** application includes other individuals **You** should obtain their consent to **Us** using their personal information as described in this notice before **You** give their information to **Us**.

When **We** use the terms '**We**', '**Our**' or '**Us**' in this Data Protection notice, **We** mean Just Travel Insurance, Voyager Insurance Services Limited and Chaucer Insurance Company DAC.

The ways in which **We** use the personal information **You** give to **Us** are described below. **Your** insurance policy is made available to **You** by Just Travel Insurance on behalf of Voyager Insurance Services Limited and Chaucer Insurance Company DAC.

**We** will sometimes use the personal information **You** give to **Us** for different purposes than Voyager Insurance Services Limited.

## The Data Controllers

Just Travel Insurance, Voyager Insurance Services Limited and Chaucer Insurance Company DAC are the Data Controllers of all information collected and processed in the context of the insurance policy.

## Protection And Uses Of Your Personal Data

The security of **Your** personal information is very important to **Us**. All personal information that **You** supply to **Us** either in respect of Yourself or other individuals in connection with **Our** products and/or services will be treated in confidence by **Us** and will be used by **Us** for the purpose of providing and administering **Our** products and services. This may involve the collection and processing of sensitive data (as defined in the Data Protection Act 1998 and from 25th May 2018 the General Data Protection Regulation (EU) 2016/649) and if **You** complete an application form for **Our** products and/or services **You** will be giving **Your** consent to such information being processed by **Us** (which may include other companies within the Just Travel Insurance, Voyager Insurance Services Limited and Chaucer Insurance Company DAC or **Our** agents. **We** may collect **Your** personal information from third parties where this is necessary in order to provide insurance services to **You**.

**We** may analyse the personal information **You** provide in combination with any other information that **We** lawfully hold or receive for the purposes of reviewing, tailoring and improving **Our** products and services. **We** may also engage the services of third parties to perform any such analysis on **Our** behalf, however in doing so **We** will ensure that all such activities are carried out in compliance with the applicable data protection legislation.

In order to protect **Your** privacy, **We** will anonymise any information **We** analyse as far as possible. **Your** personal and sensitive data may also be shared with the underwriter of **Our** insurance products. It may be necessary to pass **Your** personal and sensitive data to other companies for processing on **Our** behalf, or to organisations with which **We** work to provide the benefits under **Your** policy (for example, to a hospital which is responsible for any treatment **You** receive through **Your** policy). Some of these companies or organisations may be based outside Europe in countries which may not have the laws to protect **Your** personal data, but in all cases **We** will ensure that it is kept securely and only used for the purposes described in this notice.

## 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/](http://www.chaucerplc.com/privacy-cookie-policy/) or in other formats on request. For details of Voyager Travel Insurance Services Ltd's full privacy notice please visit [www.able2travel.com/privacy-notice/](http://www.able2travel.com/privacy-notice/)

If **You** require details of the Just Travel Insurance privacy policy, this can be found online at <https://quote.justtravelcover.com/privacy/>.

## Inaccurate Data

If **You** believe that **We** are holding inaccurate information about **You** in relation to **Your** insurance policy, please contact **Us** and **We** will be happy to correct any errors.

## Telephone Calls

Please note that for **Your** and **Our** mutual protection telephone calls to **Us** may be monitored and/or recorded for the purposes of:

- establishing facts relevant to **Our** business;
- checking that **We** comply with laws, regulations and self-regulatory procedures;
- checking and/or demonstrating the standards that **We** should be meeting, for example, for quality control and staff training purposes;
- preventing or detecting crime;
- investigating or detecting the unauthorised use of **Our** systems, to secure **Our** system and to ensure the effective operation of **Our** systems.

## Fraud Prevention, Detection and Claims History

In order to prevent and detect fraud **We** may at any time:

- Share information about **You** with other organisations and public bodies including the Police, loss adjusters and other third parties that **We** engage to investigate claims;
- Check and/or file **Your** details with fraud prevention agencies and databases, and if **You** give **Us** false or inaccurate information and **We** suspect fraud, **We** will record this. **We**, and other organisations involved in the administration of **Your** policy, may also search these agencies and databases to:
  - Help make decisions about the provision and administration of insurance, credit and related services for **You** and members of **Your** household;
  - Trace debtors or beneficiaries, recover debt, prevent fraud and to manage **Your** accounts or insurance policies;
  - Check **Your** identity to prevent money laundering, unless **You** furnish **Us** with other satisfactory proof of identity;
  - Undertake credit searches and additional fraud searches.

**We** can supply on request further details of the databases **We** access or contribute to. When **We** investigate claims, **We** may conduct searches of publicly accessible information about **You** available on the internet, including using sources such as search engines and social media].

## Customer Satisfaction Surveys

**We** aim to continuously improve the services **We** offer to **Our** customers. Occasionally **We** carry out customer satisfaction surveys which may be for **Our** own benefit or for more general interest, and **We** may need to collect further information about **You** in connection with them. Surveys will usually be carried out by **Us** but in some circumstances **We** will use an external firm. **Your** participation in such a survey is entirely optional but **Your** help and feedback would be appreciated.

## Contact Us

If **You** have any questions about the way in which **We** use **Your** personal information, please contact the Customer Helpline.

## For Section 17 - End Supplier Failure

When **We** use the terms '**We**', '**Our**' or '**Us**' in this Data Protection notice, **We** mean Voyager Insurance Services Limited, Inter Passenger Protection Limited and Liberty Mutual Insurance Europe.

## Data Protection

Any information **You** have provided will be dealt with by **Us** in compliance with the provisions of the Data Protection Act 1998. For the purposes of providing this insurance and the handling of any claims or complaints, **We** may need to transfer certain information which **You** have provided to other parties.

## Sanctions

**We** will not provide any benefit under this insurance to the extent of providing cover, payment of any claim or the provision of any benefit where doing so would breach any sanction, prohibition or restriction imposed by law or regulation.

## Non-Assignment

No title, right or interest under this policy may be assigned, transferred, conveyed or otherwise disposed of without the consent in writing of the **Insurer** hereon. Any attempt to assign rights or interests without the **Insurer's** written consent is null and void.

## Section 18 - Travel Dispute

### AmTrust Europe Ltd Privacy Policy

#### 1. Data Protection

Arc Legal Assistance are committed to protecting and respecting **Your** privacy in accordance with the current Data Protection Legislation ("Legislation"). Below is a summary of the main ways in which **We** process **Your** personal data, for more information please visit [www.arclegal.co.uk](http://www.arclegal.co.uk)

## 2. How We Use Your Personal Data and Who We Share it With

**We** may use the personal data **We** hold about **You** for the purposes of providing insurance, handling claims and any other related purposes (this may include underwriting decisions made via automated means), research or statistical purposes. **We** will also use **Your** data to safeguard against fraud and money laundering and to meet **Our** general legal or regulatory obligations.

## 3. Sensitive Personal Data

Some of the personal information, such as information relating to health or criminal convictions, may be required by **Us** for the specific purposes of underwriting or as part of the claims handling process. The provision of such data is conditional for **Us** to be able to provide insurance or manage a claim. Such data will only be used for the specific purposes set out in **Our** notice.

## 4. Disclosure of Your Personal Data

**We** may disclose **Your** personal data to third parties involved in providing products or services to **Us**, or to service providers who perform services on **Our** behalf. These may include, where necessary, affinity partners, brokers, agents, third party administrators, reinsurers, other insurance intermediaries, insurance reference bureaus, credit agencies, medical service providers, fraud detection agencies, loss adjusters, external law firms, external auditors and accountants, regulatory authorities, and as may be required by law.

## 5. International Transfers of Data

The personal data that **We** collect from **You** may be transferred to, processed and stored at, a destination outside the UK and European Economic Area ("EEA"). **We** currently transfer personal data outside of the UK and EEA to the USA and Israel. Where **We** transfer **Your** personal data outside of the UK and EEA, **We** will take all steps necessary to ensure that it is treated securely and in accordance with this privacy notice and the Legislation.

## 6. Your Rights

**You** have the right to ask **Us** not to process **Your** data for marketing purposes, to see a copy of the personal information **We** hold about **You**, to have **Your** data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to ask **Us** to provide a copy of **Your** data to any controller and to lodge a complaint with the local data protection authority.

## 7. Retention

**Your** data will not be retained for longer than is necessary, and will be managed in accordance with **Our** data retention policy. In most cases the retention period will be for a period of seven (7) years following the expiry of the insurance contract, or our business relationship with **You**, unless **We** are required to retain the data for a longer period due to business, legal or regulatory requirements.

If **You** have any questions concerning **Our** use of **Your** personal data, please contact The Data Protection Officer, AmTrust International - please see website for full address details.

A copy of this Insurer's privacy policy is available to view at: <https://www.amtrustinternational.com/legal/privacy-cookies/>

## Have a Safe Trip

The Foreign, Commonwealth and Development Office (FCDO) to do all that they can to help British Travellers stay safe overseas. Before **You** go overseas, check out the FCDO Website and visit

<https://travelaware.campaign.gov.uk/>.

It is packed with essential travel advice and tips, and up-to-date country specific information.

## **IMPORTANT NUMBERS:**

**Medical Emergency: +44 (0) 0203 819 7170**

**Claims: 01702 553 443**

**Just Travel Cover: 0333 003 0021**

**Email: [admin@justtravelcover.com](mailto:admin@justtravelcover.com)**

