

IMPORTANT INFORMATION ABOUT CORONAVIRUS (COVID-19)

Full details of what is covered and what is not covered, including any conditions or limits of cover, can be found in the policy wording. Please ensure you read your policy wording and your policy schedule to ensure that the cover we are able to offer meets your requirements.

You will notice that some words below are in **bold italics**. These words are defined in the definitions section of the policy wording.

This Travel Insurance **policy** will provide cover under the following sections for Coronavirus.

Trip Cancellation

- A) if **you** or **your travel companion** receive a diagnosis of COVID-19 before the start of **your trip**; which is disabling enough to make **you** cancel **your trip**.
- B) if a **family member** who is not travelling with **you** receives a diagnosis of COVID-19 before the start of **your trip** which is considered as life threatening or requires hospitalisation.
- C) if **you** or a **travelling companion** is quarantined before **your trip** due to having been exposed to COVID-19 provided the quarantine is specific to **you** or a **travelling companion**.

Trip Interruption

- A) if **you** or a **travelling companion** receive a diagnosis of COVID-19, which is disabling enough to make **you** interrupt **your trip**.
- B) if a **family member** who is not travelling with **you** receives a diagnosis of COVID-19 which is considered as life threatening or requires hospitalisation.
- C) if **you** or a **travelling companion** is quarantined during **your trip** due to having been exposed to COVID-19 provided the quarantine is specific to **you** or a **travelling companion**.
- D) if **you** or a **travelling companion** is denied boarding based on a suspicion that **you** have COVID-19.

Travel Delay

- A) if **you** or a **travelling companion** is quarantined during **your trip** due to having been exposed to COVID-19 provided the quarantine is specific to **you** or a **travelling companion**.
- B) if **you** or a **travelling companion** is denied boarding based on a suspicion that **you** have COVID-19.

Emergency Medical

- A) If **you** require emergency medical care whilst on **your trip** following a diagnosis of COVID-19.

Emergency Transportation

- A) If **you** require emergency transport to the nearest appropriate medical facility following a diagnosis of COVID-19 on **your trip**.
- B) If **you** require Medical Repatriation to **your** home following a diagnosis of COVID-19 on **your** trip.

Sports Cover

- A) If **you** or a **travelling companion** or a **family member** who is participating in the activity receive a diagnosis of COVID-19 which is disabling enough to make a reasonable person not participate in the activity.

Cruise Cover

- A) If a doctor on board **your** cruise ship has advised **you** not to go on a Shore Excursion due to a diagnosis of COVID-19.

In all cases you will be required to provide official documentary evidence as detailed in the policy wording.

