



## Individual Travel Insurance

### POLICY WORDING

**Please read carefully and retain**

This insurance is underwritten by Certain Underwriters at Lloyd's who are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority. Their FCA number is 204918.

This insurance is administered by Status Insurance Management Limited who are authorised and regulated by the UK Financial Conduct Authority (FCA). Their FCA number is 305697.

A handwritten signature in blue ink, appearing to be "L. J. Smith", written over a horizontal line.

SIGNATURE OF COVERHOLDER

STATUS INSURANCE MANAGEMENT LIMITED,  
10 HIGH STREET, BILLERICAY, ESSEX CM12 9BQ

This document only constitutes a valid policy when issued in conjunction with a **Schedule**.

Provided the premium specified has been paid **We** will provide the insurance specified in this policy and **Schedule** and any attached endorsements during the **Period of Insurance**.

All information supplied to **Us** by or on behalf of **You** is deemed to be incorporated in and shall form the basis of this policy.

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## COOLING-OFF PERIOD

If this cover does not meet **Your** requirements, **You** may return the insurance documentation to **Your** insurance intermediary within fourteen (14) days of the cover starting or the day on which **You** receive the documents, whichever is the latter. **We** will refund all premiums paid within thirty (30) days from the date **We** receive the notice of the cancellation from **You**. **We** will not refund premiums if **You** have taken a **Trip** or made a claim within the fourteen (14) days.

Please contact **Your** insurance intermediary who issued this Policy to obtain this refund, their address and telephone number will appear on the intermediary's correspondence to **You**.

## SCHEDULE OF BENEFITS

These are the maximum sums insured. Please see **Your** individual **Schedule** of cover for the exact levels of cover **You** have purchased.

Section of Cover	Up to Limit of (£/€) per Insured Person	Excess
1.1.1 Cancellation or Curtailment	£5,000/€7,500	£100/€150
1.1.2 Travel Disruption	£500/€750	£100/€150
1.1.3 Alternative Accommodation	£500/€750	£100/€150
1.2 Missed Departure and Transport diversion	£500/€750	£100/€150
1.3 Travel Delay Inconvenience Benefit	£20/€30 for the first completed 12 hour period. £10/€15 each additional completed 12 hour period up to £200/€300	Nil
1.4 Alteration of Itinerary/Kidnap	£500/€750	£100/€150
2 Emergency Medical and Repatriation Expenses	£3,500,000/€5,000,000	£100/€150
2 Hospital Inconvenience Benefit	£20/€30 per day up to £600/€900	Nil
2 Funeral Expenses	£3,500/€5,000	£100/€150
3 Personal Accident		
1) Accidental Death	£15,000/€22,500	Nil
2) Loss of one limb or one eye	£15,000/€22,500	Nil
3) Loss of two limbs or both eyes or one limb and one eye	£15,000/€22,500	Nil
4) Permanent Total Disablement	£15,000/€22,500 NOTE: See Page 15 for sums insured and benefits in respect of under 16 years and over 65 years	Nil
4 Personal Effects and Baggage		
• Single Item Pair or Set Limit	£5,000/€7,500	£100/€150
• Valuables Single Item Limit	£300/€450	
Delayed Baggage	£300/€450	£100/€150
5 Personal Money		
• Cash Limit (aged 18 and above)	£300/€450	£100/€150
• Cash Limit (aged under 18)	£150/€225	
Travel documents	£100/€150	£100/€150
	£300/€450	
6 Personal Liability	£1,500,000/€2,000,000	£250/€375
6 Legal Expenses	£10,000/€15,000	£250/€375
7 Hijack	£75/€112.50 per day up to £3,500/€5,250	Nil

If you have chosen Winter Sports Cover, Golf Cover or Business Cover and have paid the additional premium required for this cover, the following also applies:

Section of Cover	Up to Limit of £/€) per Insured Person	Excess
8.1 Ski Hire	£20/€30 per day up to £400/€600	Nil
8.2 Ski Equipment owned • Single Item Limit	£500/€750 £200/€300	£100/€150
8.3 Lift Pass	£300/€450	Nil
8.4 Piste Closure	£30/€45 per day up to £350/€400	Nil
8.5 Avalanche Cover	£500/€750	£100/€150
9.1 Business Equipment • Single Item Limit	£2,000/€3,000 £500/€750	£100/€150
9.2 Business Money	£200/€300	Nil
9.3 Replacement Staff	£1,500/€2,250	£100/€150
9.4 Additional Personal Accident Benefit	Normal Benefit x 2	N/A
10.1 Golf Equipment • Single Item Limit	£1,000/€1,500 £500/€750	£100/€150
10.2 Hired Golf Equipment • Single Item Limit	£500/€750 £250/€375	£100/€150
10.3 Green Fees	£300/€450	Nil

## COVER OPTIONS

The Cover Option purchased by **You** will be shown in **Your Schedule of Benefits**.

### Annual Multi-Trip

Provides unlimited travel cover during the **Period of Insurance** provided no single **Trip** lasts longer than the number of days per **Trip** chosen by **You** when the cover was purchased and shown on **Your Schedule of Benefits**. If the **Trip** is not completed within the chosen **Trip** length due to circumstances outside **Your** control, cover will continue for an additional maximum of 30 days at no additional premium. Any person travelling who is under the age of 18 years at the commencement of the **Trip** and who is named as a dependent on **Your Schedule of Benefits** must be accompanied for the entire **Trip** by an adult who is also insured by this Policy. Cover is provided for up to 17 days in total for Winter Sports within the **Period of Insurance** upon payment of the appropriate premium.

### Business Cover (Annual Multi Trip policies only)

See Section 9 for details of the additional cover provided.

### Golf Cover (Annual Multi Trip policies only)

See Section 10 for details of the additional cover provided

### Single Trip

Provides cover for one **Trip** up to a maximum period of 180 days. The **Trip** length **You** have chosen is shown on **Your Schedule of Benefits** as the **Period of Insurance**. If the **Trip** is not completed by the end of the **Period of Insurance** shown on **Your Schedule of Benefits** due to circumstances outside **Your** control, cover will continue for an additional maximum of 30 days at no additional premium.

If **Your** cover is only one way, coverage ceases after 48 hours from **Your** arrival in the country of **Your** final destination

### Winter Sports

See Section 8 for details of the cover provided.

## IMPORTANT INFORMATION

### Pregnancy and childbirth

**We provide cover under sections 1 and 2 of this Policy, for claims as a consequence of *Complications of Pregnancy and Childbirth*. Please make sure *You* read the definition of *Complications of Pregnancy and Childbirth* on page 8.**

### Sports and Activities

See the list of activities and sports on page 24 covered by this Policy.

### Geographical Areas

Cover whilst travelling in ***Your Country of Residence*** -

There is no cover under **Section 2** in ***Your Country of Residence***. Cover under all other sections applies if ***Your Trip*** is away from ***Your*** home and involves at least two nights stay in pre-booked accommodation or travel arrangements that have been pre-booked with a commercial carrier.

### Europe

Albania, Andorra, Austria, Azores, Balearic Islands, Belarus, Belgium, Bosnia Herzegovina, Bulgaria, Canary Islands, Corsica, Croatia, Cyprus, Czech Republic, Denmark, Egypt, Estonia, Finland, France, Germany, Georgia, Gibraltar, Greece, Hungary, Iceland, Isle of Man, Irish Republic, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Madeira, Malta, Moldova, Monaco, Morocco, Netherlands, Norway, Poland, Portugal, Romania, Russia (West of Urals), San Marino, Serbia & Montenegro, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tunisia, Turkey, Ukraine, United Kingdom including the Channel Islands.

### Worldwide excluding USA and Canada

Anywhere in the world apart from USA and Canada.

### Worldwide including USA and Canada

Anywhere in the world.

## GENERAL CONDITIONS

### 1. Observance – Failure to Comply with Policy Conditions

**Our** liability to make any payment under this Policy shall be conditional upon ***Your*** observance of all terms, provisions, conditions and endorsements of this Policy. If ***You*** do not comply with your obligations specified in this Policy, this may prejudice ***Your*** position to recover under any claim.

### 2. Information and changes we need to know about

**You** must take reasonable care to provide complete and accurate answers to the questions **We** ask when **You** take out, **Your** Policy. Please tell Europesure Insurance if there are any changes required to the information set out in ***Your Schedule of Benefits***.

**You** must tell **Us** as soon as possible about any changes in the information **You** have provided to **Us** which occurs before or during any ***Period of Insurance***. When **We** are notified of a change, **We** will tell **You** if this affects **Your** policy, for example whether **We** are able to accept the change and if so, whether the change will result in revised terms and/or premium being applied to **Your** Policy. If **You** do not inform **Us** about a change it may affect any claim **You** make or could result in **Your** insurance being invalid.

If the information provided by **You** is not complete and accurate:

- **We** may cancel **Your** policy and refuse to pay any claim, or
- **We** may not pay any claim in full, or
- **We** may revise the premium and/or change any excess, or
- the extent of the cover may be affected.

### 3. Claims Procedure

In the event of any occurrence likely to give rise to a claim under this Policy, **You** must ensure that full details are given to **Us** in writing as soon as reasonably possible after the date of the occurrence and in any event within ninety (90) days. Such notice shall include full particulars of the occurrence.

**You** should contact:

**Medical Assistance Notification:** In the event of **Illness** or **Bodily Injury** during **Your Trip** which may require hospitalisation, or curtailment of the trip, in the first instance **You** must notify **Our** Medical Assistance company: Specialty Assist

Tel: +44 (0) 207 902 7405  
Fax: +44 (0) 207 928 4748  
Email: [operations@specialtyassist.com](mailto:operations@specialtyassist.com)

#### For all other claims:

Reactive Claims Limited  
Attwood House, Mansfield Business Park  
Four Marks, Hampshire GU34 5PZ

Register your claim, quoting the both the contract number and the certificate number shown on **Your Schedule of Benefits:**

Online: [www.reactiveclaims.com](http://www.reactiveclaims.com)  
Tel: +44 (0) 1420 383010 (UK time 9.00 to 17.00 – Monday to Friday)  
Fax: +44 (0) 1420 558111

### 4. Claims Co-operation

**You** shall provide assistance and co-operate with **Us** or **Our** representatives, in obtaining any other records **We** deem necessary to evaluate the incident or claim. In no event shall **We** be liable to pay any claim hereunder unless **You** co-operate with **Us** and/or **Our** representatives in the investigation of the claim.

### 5. Applicable Law and Jurisdiction

This policy is subject to English law and the jurisdiction of the Courts of England and Wales.

### 6. Contracting Parties and Rights of Action

No person or organisation, who is not a party to this Agreement, has any right under the Contracts (Rights of Third Parties) Act 1999 or any amendment or re-enactment thereof, to enforce any terms of this **Policy**, except where such rights exist apart from the operation of such Act.

### 7. Cover Period

For a Single **Trip** Policy, cover for cancellation of a **Trip** commences at the time **You** book the **Trip** or this Policy is issued and the premium paid, whichever is the latter.

For an Annual Multi-**Trip** Policy, cover for cancellation of a **Trip** commences at the time **You** book the **Trip** or at the start of the **Period of Insurance** whichever is the latter.

Cover for a **Trip** commences during the **Period of Insurance** when **You** leave **Your** home or place of work whichever occurs last and ends when **You** return to **Your** home or place of work, or the end date of the **Period of Insurance** shown on **Your Schedule of Benefits** whichever occurs first.

### 8. Access to additional materials

**You** shall provide **Us**, or **Our** designated representatives, with all information, documentation,

and medical information that **We** may reasonably require during the term of this Policy, or until resolution of all claims, whichever is the latter.

### **9. Right to Medical records and Medical examination**

Following notice of a claim, **You** shall provide, when requested by **Us**, all authorisations necessary to obtain **Your** medical records. **We** may request that **You** are examined by a medical expert of **Our** choice, and at **Our** expense, in relation to **Your** claim only.

### **10. Fraudulent Claims**

If **You** or any other person acting on **Your** behalf submits a claim under this Policy that shall in any respect be false or fraudulent, **We** shall be under no liability to make payment in respect of such claim and **You** must pay back any benefit that **We** have already paid. If this happens **We** will not refund any premium.

### **11. Limitation**

**You** are covered up to the amount as stated in **Your Schedule of Benefits**.

### **12. Cancellation**

**We** may cancel this Policy by giving **You** thirty (30) days written notice at **Your** last known address and in such event the premium for the period up to the date when the cancellation takes effect shall be calculated and **We** shall return any unearned portion of the premium paid. **You** can cancel this Policy by giving **Us** thirty (30) days written notice.

If **You** have an annual multi-trip policy, provided no claim has been paid or is payable and no incident has occurred which could give rise to a claim under this Policy, the premium for the period up to the date when the cancellation takes effect will be calculated and any unearned portion of the premium paid will be returned, subject to a minimum retention of one half of the risk premium or £50/€75 whichever is the lesser.

If you have a Single Trip Policy and wish to cancel it **We** will not refund any premium.

### **13. Data Protection Act 1998**

It is understood by **You** that any information provided to **Us** regarding **You** will be processed by **Us**, in compliance with the provisions of the Data Protection Act 1998, for the purpose of providing insurance and handling of claims, if any, which may necessitate providing such information to third parties.

## **GENERAL EXCLUSIONS**

**We** will not pay any claim directly or indirectly caused or contributed to by:

1. **War**. Except in respect of claims under section 2 - Emergency Medical Expenses arising through unexpected **Terrorist Activity** other than losses arising from nuclear, chemical and biological exposures, unless you planned to travel to areas that were publicly known to be affected or threatened by such risks.
2. the use, release or escape of nuclear materials that directly or indirectly results in nuclear reaction or **Radiation** or radioactive contamination; or
  - 2.1 the dispersal or application of pathogenic or poisonous biological or chemical materials; or
  - 2.2 the release of pathogenic or poisonous biological or chemical materials.
3. Winter Sports unless an Annual Multi Trip policy or the Single Trip policy winter sports extension is purchased.
4. competition in events on snow or ice; freestyle skiing; ski jumping; heli-skiing; ice hockey;

the use of bob sleighs and skeletons.

5. motor cycling except as shown in Hazardous Activities on page 29.
6. mountaineering or rock climbing normally requiring the use of ropes or guides.
7. driving a mechanically propelled vehicle in any kind of race.
8. **We** shall not be liable for claims arising from any pre-existing condition at the inception date of the period of travel. This exclusion shall not apply if such pre-existing condition has been without the necessity of medical consultation or treatment for 24 consecutive months or 60 months in the case of heart related conditions (excluding controlled blood pressure or non-inherited cholesterol) or cancer-related conditions prior to the commencement date of the **Trip**
9. **You** travelling against medical advice.
10. **You** travelling for the purpose of receiving medical treatment.
11. **You** being aware of any medical condition which could reasonably be expected to lead to a claim
12. **You** flying, except as a passenger in an aircraft licensed to carry passengers.
13. **You** travelling to an area that the Foreign and Commonwealth Office (or its equivalent in other EU countries) have advised against all or all but essential travel.
14. **You** being under the influence of, or being affected by alcohol or drugs (unless such drug has been prescribed by a qualified **Medical Practitioner** but not for the treatment of drug addiction).
15. **You** attempting to commit or committing intentional self-**Injury** or suicide.
16. the tour operator, airline or any other company, firm or person becoming insolvent, or being unable or unwilling to fulfil any part of their obligation or advertised facilities to **You**.
17. **You** taking part in **Manual Labour**
18. any sport or activity not shown in the Activity and Sports List or **You** participating in any competitive or professional sports.
19. any criminal or illegal act by **You**.
20. operational duties as a member of the armed forces.
21. Human Immunodeficiency Virus (HIV) and/or Acquired Immune Deficiency Syndrome (AIDS) and/or any HIV or AIDS related **Illness**.
22. **You** deliberate exposure to exceptional danger (other than in an attempt to save human life).
23. Events after the expiry of the **Period of Insurance**.

## GENERAL DEFINITIONS

Certain words in this Policy have a specific meaning. They have this specific meaning wherever they appear in this Policy, **Schedule of Benefits** or endorsements and are shown in bold italic print.

### 1. **Accident**

A sudden, unforeseen and fortuitous event including **Exposure** and the word "accidental" shall be construed accordingly.

### 2. **Bodily Injury**

A bodily injury caused solely by **Accidental** means and occurring solely and directly and independently of any other cause which occurs at an identifiable time and place within twelve (12) calendar months of the date of the accident.

### 3. **Complications of Pregnancy and Childbirth**

In this policy **Complications of Pregnancy and Childbirth** will only include the following;

- (i) Toxaemia (toxins in the blood)
- (ii) Gestational hypertension (high blood pressure arising as a result of pregnancy)



- (iii) Pre-eclampsia (where **You** develop high blood pressure, carry abnormal fluid and have protein in **Your** urine during the last 18 weeks of **Your** pregnancy)
- (iv) Ectopic pregnancy (a pregnancy that develops outside of the uterus)
- (v) Molar pregnancy or hydatidiform mole (a pregnancy in which a tumour develops from the placental tissue)
- (vi) Post-partum haemorrhage (excessive bleeding following childbirth)
- (vii) Retained placenta membrane (part or all of the placenta is left behind in the uterus after delivery) Placental abruption (part or all of the placenta separates from the wall of the uterus)
- (viii) Hyperemesis gravidarum (excessive vomiting as a result of pregnancy)
- (ix) Placenta praevia (when the placenta is in the lower part of the uterus and covers part or all of the cervix)
- (x) Stillbirth
- (xi) Miscarriage
- (xii) Emergency Caesarean section
- (xiii) A termination needed for medical reasons
- (xiv) Premature birth more than 8 weeks (or 16 weeks if **You** know **You** are having more than one baby) before the expected delivery date

#### **4. Common Law Spouse**

A partner, including a civil partner, with whom **You** have co-habited continuously for 6 months on a permanent basis.

#### **5. Country of Residence**

Any country within the European Union and/or European Economic Area in which **You** habitually reside for more than six months in any twelve.

#### **6. Document**

Passport, Driving License, Visa, Green Card, pre-paid travel tickets, accommodation vouchers, car-hire vouchers, excursion vouchers and qualification certificates.

#### **7. Employee**

Any person under a contract of employment, service or apprenticeship with **You**.

#### **8. Expenses**

Costs reasonably and necessarily incurred in sending a substitute person.

#### **9. Excess**

The first amount of each and every loss that each **Insured Person** shall pay.

#### **10. Exposure**

Death or **Permanent Total Disablement** solely as a result of unavoidable exposure to severe weather conditions shall be deemed to be an **Bodily Injury**.

#### **11. Family**

**You**, **Your** spouse or **Common Law Spouse** and dependent children under the age of 18 years.

#### **12. Illness/III**

Any disease, infection or bodily disorder which is unexpectedly contracted by **You** or which unexpectedly manifests itself for the first time during the **Period of Insurance**.

### **13. Manual/Manual Labour**

Work that involves:

- i.) hands-on use, installation, assembly, maintenance or repair of electrical, mechanical or hydraulic plant, heavy power tools and industrial machinery,
- ii.) hands-on electrical and construction work or work above two storeys or 3 metres above ground level (whichever is the lower), building sites, any occupation involving heavy lifting
- iii.) supervised animal sanctuary work that has interaction with dangerous wild animals such as lions, tigers or big cats of any kind, elephants
- iv.) professional entertaining except singers and musicians.

### **14. Medical Practitioner**

Any suitably qualified **Medical Practitioner** registered by the General Medical Council (or equivalent in the destination country); or in respect of dental treatment only, a dental practitioner who is registered with the British Dental Association (or equivalent in the destination country); excluding an **Insured Person**, a **Relative** of an **Insured Person** or **Your Employee**.

### **15. Money**

Cash consisting of: Coins, bank and currency notes, signed travellers' cheques, and pre-loaded cash cards.

**NOTE: See Page 15 for sums insured and benefits in respect of under 16 years and over 65 years**

### **16. Period of Insurance**

In respect of Single Trip insurance: the **Period of Insurance** commences on the Date of Policy Issue and finishes on the final date shown against the **Period of Insurance** on **Your Schedule of Benefits**.

In respect of Annual Multi-Trip insurance the **Period of Insurance** commences on the first date shown against the **Period of Insurance** on **Your Schedule of Benefits** and finishes on the final date shown against the **Period of Insurance** on **Your Schedule of Benefits**

### **17. Permanent Total Disablement**

Total Disablement which has lasted for twelve (12) consecutive calendar months and entirely prevents **You** from engaging in any occupation for which **You** are suited by education, training or experience for the remainder of **Your** life.

### **18. Property**

Personal effects owned by **You** or which are **Your** responsibility, which are taken by **You** on, or acquired during, the **Trip**. **Property** excludes **Valuables** and **Documents**, which are insured separately by this Policy.

### **19. Radiation**

The emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement, or death, amongst people or animals.

### **20. Relative**

Spouse, parent, parent-in-law, son, son-in-law, daughter, daughter-in-law, grandchild, brother, brother-in-law, sister, sister-in-law, fiance(e) or **Common-Law Spouse**

## **21. Schedule of Benefits**

The document showing details of **Your** cover.

## **22. Ski Equipment**

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

## **23. Terrorist Activity**

An act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. **Terrorist Activity** can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of a **Terrorist Activity** can either be acting alone, or on behalf of, or in connection with any organisation(s) or government(s). **Terrorist** shall be construed accordingly.

## **24. Trip**

A holiday, including a cruise holiday, and a non-manual business **Trip** within the geographical areas stated in **Your Schedule** which commences and ends in the **Country of Residence** and which commences or is due to commence within the **Period of Insurance**.

## **25. Valuables**

Jewellery, furs, gold and silver articles, watches, binoculars, telescopes, photographic equipment, MP3 players, computer and laptop equipment, audio equipment, video equipment, mobile telephones, tablets and associated equipment of any kind, games consoles, e book readers and portable navigation equipment, which are taken by you on, or acquired during, the **Trip**.

## **26. War**

Any activity arising out of or attempt to participate in the use of military force between nations and will include:

- (i) Hostilities or warlike operations (whether **War** be declared or not).
- (ii) Invasion, civil **War**, rebellion, insurrection, revolution.
- (iii) Act of an enemy foreign to **Your** nationality, or the country in, or over, which the act occurs
- (iv) Civil commotion assuming the proportions of, or amounting to, an uprising.
- (v) Overthrow of the legally constituted government.
- (vi) Military or usurped power.
- (vii) Explosions of **War** weapons.
- (viii) **Terrorist Activity**.

## **27. We, Us, Our**

Certain Underwriters at Lloyd's.

## **28. Winter Sports**

Skiing; snowboarding; off-piste skiing and snowboarding except in areas considered to be unsafe by resort management unless with a qualified guide; cross-country skiing; mono-skiing; blading; langlauf; ski boarding; tobogganing and glacier walking or trekking up to 4,000 metres.

## **29. You, Your, Insured Person(s)**

The person or people named in the **Schedule** who are domiciled in their **Country of Residence**

## SECTION 1 – CANCELLATION AND DISRUPTION

### WHAT IS COVERED

#### 1. Cancellation Curtailment and Travel Disruption

1.1 If you are required to cancel or curtail a **Trip** as a result of any of the **Specified Occurrences** below we will pay any irrecoverable or unused travel and accommodation expenses for which you have paid in advance or for which you have contracted to pay, up to the sum insured shown on **Your Schedule**.

1.2 If due to any of the contingencies in sub-section (d) of the **Specified Occurrences** below a **Trip** is not cancelled but your travel is disrupted, **We** will pay **Your** reasonable additional travel and accommodation expenses (room only) which are of a similar standard to that of **Your** pre-booked travel and accommodation and which are necessary to get **You** to **Your** destination up to the sum insured shown on **Your Schedule**.

1.3 If due to any of the contingencies in sub-section (e) of the **Specified Occurrences** below, a **Trip** is not cancelled but you have to change accommodation, **We** will pay for the cost of equivalent local accommodation up to the sum insured shown on **Your Schedule**.

#### **Specified Occurrences:-**

- a) **Your** death or sustaining **Bodily Injury** or becoming **Ill**.
- b) the death, **Bodily Injury** or **Illness** of **Your Relative** or business colleague or of any person with whom **You** had arranged to travel, reside or conduct business or the immediate **Relative** or business colleague of such person.
- c) **You** or any person with whom **You** had arranged to travel, reside or conduct business being:
  - (i) quarantined or called for witness or jury service.
  - (ii) made redundant, provided that such redundancy qualifies for payment under **Your Country of Residence's** Redundancy Payments Act.
  - (iii) called for emergency duty as a member of the armed forces, the defense or civil administration, the police force, or the fire, rescue, public utility or medical services.
  - (iv) required to be present at **Your** home or place of business in the **Country of Residence** following a burglary or major damage caused by storm, flood or fire.
- d) the cancellation or delayed departure for 24 hours or more of an aircraft, sea vessel or other publicly licensed form of passenger transport in which **You** had previously booked to travel, resulting from any of the following contingencies: strike, industrial action, avalanche, volcanic eruption, adverse weather conditions and accident or mechanical breakdown provided always that such contingency had not occurred, commenced or been announced before the booking was made in respect of the flight, voyage or journey thus affected.
- e) major damage caused by storm, flood or fire rendering uninhabitable the accommodation in which **You** had previously booked to reside during the **Trip**, excluding any waterborne vessel or craft.

## 2. Missed Departure and Transport Diversion

**We** will pay **You** up to the sum insured shown in **Your Schedule** in respect of reasonable additional travel and accommodation expenses (room only) which are of a similar standard to that of **Your** pre-booked travel and accommodation and which are necessarily incurred by **You**:-

- a) if at the commencement of the **Trip You** miss **Your** pre-booked international travel connection through **Your** journey to the departure point being disrupted as the direct result of:-
  - (i) a fellow passenger or a crew member of the conveyance in which **You** are travelling sustaining an **Bodily Injury** or becoming **Ill** after such journey has commenced; or
  - (ii) strike, industrial action, avalanche, volcanic eruption, adverse weather conditions provided always that such contingency had not occurred, commenced or been announced before the relevant international travel booking was made.
  - (iii) Accident to or mechanical breakdown of the vehicle **You** are travelling in.
- b) if at any time during the **Trip** an aircraft, sea vessel or other publicly licensed passenger conveyance in which **You** are travelling has to be diverted from its pre-arranged destination as the result of:-
  - (i) a fellow passenger or a crew member sustaining an **Bodily Injury** or becoming **Ill**; or
  - (ii) strike, industrial action, avalanche, volcanic eruption, adverse weather conditions, accident or mechanical breakdown, provided always that such contingency has not occurred, commenced or been announced before the booking was made in respect of the flight, voyage or journey thus affected.

## 3. Travel Delay Inconvenience Benefit

If **You** are delayed because of the late departure of an aircraft, sea vessel or other publicly licensed form of passenger transport in which **You** had previously booked to travel as the result of strike, industrial action, avalanche, volcanic eruption, adverse weather conditions, accident or mechanical breakdown, **We** will pay **You**:-

On the outward journey at commencement of the **Trip** £20/€30 for the first completed 12 hour period that transport is delayed and £10/€15 for each subsequent completed 12 hour period, up to a maximum of £200/€300 in all.

And again for all subsequent journeys during the **Trip**.

## 4. Alteration of Itinerary

**We** will pay **You** up to the sum insured shown in **Your Schedule of Benefits** for reasonable additional travel and accommodation expenses (room only) necessarily incurred by **You** in the alteration of the arrangements of the **Trip** consequent upon **You** being the victim of a hi-jack, kidnap, **Terrorist** or criminal act.

## WHAT WE DO NOT COVER

1. the **Excess** amount shown in **Your Schedule of Benefits**, in addition to the General Exclusions except in respect of the Travel Delay Inconvenience Benefit payable under sub-section 1.3 above.
2. under subsections d) of **Specified Occurrences** above, 2 and 3 for claims arising out of any contingency that had occurred, commenced or been announced before this Policy was effected.
3. claims for cancelling or curtailing **Your Trip** due to any medical condition or set of circumstances known to **You** at the time that the insurance was effected or at the time that the **Trip** was booked, whichever is the latter, where such condition or circumstances could

- reasonably have been expected to give rise to cancellation or curtailment of the **Trip**.
4. claims for **You** not wanting to travel.
  5. any claims for redundancy where the termination of your employment was caused by **Your** misconduct, resignation or voluntary redundancy, or if **You** knew or where under threat of the redundancy at the time **You** booked **Your Trip** or the start date of the **Trip**.
  6. claims for unused travel or accommodation arranged by using Air Miles, Timeshare or similar promotions.
  7. Any claim that occurs due to pregnancy or childbirth, except as provided for under the benefits in section 2, unless a **Medical Practitioner** confirms that the claim comes from the **Complications of Pregnancy or Childbirth**.
  8. claims arising from delay caused by strike or industrial action known to the public and already notified at the time **You** book **Your** trip or **You** purchased **Your** policy, whichever is the latter. No claim can be made for Travel Delay and full cancellation of the **Trip**.

## CONDITIONS AND LIMITATIONS

In addition to the General Conditions on pages 4 to 6 above **We** shall only be liable:-

1. for claims arising from delayed departure under Subsection d) of **Specified Occurrences** above and 3. if **You** have obtained written confirmation from the Carriers or their Agents stating the actual date and time of departure and the reason for the delay. For the purposes of claims payment under these Subsections the period of delay shall be taken as commencing at the departure time of the conveyance as specified in the booking confirmation supplied to **You**.

Under Subsection 2.a) if in the selection of the route, means of travel and time of departure **You** have done all things reasonably practicable to minimise the possibility of late arrival at the departure point and allowing reasonable time to make an onward connection. This is defined as 120 minutes before the final check-in time as specified in the booking confirmation supplied to **You** for the flight, rail or sea trip.

2. for claims under Subsection 2.a)(iii) attributable to mechanical breakdown, if **You** have obtained a garage or motoring organisation report confirming the date, cause and time of such breakdown.
3. Any claim arising out of a contingency that had occurred, commenced, been announced or of which **You** were aware of before this **Policy** was effected.

## SECTION 2 – EMERGENCY MEDICAL, REPATRIATION AND OTHER EXPENSES

### WHAT IS COVERED

**We** will pay up to the sum insured shown in the **Your Schedule of Benefits** in respect of:

#### 1. Emergency Medical and Repatriation Expenses

Expenses necessarily incurred outside the **Country of Residence** as the result of **You** sustaining **Bodily Injury** or becoming **Ill** during the **Trip** for:-

- 1.1 **Your** medical, hospital and treatment expenses (including reasonable additional travel, evacuation, ambulance transportation costs and accommodation expenses).
- 1.2 **Your** additional repatriation expenses; including compulsory quarantine.
- 1.3 emergency dental treatment for the immediate relief of pain only.
- 1.4 accompanying medical attendants if agreed by prior consultation between **Your** attending physicians and **Us** or **Our** appointed advisors.
- 1.5 Reasonable travel and accommodation expenses of a **Relative** or friend (not

necessarily an **Insured Person**) who on medical advice is required to travel to, remain with or escort **You**.

## 2. Emergency Return to Your Country of Residence

**We** will pay reasonable additional travel and accommodation expenses necessarily incurred by **You**

following:-

- 2.1 The death or **Illness** or **Bodily Injury** of **Your Relative** or business colleague necessitating **Your** return to **Your Country of Residence**.
- 2.2 Burglary or major damage at **Your** home or place of business in **Your Country of Residence**.
- 2.3 The death or **Illness** or **Bodily Injury** of an accompanying **Insured Person**, or the repatriation of such person as provided for in Subsections 2.1 and 2.2 above.

**We** will also pay:

## 3. Hospital Inconvenience Benefit

**We** will pay the sum insured shown in **Your Schedule of Benefits** for each completed 24 hour period that **You** spend as a hospital in-patient outside the **Country of Residence** as the result of **You** sustaining an **Bodily Injury** or becoming **ill** during the **Trip**, up to a maximum of the sum insured shown in **Your Schedule of Benefits**.

## 4. Funeral Expenses

**We** will pay up to the sum insured shown in **Your Schedule of Benefits** for the cost of transporting **Your** remains or ashes to **Your** former place of residence in the **Country of Residence** if **You** die during the **Trip**, and/or the cost of burial or cremation if this takes place in the country abroad where the death occurred.

## WHAT IS NOT COVERED

1. In addition to the General Conditions & Exclusions on pages 4 to 6 the **Excess** amount shown in **Your Schedule of Benefits**.
2. the cost of any medication, consultation or treatment the need for which could reasonably have been foreseen by **You** at the time that the **Trip** commenced, nor for any travel, accommodation or other expense incurred in connection therewith.
3. any expense incurred after **You** have returned to the **Country of Residence**.
4. any claim as a result of pregnancy or childbirth, unless a **Medical Practitioner** confirms that the claim is a result of **Complications of Pregnancy or Childbirth**.
5. any medical expenses for more than 12 months after incurring the first expense.
6. any treatment or surgery which the treating **Medical Practitioner** believes is not essential or could wait until **You** return to **Your Country of Residence**

## SECTION 3 – PERSONAL ACCIDENT

### WHAT IS COVERED

**We** will pay **You** one of the **Personal Accident** benefits shown in **Your Schedule of Benefits** if at any time during the **Trip** **You** sustain **Bodily Injury** including **Exposure**, which results in **Your** death or disablement.

If **You** disappear during the **Trip** and if, after 12 months has elapsed and all available evidence has been examined, there is reason to presume that **Your** death has occurred in accordance with the terms, provisions and conditions of this section of the Policy, the Accidental Death Benefit shall become payable. If at any time after such payment **You** are found to be living,

the Benefit sum paid shall be refunded to **Us**.

### **IMPORTANT**

For **Insured Persons** under the age of 16 years the Accidental Death Benefit is limited to £2,500/€3,750 and all other Benefits are reduced by 50%.

For **Insured Persons** over the age of 65 years the Accidental Death Benefit is limited to £5,000/€7,000 and benefits 2 and 3 are reduced by 50%, benefit 4 (**Permanent Total Disablement**) is deleted.

### **CONDITIONS AND LIMITATIONS**

In addition to the General Conditions:

1. In no case shall **Our** liability in respect of **You** exceed in all the largest sum insured applicable under the benefits in **Your Schedule of Benefits**.
2. No claim shall be payable under more than one item in the Personal Accident Schedule of Benefits in respect of the same **Bodily Injury**.
3. In the event that **Bodily Injury** results in **Your** death within thirteen weeks of the date of **Bodily Injury** and prior to the settlement of a claim for disablement under Items 2, 3 or 4 of the Personal Accident Schedule of Benefits, the Accidental Death Benefit shall be payable.
4. In the event of a claim **Our** appointed medical adviser(s) shall be allowed to examine **You** as often as may be deemed necessary.
5. For the purpose of this section:
  - 5.1 Loss of a limb shall mean the permanent and complete loss of or loss of use of a limb or limbs at or above the ankle or wrist.
  - 5.2 Loss of an eye shall mean permanent and total loss of sight without hope of improvement and where the degree of sight remaining after correction is 3/60 or less on the Snellen Scale.
  - 5.3 Loss of both eyes shall mean permanent and total loss of sight without hope of improvement and where **Your** name is added to the Register of Blind Persons on the authority of a registered qualified ophthalmic specialist.

## **SECTION 4 – BAGGAGE AND PERSONAL EFFECTS**

### **WHAT IS COVERED**

#### **1. Baggage and Personal Effects**

**We** will pay **You** up to the sum insured shown in **Your Schedule of Benefits** in respect of loss of or damage to **Property** and / or **Valuables**.

#### **2. Delayed Baggage**

**We** will pay up to the sum insured shown in **Your Schedule of Benefits** in respect of the cost of immediate necessities purchased or hired by **You** if on arrival at **Your** outward destination **You** are deprived of **Your** travel baggage for more than 12 hours because of temporary loss or mis-direction by the carriers (provided always that any amounts paid, other than hire charges, shall be deducted from the total of any claim payable under this section if the baggage proves to be permanently lost).

### **WHAT WE DO NOT COVER**

In addition to the General Exclusions

1. the **Excess** amount shown in **Your Schedule of Benefits**, except in respect of the Delayed Baggage and General Average and Salvage provisions of section 4.



2. claims arising for theft which are not reported to any appropriate police authority within 24 hours of discovery and an official report obtained.
3. claims arising for loss or damage which are not reported to any appropriate authority within 24 hours of discovery and an official report obtained and specifically for claims arising against common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery, and an official report obtained. In the case of an airline, a Property Irregularity Report will be required.
4. claims arising from **Property** and / or **Valuables** in the custody of a person who does not have an official responsibility for the safekeeping of the **Property** and / or **Valuables**.
5. claims arising from loss, theft or attempted theft or damage to **Property** and / or **Valuables** left unattended unless:
  - a) taken from a locked boot of a motor vehicle or lockable roof rack between 8am – 8pm local time and there is evidence of forced entry which is confirmed by a Police report or
  - b) securely locked in a building
6. loss of or damage to hired clothing and hired equipment of any kind unless more specifically covered under Section 8.2 of this Policy.
7. damage due to wear and tear or gradual deterioration.
8. loss of or damage to household effects.
9. electrical or mechanical breakdown or derangement.
10. loss or damage to **Valuables** contained in baggage whilst such baggage is in the custody of Carriers and outside of **Your** control.
11. loss of contact or corneal lenses, dentures and hearing aids.
12. Sports equipment whilst in transit, unless more specifically insured under Section 8 or 10, or in use
13. confiscation or detention by Customs or other Authority.
14. General Average or Salvage Charges which are covered or would, but for the existence of this Policy, be covered by any other insurer or indemnifying organisation, except in respect of any **Excess** beyond the amount payable by such other insurer or organisation.

## CONDITIONS AND LIMITATIONS

1. **You** shall at all times exercise reasonable care in the supervision of the **Property**.
2. Claims settlements for articles lost or destroyed will be based on the cost price of comparable new articles, less an appropriate allowance for age and condition.
3. The limit for any single item or pair or set of items is shown in **Your Schedule of Benefits**.

## SECTION 5 – MONEY, DOCUMENTS AND CREDIT/DEBIT CARDS

### WHAT IS COVERED

**We** will pay **You** up to the sum insured shown in **Your Schedule of Benefits** in respect of:

#### 1. Money and Documents

Loss of **Money**, and / or **Documents** occurring during the **Trip**, including expenses, directly consequent upon such loss.

#### 2. Fraudulent Use of Lost Credit Card

Loss resulting from the fraudulent **Use** of any credit card, debit card, charge card held by **You**, following loss of such card during the **Trip**, which is not reclaimable elsewhere.

Cover in respect of **Money** and Documents shall commence at the time of their collection or receipt by **You**, or 72 hours prior to planned commencement of the **Trip**, whichever is the

latter.

## WHAT WE DO NOT COVER

In addition to the General Exclusions

1. the **Excess** amount shown in **Your Schedule of Benefits**.
2. any loss or theft not reported to the local Police within 24 hours of discovery and an official report obtained.
3. **Money** lost in currency exchange, or through errors or omissions in transactions or purchases.
4. loss of **Money** contained in baggage whilst such baggage is in the custody of Carriers and outside of **Your** control.
5. claims arising from loss, theft or attempted theft or damage to **Property** and / or **Valuables** left unattended unless:
  - a) taken from a locked boot of a motor vehicle or lockable roof rack between 8am – 8pm local time and there is evidence of forced entry which is confirmed by a Police report or
  - b) securely locked in a building
6. confiscation or detention by Customs or other Authority.
6. any loss in respect of the fraudulent use of credit card, charge card or bankers' card if **You** have not complied with the terms and conditions under which the card was issued, including those relating to the safe-keeping and use of the card and the reporting to the Issuing Company or Bank of any misplacement or loss.

## SECTION 6 – LEGAL EXPENSES AND PERSONAL LIABILITY

### WHAT IS COVERED

#### 1. Legal Expenses

**We** will pay up to the sum insured shown in **Your Schedule of Benefits** in respect of **Your** incurred **Legal Expenses** in the pursuit of claims for damages against third parties who have caused an **Insured Person's** death, **Bodily Injury** or **Illness** through incidents occurring during the **Trip**. **We** shall only be liable for expenses incurred with **Our** prior written consent, which will not be unreasonably withheld, but **We** reserve the right to withdraw from the proceedings at any stage and to limit **Our** liability to the expenses incurred during the period up to but not beyond the date of such withdrawal.

### WHAT WE DO NOT COVER

1. **Legal Expenses** incurred without **Our** prior written approval.
2. claims against **Us** or anyone acting on **Our** behalf, or a travel agent, tour operator or carrier.
3. the continued pursuit of any claim where **We** consider **You** do not have a likely prospect of establishing a legal liability against the party being pursued and of recovering charges from such party.
4. legal actions between **Insured Persons**.
5. legal actions to obtain a judgment or legally binding decision, or legal proceedings brought in more than one country.
6. **Legal Expenses** which constitute a valid claim under any other insurance policy beyond **Our** rateable share of any claim costs.

### WHAT IS COVERED

#### 2. Personal Liability

If **You** become legally liable to pay damages in respect of:

- (a) **Bodily Injury** to third parties; and/or
- (b) for **Property Damage** to the property of third parties occurring during the **Trip**, **We** will
  - i. indemnify **You** for any such damages;

- ii. pay any claimant costs and/or expenses which the claimant is able to recover from **You**; and
- iii. pay any costs and expenses incurred in defence of the claim with **Our** consent up to but not exceeding the sum insured shown on **Your Schedule of Benefits**.

It is a condition of cover that **You** shall not admit any liability nor offer agreement to settle any claim without **Our** prior written consent.

### WHAT WE DO NOT COVER

In addition to the General Exclusions

1. the **Excess** amount shown in **Your Schedule of Benefits**.
2. liability for **Bodily Injury** to **Your Employees** or to any **Relative**.
3. liability for damage to property owned by, or in the care, custody or control of, **You** or any **Relative**, except for damage to the structure or contents of any building or permanently or seasonally sited cabin, caravan or tent temporarily hired or let to **You** for the sole purpose of **Your** personal occupancy during the **Trip**
4. liability arising out of the ownership, possession, custody or use of any aircraft, horse drawn or mechanically propelled vehicle (other than golf buggies) waterborne craft or firearm.
5. liability that is covered under any other insurance, except for any **Excess** beyond the amount which would have been covered under such other insurance had this insurance not been in force.
6. fines, penalties or liquidated damages;
7. compensation ordered or awarded by a Court of criminal jurisdiction; or
8. punitive and exemplary damages awarded by any Court outside of the United Kingdom.
9. liability arising directly or indirectly in connection with:
  - i. any malicious or unlawful act;
  - ii. any deliberate act that is intended by **You**, other than where **You** use reasonable force to protect persons or tangible property.
  - iii. the influence of alcohol
  - iv. Asbestos.
  - v. Road Traffic Acts.

## SECTION 7 – HI-JACK AND KIDNAP

### WHAT IS COVERED

**We** will pay **You** the sum insured shown in **Your Schedule of Benefits** for each complete day that **You** are hijacked or kidnapped during the **Trip**, up to the maximum sum shown on **Your Schedule of Benefits**.

## SECTION 8 – WINTER SPORTS

NOTE: Section 8 only applies if **You** have paid the appropriate premium for **Winter Sports** cover and this is shown in **Your Schedule of Benefits**, or, if **You** have purchased an Annual Multi-Trip policy which provides up to 17 days cover in total within the **Period of Insurance** upon payment of the appropriate premium.

### SECTION 8.1 – EQUIPMENT HIRE

#### WHAT IS COVERED

**We** will pay up to the sum insured shown in **Your Schedule of Benefits** per day to a maximum of the sum insured shown in the **Your Schedule of Benefits** for the hiring of replacement equipment if **Your** skis, poles, snowboards, boots or bindings are lost, damaged or delayed for more than 12 hours, during **Your** outward or onward **Trip**.

## WHAT WE DO NOT COVER

1. any claim not supported by a written report from the carrier responsible for the delay or damage to **Your** skis or ski-boots.

## SECTION 8.2 –SKI EQUIPMENT

### WHAT IS COVERED

In addition to Section 4, Baggage and Personal Effects, **We** will pay up to the sum insured shown in **Your Schedule of Benefits** for theft or accidental damage to **Your Ski Equipment** which **You** have taken on the **Trip** or hired **Ski Equipment** for which **You** are responsible.

### WHAT WE DO NOT COVER

1. the **Excess** amount shown in **Your Schedule of Benefits**.
2. more than £250/€375 for any single article or pair.
3. claims arising from loss, theft or attempted theft or damage to **Property** and / or **Valuables** left unattended unless:
  - a) taken from a locked boot of a motor vehicle or lockable roof rack between 8am – 8pm local time and there is evidence of forced entry which is confirmed by a Police report or
  - b) securely locked in a building
3. any accidental damage whilst **Your** equipment is in use.

## SECTION 8.3 – LIFT PASS

### WHAT IS COVERED

**We** will pay up to the sum insured shown in **Your Schedule of Benefits** in respect of any unexpired period of **Your** lift pass (based on a pro-rata calculation on the original value of the lift pass), should your lift pass be lost or stolen which is confirmed by a Police report.

### WHAT WE DO NOT COVER

1. the **Excess** amount shown in **Your Schedule of Benefits**.

## SECTION 8.4 – PISTECLOSURE

### WHAT IS COVERED

If all lifts in **Your** pre-booked ski resort are closed due to a lack of snow which means **You** have to travel to an alternative resort for skiing, **We** will pay up to the sum insured shown in the **Your Schedule of Benefits** per day to a maximum of the sum insured shown in the **Your Schedule of Benefits** for one of the following:

- 8.4.1 travel costs to the nearest available ski resort; or
- 8.4.2 the extra cost of acquiring a new or extended ski pass.

If all lifts in **Your** pre-booked ski resort are closed due to lack of snow and **You** are unable to ski at a different resort, **We** will pay to a maximum of the sum insured shown in **Your Schedule of Benefits**

### WHAT WE DO NOT COVER

1. any claim not supported by a written statement from the management of the resort confirming the reason for the piste closure and the duration of the piste closure.
2. any costs incurred due to lack of snow at ski resorts less than 1,000 metres above sea level.
3. any claim where the piste closure was public knowledge prior to the booking of **Your Trip**.

## SECTION 8.5 – AVALANCHE COVER

### WHAT IS COVERED

**We** will pay up to the sum insured shown in **Your Schedule of Benefits** for necessary and reasonable extra travelling and accommodation expenses if **Your** arrival or departure from

**You** pre booked ski resort is delayed by more than 12 hours due to an avalanche.

#### **WHAT WE DO NOT COVER**

1. the **Excess** amount shown in **Your Schedule of Benefits**.
2. any costs incurred at ski resorts due to avalanche at less than 1,000 metres above sea level.

### **SECTION 9 – BUSINESS SUPPLEMENT COVER**

NOTE: Section 9 only applies if **You** have paid the appropriate premium for Business Cover and this is shown in **Your Schedule of Benefits**. This cover is only available for Annual Multi **Trip** Policies.

#### **SECTION 9.1 – BUSINESS EQUIPMENT**

##### **WHAT IS COVERED**

###### **1. Business Equipment**

**We** will reimburse **You** up to the sum insured shown in **Your Schedule of Benefits** in respect of the cost of the repair or replacement for Business Equipment in **Your** care, custody or control which is lost, damaged, stolen or destroyed.

###### **2. Business Documents and Records**

**We** will indemnify **You** up to the sum insured shown in **Your Schedule of Benefits** in respect of the cost of replacing or restoring business documents and records which are **Your Property** or responsibility, following loss or damage during the **Trip**.

##### **DEFINITIONS**

###### **Business Equipment**

Any business equipment, trade samples, or articles which belong to **You** and are in **Your** custody and are taken on or acquired during a business **Trip** undertaken by **You**.

##### **WHAT WE DO NOT COVER**

In addition to the General Exclusions

1. the **Excess** amount shown in **Your Schedule of Benefits**.
2. claims arising for theft which are not reported to any appropriate police authority within 24 hours of discovery and an official report obtained.
3. claims arising for loss or damage which are not reported to any appropriate authority within 24 hours of discovery and an official report obtained (and specifically for claims arising against or in common carriers and hotels, any claim not reported in writing to such a carrier or hotel within 24 hours of discovery and an official report obtained). In the case of an airline, a Property Irregularity Report will be required.
4. claims arising from **Property** and / or **Valuables** in the custody of a person who does not have an official responsibility for the safekeeping of the **Property** and / or **Valuables**.
5. claims arising from loss, theft or attempted theft or damage to **Property** and / or **Valuables** left unattended unless:
  - a. taken from a locked boot of a motor vehicle or lockable roof rack between 8am – 8pm local time and there is evidence of forced entry which is confirmed by a Police report or
  - b) securely locked in a building
6. damage due to wear and tear or gradual deterioration.
7. loss of or damage to household effects.
8. electrical or mechanical breakdown or derangement.
9. loss or damage to **Valuables** contained in baggage whilst such baggage is in the custody of Carriers and outside **Your** control.
10. loss of **Money** and **Documents**.

11. confiscation or detention by Customs or other Authority.

## SECTION 9.2 – BUSINESS MONEY

### WHAT IS COVERED

**We** will reimburse **You**, up to an amount not exceeding the sum insured shown in **Your Schedule of Benefits**, if during the **Trip**, business **Money** is lost, stolen or destroyed.

### WHAT WE DO NOT COVER

1. the **Excess** amount shown in **Your Schedule of Benefits**.
2. any loss not reported to the local Police within 24 hours of discovery and an official report obtained.
3. **Money** lost in currency exchange, or through errors or omissions in transactions or purchases.
4. loss of **Money** contained in baggage whilst such baggage is in the custody of Carriers and outside **Your** control.
5. confiscation or detention by Customs or other Authority.
6. any loss in respect of the fraudulent use of credit card, charge card or bankers' card if **You** have not complied with the terms and conditions under which the card was issued, including those relating to the safe-keeping and use of the card and the reporting to the Issuing Company or Bank of any misplacement or loss.

## SECTION 9.3 – REPLACEMENT STAFF

### WHAT IS COVERED

**We** will reimburse **You** up to an amount not exceeding the sum insured shown in **Your Schedule of Benefits** for any expenses incurred during the **Trip** as a direct result of an **Bodily Injury** to or **Illness** of an **Insured Person** which in the opinion of a **Medical Practitioner** will last for a period in **Excess** of seventy two (72) hours, to send a substitute person to complete the original business commitments and objectives of the **Insured Person**.

### WHAT WE DO NOT COVER

1. expenses that **You** have paid or budgeted to pay before the commencement of the **Trip**.

## SECTION 9.4 – ADDITIONAL PERSONAL ACCIDENT

### WHAT IS COVERED

The Benefits provided under Section 3 – Personal Accident are multiplied by two, when **You** are travelling on a pre-arranged business **Trip** in which **Your** transportation and accommodation expenses have been paid for by **Your** employer or **You**, if **You** are self-employed, and proof is provided that the primary purpose of the **Trip** was the furtherance of **Your** business. All other terms, conditions and exclusions apply as per Section 3.

## SECTION 10 – GOLF COVER

NOTE: Section 10 only applies if **You** have paid the appropriate premium for Golf Cover and this is shown in **Your Schedule of Benefits**. This cover is only available for Annual Multi **Trip** Policies.

## SECTION 10.1 – GOLF EQUIPMENT

### WHAT IS COVERED

**We** will indemnify **You** in respect of loss or breakage of Golf Equipment up to the amount shown in **Your Schedule of Benefits** for owned and hired Golf Equipment. In the case of owned Golf Equipment, each claim is subject to a maximum payment for any Single Items shown in **Your Schedule of Benefits**.

The maximum payment for any Single Item for which an original receipt, proof of purchase or insurance valuation (obtained prior to the loss) is not supplied is £50/€75, subject to a maximum of £200/€300 for all such items.

#### **WHAT WE DO NOT COVER**

**We** shall not be responsible for:

1. the **Excess** as shown in **Your Schedule of Benefits**
2. claims arising from theft which is not reported to a police authority within 24 hours of discovery and an official report obtained.
3. claims arising for loss or damage which are not reported to any appropriate authority within 24 hours of discovery and an official report obtained (and specifically for claims arising against common carriers and hotels, any claim not reported in writing to such a carrier or hotel within 24 hours of discovery and an official report obtained). In the case of an airline, a Property Irregularity Report will be required.
4. claims arising from delay, detention, seizure or confiscation by Customs or other officials.
5. claims arising for loss, theft or damage to anything shipped as freight or under a Bill of Lading.
6. claims arising for Golf Equipment 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**.
7. claims arising for loss, theft or damage of **Property** from an unattended motor vehicle, unless taken from a locked boot or lockable roof rack between 8am and 8pm local time and there is evidence of damage or forced entry which is confirmed by a police report.

## **SECTION 10.2 – HIRED GOLF EQUIPMENT**

#### **WHAT IS COVERED**

**We** will reimburse **You** up to the amount shown in **Your Schedule of Benefits** for each 24 hour period for the cost of necessary hire of replacement Golf Equipment following:

- (a) loss, theft or breakage of **Your** Golf Equipment, or
- (b) the mis-direction or delay in transit of **Your** Golf Equipment for 12 hours.

#### **WHAT WE DO NOT COVER**

In addition to the General Conditions and Exclusions

**We** shall not be responsible for:

1. the **Excess** as shown in **Your Schedule of Benefits**
2. claims arising for theft which are not reported to any appropriate police authority within 24 hours of discovery and an official report obtained.
3. claims arising for loss or damage which are not reported to any appropriate authority within 24 hours of discovery and an official report obtained and specifically for claims arising against common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery, and an official report obtained. In the case of an airline, a Property Irregularity Report will be required.
4. claims arising for loss, theft or damage to anything shipped as freight or under a Bill of Lading.
5. claims arising for **Property** 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**.
6. claims arising for loss, theft or damage of **Property** from an unattended motor vehicle, unless taken from a locked boot or lockable roof rack between 8am – 8pm local time and there is evidence of forced entry which is confirmed by a police report.
7. claims arising from delay, detention, seizure or confiscation by Customs or other officials.

## SECTION 10.3 – GREEN FEES

### WHAT IS COVERED

**We** will indemnify **You** up to the amount shown in **Your Schedule of Benefits** for the proportionate value of any non-refundable, pre-paid Green Fees or Tuition Fees necessarily unused due to the following:-

- a) accident or **Illness** of the **Insured**
- b) loss or theft of documentation which prevents the participation in the pre-paid golfing activity

### WHAT WE DO NOT COVER

**We** shall not be responsible for:

1. the **Excess** as shown in **Your Schedule of Benefits**

## RECIPROCAL HEALTH AGREEMENTS

### EU, EEA or Switzerland

If **You** are travelling to countries within the European Union (EU), the European Economic Area (EEA) or Switzerland **You** are strongly advised to obtain a European Health Insurance Card (EHIC).

This will entitle **You** to benefits from the reciprocal health care arrangements which exist between countries within the EU/EEA or Switzerland.

If **We** agree to pay for a medical expense which has been reduced because **You** have used either a European Health Insurance Card or private health insurance, **We** will not deduct the **Excess** under Section 2 – Emergency Medical, Repatriation and Other Expenses.

### Australia

If **You** need medical treatment in Australia and reciprocal arrangements are in place, **You** must enrol with a local MEDICARE office. **You** do not need to enrol when **You** arrive, but **You** must do this after the first occasion **You** receive treatment.

In-patient and out-patient treatment at a public hospital will then be available free of charge.

For UK residents details of how to enrol and the free treatment available can be found in the Health advice for Travellers booklet available from **Your** local Post Office in the UK or by visiting either [www.dh.gov.uk/travellers](http://www.dh.gov.uk/travellers) or the MEDICARE website on [www.hic.gov.au](http://www.hic.gov.au).

If **You** are admitted to hospital **You** must contact **Our** Medical Assistance company as soon as possible and get their authorisation in respect of any treatment NOT available under MEDICARE.



## ACTIVITY AND SPORTS LIST

Provided **You** are under 79 years of age at the date of buying this Policy, cover is available for the activities and sports listed below at no additional premium:

Abseiling	Angling
Archery	Assault course
Badminton	Banana boating
Baseball	Basketball
Beach games	Bowling
Bungee jumping	Canoeing
Clay pigeon shooting	Cricket
Curling	Cycling
Deep sea fishing	Dinghy sailing
Fell walking	Fishing
Football (amateur)	Go karting *
Golf	Handball
Hiking	
Horse riding (excluding racing, jumping and eventing)	
Hot air ballooning (as a passenger)	
Hovercraft *	Indoor climbing
Ice skating	Jet boating *
Jet skiing (no racing)	Karting *
Kayaking (up to grade 2 only)	Kite surfing *
Mopeds/Motor Cycles hired during the <b>Trip</b> up to 125cc provided a helmet is worn and the appropriate full driving license is held	
Mountain biking (no racing)	Netball
Organised safari (without guns)	Orienteering
Paint balling *	Pony Trekking
Quad biking (no racing) *	Racket ball
Rambling	Roller skating (including blading)
Rounders	Rowing *
Running (non-competitive)	
Sailing (with qualified crew, within coastal waters) *	
Scuba diving (to 30 metres and accompanied)	
Sledging	Snorkelling
Softball	Squash
Swimming	Surfing
Table Tennis	Tennis
Ten pin bowling	Trekking up to 2000 metres
Trekking above 2000 metres and up to 4,000 metres when Winter Sports extension selected and premium paid.	
Tug of War	Volleyball
Walking	Water polo
Water-skiing	Whale watching
White water rafting (up to grade 4 only)	
Wind surfing *	
Yachting (with qualified crew, within coastal waters) *	

Cover under section 6 Personal Liability (only) for those activities and sports marked with an \* is excluded.

## DISPUTE AND COMPLAINTS

If, for any reason, **You** have any cause for complaint regarding the insurance, **You** should write in the first instance to:

The Complaints Manager  
MS Amlin Underwriting Limited,  
25 Fenchurch Street,  
London EC3M 5AD  
Tel: +44 (0)20 7702 6388  
E mail: compliance@msilm.com

If **You** have any questions, concerns or complaints about the handling of a claim **You** should, in the first instance, contact:

Reactive Claims Limited  
Attwood House,  
Mansfield Business Park,  
Four Marks,  
Hampshire GU34 5PZ

Tel: +44 (0) 1420 383010 (UK time 9.00 to 17.00 – Monday to Friday)  
Fax: +44 (0) 1420 558111

In the event **You** remain dissatisfied and wish to make a complaint **You** may refer the matter to the Policyholder and Market Assistance department at Lloyd's. Their address is:

Policyholder & Market Assistance  
Market Services  
Lloyd's  
One Lime Street,  
London EC3M 7HA

Tel: + 44 (0) 207 327 5693  
Fax: + 44 (0) 207 327 5225  
E-mail: complaints@lloyds.com

In the event that the Complaints Department at Lloyds is unable to resolve **Your** complaint, **You** may refer **Your** complaint to the Alternative Dispute Resolution Service. You can do this via the Online Dispute Resolution platform:

<http://ec.europa.eu/odr>.

It may also be possible for **You** to refer it to the Financial Ombudsman Service (FOS). Further details will be provided at the appropriate stage of the complaints process.

Using the Alternative Dispute Resolution Service or following the complaints procedure with the FOS does not affect **Your** rights to take legal action.

## FINANCIAL SERVICES COMPENSATION SCHEME

Lloyd's insurers are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the Scheme if a Lloyd's insurer is unable to meet its obligations to **You** under this contract. If **You** are entitled to compensation under the Scheme, the level and extent of the compensation would depend on the nature of this contract.

Further information about compensation scheme arrangements is available from the Financial Services Compensation Scheme at the address below or on their website: [www.fscs.org.uk](http://www.fscs.org.uk)

10th Floor, Beaufort House  
15 St Botolph Street,  
London EC3A 7QU

### IMPORTANT

#### Several Liability Clause

**PLEASE NOTE – This notice contains important information. PLEASE READ CAREFULLY.**

The liability of an insurer under this contract is several and not joint with other insurers party to this contract. An insurer is liable only for the proportion of liability it has underwritten. An insurer is not jointly liable for the proportion of liability underwritten by any other insurer. Nor is an insurer otherwise responsible for any liability of any other insurer, that may underwrite this contract.

The proportion of liability under this contract underwritten by an insurer (or, in the case of a Lloyd's syndicate, the total of the proportions underwritten by all the members of the syndicate taken together) is shown in this contract.

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

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

Europesure Insurance is a Status Global Insurance product. Status Global Insurance is a trading name of Status Insurance Management Limited which is authorised and regulated by the Financial Conduct Authority (FCA) in the United Kingdom. Their FCA number is 305697.