



## Individual Travel Insurance

### POLICY WORDING

#### Please read carefully and retain

This insurance is underwritten by Certain Underwriters at Lloyd's who are authorised and regulated by the UK Financial Conduct Authority (FCA). Their reference is PM0624114. The cover is mediated by Besso Limited, known as the Coverholder. Besso Limited is authorised and regulated by the UK Financial Conduct Authority (FCA). Their FCA number is 309159. This document only constitutes a valid policy when issued in conjunction with a **Schedule**.

Provided the premium specified has been paid in the required manner **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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## FINANCIAL SERVICES COMPENSATION SCHEME

**We** are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme if **We** are declared to be in default. The amount depends on the type of business and the circumstances of the claim. 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)

7th Floor, Lloyds Chambers,  
Portsoken Street,  
London E1 8BN

## DISPUTE AND COMPLAINTS

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

Kiln Group, 106 Fenchurch Street, London EC3M 5NR, United Kingdom

Tel: +44 (0) 20 7360 2415

Email: [Complaints@kilngroup.com](mailto:Complaints@kilngroup.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

In the event **You** remain dissatisfied and wish to make a complaint it may be possible in certain circumstances for **You** to refer that matter to the Complaints Department at Lloyd's. Their address is:

Complaints Department  
One Lime Street,  
London EC3M 7HA

Tel No: + 44 (0) 207 327 5693

Fax No: + 44 (0) 207 327 5225

E-mail: [complaints@lloyds.com](mailto:complaints@lloyds.com)

In the event that the Complaints Department at Lloyds is unable to resolve your complaint, it may be possible for **You** to refer it to the Financial Ombudsman Service (FOS). Following the complaints procedure with the FOS does not affect **Your** rights to take legal action. Further details will be provided at the appropriate stage of the complaints process.

## 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 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 TABLE

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

Section of Cover	Up to Limit of (£/€) per Insured Person	Excess
1 Cancellation	£5,000/€7,500	£100/€150
1 Curtailment	£5,000/€7,500	£100/€150
1 Missed Departure	£500/€750	£100/€150
1 Travel Delay	£20/€30 for the first 12 hour period. £10/€15 each additional 12 hour period up to £200/€300	Nil
1 Holiday Abandonment	£3,000/€4,500	£100/€150
2 Emergency Medical and Travel Expenses	£3,500,000/€5,000,000	£100/€150
2 Hospital 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 2) Loss of one limb or one eye 3) Loss of two limbs or both eyes or one limb and one eye 4) Permanent Total Disablement NOTE: See Page 15 for sums insured and benefits in respect of under 16 years and over 65 years.	£15,000/€22,500 £15,000/€22,500 £15,000/€22,500 £15,000/€22,500	Nil Nil Nil Nil
4 Personal Effects and Baggage • Single Item Limit • Valuables Limit • Travel Documents • Delayed Baggage	£5,000/€7,500 £300/€450 £300/€450 £300/€450 £300/€450	£100/€150 £100/€150 £100/€150 £100/€150 £100/€150
5 Personal Money • Cash Limited (aged 18 and above) • Cash Limit (aged under 18)	£300/€450 £150/€225 £100/€150	£100/€150 £100/€150 £100/€150
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 £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 Delay	£500/€750	£100/€150
9.1 Business Equipment • Single Item Limit	£2,000/€3,000 £500/€750	£100/€150 £100/€150
9.1 Business Documents and Records	£50/€75	
9.2 Business Money	£200/€300	
9.3 Replacement Staff	£1,500/€2,250	
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 £100/€150
10.2 Hired Golf Equipment • Single Item Limit	£500/€750 £250/€375	£100/€150 £100/€150
10.3 Green Fees	£300/€450	Nil

## COVER OPTIONS

The Cover Option purchased by **You** will be shown in the **Schedule**.

### Annual Multi-Trip

Provides travel cover during the **Period of Insurance** provided no single **Trip** lasts longer than 90 days. If the **Trip** is not completed within 90 days due to circumstances outside **Your** control, cover will continue for a 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** 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

See Section 9 for details of the additional cover provided.

### Single Trip

Provides one **Trip** up to a maximum period of 180 days.

### Winter Sports

See Section 8 for details of the cover provided.

## IMPORTANT INFORMATION

### Pregnancy and childbirth

**We** provide cover under this Policy if something unexpected happens. In particular, **We** provide cover under section 2 for injuries to the body or illness that was not expected. **We** do not consider pregnancy or childbirth to be an illness or **Injury**. To be clear, **We** only provide cover under sections 1 and 2 of this Policy, for claims that come from **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. If the activity or sport is not shown, please refer to **Your** insurance intermediary.

## **GEOGRAPHICAL AREAS**

### **Cover in *Country of Residence***

Cover only applies if **Your Trip** is away from **Your** home and at least two nights stay in pre-booked accommodation or involves a pre booked flight.

### **Europe**

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, 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

### **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. Where **You** do not comply with any obligation to act in a certain way 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, make changes to, and renew **Your** Policy. Please tell Europesure Insurance if there are any changes required to the information set out in **Your Schedule**. **You** must tell **Us** as soon as possible about any changes in the information **You** have provided to **Us** which happens 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**

On the happening of any occurrence likely to give rise to a claim under this Policy, it is a condition precedent to **Our** liability under this Policy that **You** will ensure that notice is 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 **Injury** during **Your Trip** which will require hospitalisation, 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 number shown on your **Schedule**:

Online: [www.reactiveclaims.com](http://www.reactiveclaims.com)  
By Telephone: +44 (0) 1420 383010 (UK time 9.00 to 17.00 – Monday to Friday)  
By Fax: +44 (0) 1420 558111  
By email: [info@reactiveclaims.com](mailto:info@reactiveclaims.com)

**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**

The parties are free to choose the law applicable to this insurance contract. Unless specifically agreed to the contrary this shall be subject to English law.

**6. Contracts (Rights of Third Parties) Act 1999 Clarification Clause**

A person who is not a party to this insurance contract has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this insurance contract but this does not affect any right or remedy of a third party which exists or is available apart from this Act.

**7. Travel Period**

Cover in respect of each **Trip** shall commence when **You** leave **Your** home or place of work whichever occurs last and terminates at the time **You** return to **Your** home or place of work whichever occurs first.

**8. Access to additional materials**

**You** shall provide **Us**, or **Our** designated representatives, all information, documentation, medical information that **We** may reasonably require at all reasonable times during the term of this Policy, or until resolution of all claims, whichever is later.

**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** have the right to have **You** examined by a physician or vocational expert of **Our** choice, and at **Our** expense, when and as often as **We** may reasonably request.

**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

In no case shall **Our** liability in respect of **You** exceed the largest sum insured stated in the **Schedule**.

### 12. Cancellation

**We** may cancel this Policy or any cover 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 this happens, provided no claim has been paid or is payable and no incident has occurred which could give rise to a claim under this Policy or the **Trip** has commenced, 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.

### 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**.
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; competition in events on snow or ice; freestyle skiing; ski jumping; heli-skiing; ice hockey; the use of bob sleighs and skeletons; motor cycling (other than mopeds or motor scooters under 125cc hired during the **Trip**); mountaineering or rock climbing normally requiring the use of ropes or guides; driving a mechanically propelled vehicle in any kind of race.
4. **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 period of travel.
5. **You** travelling against medical advice.
6. **You** travelling for the purpose of receiving medical treatment.
7. **You** being aware of any medical condition which could reasonably be expected to lead to a claim
8. **You** flying, except as a passenger in an aircraft licensed to carry passengers.
9. **Your** professional entertaining.
10. **You** travelling to a country where the Foreign and Commonwealth Office have advised against all but essential travel.
11. **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).

12. **You** attempting to commit or committing intentional self-**Injury** or suicide.
13. 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 to **You**.
14. **You** taking part in manual labour or in any sport or activity not shown in the Activity and Sports List.
15. any criminal or illegal act by **You**.
16. operational duties as a member of the armed forces.
17. **You** participating in professional sports.
18. Human Immunodeficiency Virus (HIV) and/or Acquired Immune Deficiency Syndrome (AIDS) and/or any HIV or AIDS related illness.
19. **You** deliberate exposure to exceptional danger (other than in an attempt to save human life).
20. after the expiry of the **Period of Insurance** during which **You** reach age 79 years.

## GENERAL DEFINITIONS

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

### 1. **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 **You** urine during the second half of 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

### 2. **Country of Residence**

All countries within the European Union and/or European Economic Area in which **You** habitually reside for the majority of the year.

### 3. **Employee**

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

4. **Excess**

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

5. **Family**

**You, Your Partner** and dependent child under the age of 18 years.

6. **Injury**

A bodily **Injury** resulting from an accident caused by violent, external and visible 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.

7. **Medical Practitioner**

Any suitably qualified **Medical Practitioner** registered by the General Medical Council in the **Country of Residence** (or foreign equivalent); or in respect of dental treatment only, a dental practitioner who is registered with the British Dental Association (or foreign equivalent); other than: an **Insured Person**, a member of the immediate **Family** of the **Insured Person** or **Your Employee**.

8. **Partner**

**Your** spouse, common-law spouse or civil **Partner**.

9. **Period of Insurance**

The period shown in the **Schedule**.

10. **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.

11. **Property**

Personal effects owned by or **Your** responsibility which are taken by **You** on or acquired during the **Trip**.

12. **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.

13. **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), Common-Law Spouse or Civil **Partner**.

14. **Schedule**

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

15. **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).

16. **Trip**

A holiday, including a cruise holiday, and a non- manual business **Trip** which commences and ends in the **Country of Residence**. Cover under section 1 (Cancellation and Disruption) commences at the time **You** book the **Trip** or this Policy is issued and the premium paid, whichever is the later. If **You** have an Annual Multi-**Trip** Policy, cover under section 1 commences at the time **You** book the **Trip** during the **Period of Insurance** or for incidents that occur during the **Period of Insurance**. Cover 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 date shown on the **Schedule** whichever occurs first.

17. **Utilisation of Biological Weapons of mass destruction**

The emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins) which are capable of causing incapacitating disablement or death amongst people or animals.

18. **Utilisation of Chemical Weapons of mass destruction**

The emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.

19. **Utilisation of Nuclear Weapons of mass destruction**

The use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.

20. **Valuables**

Jewellery, furs, gold and silver articles, watches, binoculars, telescopes, photographic equipment, MP3 players, computer and laptop equipment, audio equipment, video equipment and mobile telephones.

21. **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**.
- (ix) Utilisation of Nuclear, Chemical or Biological weapons of mass destruction however these may be distributed or combined.
- (x) Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the **Insured Person** whether **War** be declared with that state or not.

22. **We, Us, Our**

Certain Underwriters at Lloyd's of London.

23. **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 'Get-You- there' Expenses

**We** will pay **You** the following expenses incurred as the result of any of the Specified occurrences in paragraphs a) to e) below:

1.1 Up to the sum insured shown in the Schedule of Benefits Table in respect of irrecoverable loss of unused travel and accommodation expenses paid in advance or for which there is a contractual liability consequent upon the cancellation or curtailment of the pre-arranged **Trip** or, if the **Trip** is not cancelled,

1.2 Up to the sum insured shown in the Schedule of Benefits Table in respect of reasonable additional travel and accommodation expenses incurred in fulfilling the pre-booked travel and accommodation commitments, including the use of equivalent local accommodation if rendered necessary by an occurrence covered under subsection 1.e).

Specified occurrences:-

- a) **Your** death or sustaining an **Injury** or becoming seriously ill.
- b) the death, **Injury** or serious 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 the **Country of Residence's** Redundancy Payments Acts.
  - (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, 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 the Schedule of Benefits Table in respect of reasonable additional travel and accommodation expenses incurred by **You** in fulfilling **Your** pre-booked travel and accommodation commitments:-

- a) if at the commencement of the **Trip** **You** miss **Your** pre-booked international travel connection from the **Country of Residence** through disruption of **Your** journey to the **Country of Residence** departure point occurring as the direct result of:-
  - (i) a fellow passenger or a crew member of the conveyance in which **You** are travelling sustaining an **Injury** or becoming ill after such journey has commenced; or
  - (ii) any of the contingencies specified in subsection 1.d), provided always that such contingency had not occurred, commenced or been announced before the international travel booking was made if the **Country of Residence** journey is by scheduled public transport services, or before the **Country of Residence** journey commenced if such journey is by non-scheduled transport.
  - (iii) 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 **Injury** or becoming ill; or
  - (ii) any of the contingencies specified in subsection 1.d), 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 a result of any of the contingencies specified in subsection 1.d), 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, **We** will pay **You**:-

- a) 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 £100/€150 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 the Schedule of Benefits Table for reasonable additional travel and accommodation expenses 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, or upon the cancellation of publicly licensed passenger transport services caused by any of the contingencies specified in subsection 1.d), provided that these occur or commenced during the **Trip**.

## 5. Abandonment

If the holiday or journey is necessarily cancelled following a delay of not less than 24 hours beyond the scheduled departure time (and written confirmation obtained from the carrier), the Underwriter will indemnify **You** up to the amount shown in the Schedule of Benefits for travel and accommodation expenses paid or contracted to be paid by **You** in respect of **Your** own **Trip** (prior to any occurrence giving rise to a claim under this section) and which are not recoverable. No claim shall be made under both Travel Delay and Abandonment.

## WHAT WE DO NOT COVER

1. the **Excess** amount shown in the Schedule of Benefits Table, except in respect of the Travel Delay Inconvenience Benefit.
2. under subsections 1.d), 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 later, 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 caused by misconduct, resignation or voluntary redundancy, or if **You** knew 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 or similar promotions.
7. losses outside the extent of the contractual liability.
8. Any claim that comes from 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**.
9. claims arising from delay caused by strike, industrial action or public knowledge if already notified at the time the insurance was purchased.
10. any claims for second or subsequent outbound or inbound flights, rail or sea trips where a reasonable connection time has not been allowed for. This is defined as 120 minutes before the final check in time as advertised for the flight, rail or sea trip

## CONDITIONS AND LIMITATIONS

**We** shall only be liable:-

1. to the extent of the contractual liability.
2. for claims arising from delayed departure under Subsection 1.d) 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**.
3. Under Subsection 2.a) if in the selection of the route, means of travel and time of departure **You** have done all things reasonable and practicable to minimise the possibility of late arrival at the **Country of Residence** departure point.
4. 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.

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

### WHAT IS COVERED

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

#### 1. Emergency Medical and Repatriation Expenses

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

- 1.1 **Your** medical, hospital and treatment expenses (including additional travel and accommodation expenses).
- 1.2 **Your** additional repatriation expenses; including compulsory quarantine.
- 1.3 emergency dental treatment for the immediate relief of pain.

- 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 additional travel and accommodation expenses necessarily incurred by **You** following:-

- 2.1 The death or serious illness or serious **Injury** of **Your Relative** or business colleague necessitating **Your** presence in **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 serious illness or serious **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 the Schedule of Benefits Table 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 **Injury** or becoming ill during the **Trip**, up to a maximum of the sum insured shown in the Schedule of Benefits Table.

## **4. Funeral Expenses**

**We** will pay up to the sum insured shown in the Schedule of Benefits Table 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 to a maximum of the sum insured shown in the Schedule of Benefits Table

## **WHAT IS NOT COVERED**

1. the **Excess** amount shown in the Schedule Of Benefits Table.
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. normal pregnancy without any accompanying **Injury**, illness or disease or complication.
4. any expense incurred after **You** have returned to the **Country of Residence** or incurred after a period of twelve calendar months has elapsed following the date on which the insured **Injury**, illness or contingency first occurred or commenced during the **Trip** whichever shall occur the sooner.
5. any claim that comes from pregnancy or childbirth, unless a **Medical Practitioner** confirms that the claim comes from **Complications of Pregnancy or Childbirth**.
6. any medical expenses for more than 12 months after incurring the first expense.

## **SECTION 3 – PERSONAL ACCIDENT**

### **WHAT IS COVERED**

As shown in the Schedule of Benefits Table **We** will pay **You** if at any time during the **Trip** **You** sustain an **Injury** which results in **Your** death or disablement.

## **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.

### **Exposure**

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

### **Disappearance**

If **You** disappear during the **Trip** and if, after a reasonable period of time has elapsed and all available evidence 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**.

## **CONDITIONS AND LIMITATIONS**

1. In no case shall **Our** liability in respect of **You** exceed in all the largest sum insured applicable under any one of the Personal Accident Schedule of Benefits items.
2. No claim shall be payable under more than one item in the Personal Accident Schedule of Benefits in respect of the same **Injury**.
3. In the event that an **Injury** results in **Your** death within thirteen weeks of the date of an **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 advisor(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;  
In both eyes, if **Your** name is added to the Register of Blind Persons on the authority of a registered qualified ophthalmic specialist; or  
In one eye, if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale.

## **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 the Schedule of Benefits Table in respect of loss of or damage to **Property**.

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

**We** will pay up to the sum insured shown in the Schedule of Benefits Table 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 thus paid, other than hire charges, shall be deducted from the total of any claim becoming



payable under this section if the said baggage proves to be permanently lost).

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

1. the **Excess** amount shown in the Schedule of Benefits Table, except in respect of the Delayed Baggage and General Average and Salvage provisions of section 4.
2. loss of or damage to hired clothing and hired equipment of any kind.
3. damage due to wear and tear or gradual deterioration.
4. loss of or damage to household effects.
5. electrical or mechanical breakdown or derangement.
6. loss or damage to **Valuables** contained in baggage whilst such baggage is in the custody of Carriers and outside **Your** control.
7. theft or attempt of theft of **Valuables** when unattended other than when securely locked in a building or securely locked out of sight inside a motor vehicle.
8. loss of cash, currency, bank notes, travellers' cheques, passports, driving licenses, green card, petrol coupons, tickets, ski passes, securities and documents.
9. confiscation or detention by Customs or other Authority.
10. 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 the Schedule of Benefits Table.

## **SECTION 5 – MONEY, TRAVEL DOCUMENTS AND CREDIT CARDS**

### **WHAT IS COVERED**

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

#### **1. Money and Travel Documents**

Loss of money, travellers' cheques, passports, driving licences, green card, petrol coupons, travel tickets and ski passes 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, charge card or bankers' card held by **You**, following loss of such card during the **Trip**.

Cover in respect of money and travel 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 later. Cover in respect of money and travellers' cheques after the conclusion of the **Trip** shall continue whilst in **Your** custody for up to 72 hours.

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

1. the **Excess** amount shown in the Schedule of Benefits Table.
2. any loss not reported to the Police within 48 hours of discovery.
3. money lost in 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. claims arising for theft which are not reported to any appropriate police authority within 24 hours of discovery and an official report obtained.
6. confiscation or detention by Customs or other Authority.
7. 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 the Schedule of Benefits Table 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 satisfaction of a judgement 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

**We** will indemnify **You** in respect of **Your** legal liability for bodily **Injury** to third parties and/or for damage to their **Property** arising from an accident occurring during the **Trip** up to but not exceeding the sum insured shown in the Schedule of Benefits Table in respect of any one accident or series of accidents and in all inclusive of associated **Legal Expenses** incurred with **Our** prior written consent.

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

1. the **Excess** amount shown in the Schedule of Benefits Table.
2. liability for bodily **Injury** to **Your Employees** or to any member of **Your Family** or household.
3. liability for damage to property owned by, or in the care, custody or control of, **You** or any member of **Your Family** or household, 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,

mechanically propelled or horse drawn vehicle (other than golf buggies), caravan, vehicular trailer, waterborne craft (other than sailboards, surfboards, canoes, rowing dinghies), firearm, animal (other than horses hired for hacking only), land, building or permanently or seasonally sited property of any kind.

5. Employer's liability.
6. Contractual liability.
7. liability arising out of or incidental to the practice of a profession or occupation or to the supply of goods or services.
8. 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.
9. for punitive and exemplary damages in respect of the United States of America or Canada.
10. arising directly or indirectly in connection with:
  - (i) any participant to participant **Injury** whilst participating in or practicing for any sporting event or similar.
  - (ii) Any fine or penalty.

## SECTION 7 – HI-JACK AND KIDNAP

### WHAT IS COVERED

**We** will reimburse **You** up to the sum insured shown in the Schedule of Benefits Table for each complete day for any costs and expenses incurred as a direct consequence of **You** being a victim of a hi-jack or kidnapping occurring during the **Trip**, up to a maximum of the sum insured shown in the Schedule of Benefits Table.

## 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 the **Schedule**, 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.

### DEFINITIONS

#### **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.

## SECTION 8.1 – EQUIPMENT HIRE

### WHAT IS COVERED

**We** will pay up to the sum insured shown in the Schedule of Benefits Table per day to a maximum of the sum insured shown in the Schedule of Benefits Table for the hiring of replacement equipment if **Your** skis, poles, snowboards, boots or bindings are lost 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.
2. any claim resulting from theft.

## 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 the Schedule of Benefits Table for theft or accidental damage to **Your** ski equipment which **You** have taken on the **Trip**.

### WHAT WE DO NOT COVER

1. the **Excess** amount shown in the Schedule of Benefits Table.
2. more than £250/€375 for any single article or pair.
3. theft from a public place or where the equipment is left unattended when not in a locked and secure location.
4. 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 the Schedule of Benefits Table for the loss or theft of any unexpired period of **Your** lift pass (based on a pro-rata calculation on the original value of the lift pass).

### WHAT WE DO NOT COVER

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

## SECTION 8.4 – PISTE CLOSURE

### 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 Schedule of Benefits Table per day to a maximum of the sum insured shown in the Schedule of Benefits Table for one of the following:

- 8.4.1 travel costs to the nearest available ski resort; or
- 8.4.2 if **You** are unable to ski at a different resort; or
- 8.4.3 the extra cost of acquiring a new or extended ski pass.

### 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 at ski resorts less than 1,000 metres above sea level.
3. any claim where the piste closure was public knowledge prior to the **Trip**.

## SECTION 8.5 – AVALANCHE COVER

### WHAT IS COVERED

**We** will pay up to the sum insured shown in the Schedule of Benefits Table for necessary and reasonable extra travelling and accommodation expenses if **Your** arrival or departure from **Your** 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 the Schedule of Benefits Table.
2. any costs incurred at ski resorts 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 the **Schedule**. 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 the Schedule of Benefits Table 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 the Schedule of Benefits Table 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

1. the **Excess** amount shown in the Schedule of Benefits Table.
2. damage due to wear and tear or gradual deterioration.
3. loss of or damage to household effects.
4. electrical or mechanical breakdown or derangement.
5. loss or damage to **Valuables** contained in baggage whilst such baggage is in the custody of Carriers and outside **Your** control.
6. theft or attempt of theft of **Valuables** when they are unattended other than when securely locked in a building or securely locked out of sight inside a motor vehicle.
7. loss of cash, currency, bank notes, travellers' cheques, passports, driving licenses, green card, petrol coupons, tickets, ski passes, securities and documents.
8. 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 the Schedule of Benefits Table, if during the **Trip**, business Money is lost, stolen or destroyed.

#### DEFINITIONS

##### **Money**

Coins, bank and currency notes, postal orders, signed travellers' and other cheques, letters of credit, travel tickets, current postage stamps, credit cards and petrol and other coupons, driving licence, and green card.

#### WHAT WE DO NOT COVER

1. the **Excess** amount shown in the Schedule of Benefits Table.
2. any loss not reported to the Police within 48 hours of discovery.
3. money lost in 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 the Schedule of Benefits Table for any Expenses incurred during the **Trip** as a direct result of an **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**.

### DEFINITIONS

#### **Expenses**

Expenses reasonably and necessarily incurred in sending a substitute person.

### WHAT WE DO NOT COVER

1. for 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 the **Schedule**. This cover is only available for Annual Multi **Trip** Policies.

## SECTION 10.1 – GOLF EQUIPMENT

### WHAT IS COVERED

The Underwriter will indemnify **You** in respect of loss or breakage of Golf Equipment up to the amount shown in the 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 the 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

The Underwriter shall not be responsible for:

1. the **Excess** as shown in the Schedule of Benefits or **Excesses**.
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 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 items 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

The Underwriter will indemnify **You** up to the amount shown in the Schedule of Benefits for each 24 hour period for the cost of necessary hire of Golf Equipment following:

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

### WHAT WE DO NOT COVER

The Underwriter shall not be responsible for:

1. the **Excess** as shown in the Schedule of Benefits or **Excesses**
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 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 items 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

The Underwriter will indemnify **You** up to the amount shown in the 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 sickness of the **Insured**
- b) loss or theft of documentation which prevents the participation in the pre-paid golfing activity

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

The Underwriter shall not be responsible for:

- 1.** the **Excess** as shown in the Schedule of Benefits or **Excesses**
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 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 **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**.
5. claims arising for loss, theft or damage of items 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.

## **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 **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.

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 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:

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 *
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
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.

This list is not exhaustive. If **You** intend to participate in any activity not noted above please provide details to **Your** insurance intermediary who will approach **Us** to request cover.

## **IMPORTANT**

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.

This insurance is underwritten by Certain Underwriters at Lloyd's who are authorised by the UK Financial Conduct Authority (FCA). Their reference is PM0624113 .

The cover is mediated by Besso Limited, known as the Coverholder. Besso Limited is authorised and regulated by the UK Financial Conduct Authority (FCA). Their FCA number is 309159.

A handwritten signature in black ink, appearing to be 'J. Besso', written in a cursive style.

SIGNATURE OF COVERHOLDER

Europesure 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.

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