

# LONG STAY SINGLE TRIP TRAVEL INSURANCE POLICY (V.Mapfre2012)

This travel insurance has been arranged by **All Seasons Underwriting Agencies Limited (ASUA)** 6-8 Fenchurch Buildings, Fenchurch Street, London. EC3M 5HT. FSA Reg No: 308488. This insurance is underwritten by Mapfre Asistencia Compania Internacional de Seguros y Reaseguros Sociedad Anonima, 5th Floor, Alpha House, 24a Lime Street, London, EC3M 7HS. Company Number: FC021974. Branch Number BR008042. Trading under the name Mapfre Assistance in the United Kingdom.

MASTER POLICY NUMBER  
MAPFRE-2012-002



If you are a resident of a European Union/EEA member State all reference to the **United Kingdom** in this policy of insurance shall be deemed to mean **your** country of European Union/EEA Residence.

**Your schedule of benefits (the schedule) will show you the contact details for your 24 Hour Emergency Assistance Service, Claims Service, Medical Screening Service and Policy Query Service. If in doubt please consult with the intermediary who sold you this policy.**

This evidence of insurance is to confirm that those persons who have paid the appropriate premium are insured under **MASTER POLICY NUMBER: MAPFRE-2012-002.**

This document only constitutes a valid evidence of insurance when it is issued in conjunction with a validation certificate and schedule of benefits insured issued between **1<sup>st</sup> January 2012** and **31<sup>st</sup> January 2013**, for trips commencing up to **31<sup>st</sup> January 2014**.

## HELPFUL TELEPHONE NUMBERS

Please always quote your **Coe Connections** validation policy number and state that you are insured through **All Seasons Underwriting Agencies Ltd** under **Master Policy Number MAPFRE-2012-002/004 Coe Connections International** when contacting the help line services below.

If you need to contact the Health Check line to declare a Pre-Existing Medical Condition contact:	<b>ASUA Medical Screening Helpline</b> Tel: +44 (0) 207 481 2399
If you need 24 Hour Emergency Medical Assistance abroad or need to Curtail your trip contact:	<b>Mapfre Assistance</b> Tel: +44 (0) 207 748 2960
If you need a Claim Form contact:	<b>Travel Claims Services</b> Tel: +44 (0) 207 748 2961
If you have a query regarding this insurance:	<b>COE Connections International</b> Tel: 01702 587 003 e-mail: <a href="mailto:coeconnect@blueyonder.co.uk">coeconnect@blueyonder.co.uk</a>

## ENDORSEMENT FOR STUDY ABROAD

**ENDORSEMENT:** It is hereby noted and agreed that if **You** have purchased the Study Abroad option **You** are covered for four (4) return journeys to the **Home area** during the **Period of Insurance**. Cancellation and curtailment cover under Section A will only apply on the initial **outward journey**, and no cover will be provided whilst **You** are in the **Home area**. Cover will be re-instated each time **You** commence **Your Outward Journey** from the **Home area**.

It is hereby noted and agreed that **NO COVER** will apply to any of Section A – Cancellation or Curtailment, Section B - Emergency Medical & Other Expenses, Section B1 - Hospital Confinement Benefit, Section C - Personal Accident and Section H - Personal Liability detailed above with respect to injury claims incurred whilst **you** (the insured person) are participating in sports events and training (excluding Golf and tennis) organised through an institution of further education where **you** are enrolled as a student or taking place on campus facilities. Please ensure that the institution of further education **you** are enrolled with has made proper provision to cover **you**.

Such injuries will be deemed to have occurred as a result of **Hazardous Pursuits** not covered by this policy of insurance.

**COE Connections International**  
**SCHEDULE OF BENEFITS**

SECTION	COVER	MAXIMUM SUM INSURED ORBIT EXCEL/STUDY ABROAD	MAXIMUM SUM INSURED ORBIT BASIC	EXCESS EXCEL / BASIC
A	Cancellation or Curtailment	Up to £3,000	£2,000	£50 / £100
	Course Fees (Study Option Only on Orbit Excel)	Up to £3,000	Nil	£50
B	Emergency Medical Repatriation & Other Expenses	Up to £5,000,000 in total	Up to £5,000,000 in total	£50 / £100
B1	Including Dental Treatment Limit	£250	£250	
	Hospital Confinement Benefit	£10 per 24 hours up to a maximum of £1,000 in total	£10 per 24 hours up to a maximum of £1,000 in total	
C	Personal Accident			
	Item 1	£5,000	Nil	Nil
	Item 2	£25,000		
	Item 3	£25,000		
D	Travel Delay	Nil	Nil	Nil
	Abandonment after 24 hours	Nil	Nil	Nil
	D1	Missed Departure	£500	Nil
Personal Possessions		Up to £1,500 in total including:	Up to £750 in total including:	£50 / £100
E	Single Article/Pair/Set Limit	£150	£150	
	Total Valuables Limit	£150	£150	
	Spectacles/Sunglasses Limit	£75	£75	
	Delayed Baggage (excess of 12 hours)	Nil	Nil	Nil
F	Personal Money (Cash limit carried on any one insured person £100)	Up to £250	Nil	£50
F	Passport, Ticket & Documents	Up to £100	Nil	£50
H	Personal Liability including Rented accommodation limit	£2,000,000 £100,000	Nil	£250
I	Legal Expenses	Up to £10,000	Nil	Nil

**THE MAXIMUM SUMS INSURED APPLY TO EACH INSURED PERSON**

**Excess** means the amount **you** will have to pay towards the cost of each claim under the policy after the application of the policy limits.

Under most sections of the policy, claims will be subject to an excess. This means that **you** will be responsible for paying the first part of each and every claim per incident claimed for, under each section by each **insured person**.

## TRAVEL INSURANCE POLICY WORDING INTRODUCTION

This insurance contract is between **you** and Mapfre Asistencia Compania Internacional de Seguros y Reaseguros Sociedad Anonima trading in the **United Kingdom** under the name of Mapfre Assistance, with registered office at 5<sup>th</sup> Floor, Alpha House, 24a Lime Street, London, EC3M 7HS. Company Number: FC021974. Branch Number BR008042. Mapfre Asistencia are authorised by Direccion General de Seguros and subject to limited regulation by the Financial Services Authority. Details about the extent of Our regulation by the Financial Services Authority are available from Us on request. Our Financial Services Authority Registration number is 203041. **You** can visit the Financial Services Authority website, which includes a register of all regulated companies, at [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register).

Mapfre Asistencia, Compania Internacional de Seguros y Reaseguros, S.A. branch in the United Kingdom (trading as Mapfre Assistance) has registered offices at 24a Lime Street, London. Mapfre Asistencia main office is based in Spain which forms part of the EEA (European Economic Area) as a member state. The Kingdom of Spain is responsible for controlling the insurance activity of Mapfre Asistencia S.A., through the Spanish Ministry of Economy and the Treasury, and specifically the General Directorate for Insurance Matters and Pensions Fund (Direccion General de Seguros y Fondo de Pensiones). It's Branch in the United Kingdom is also under the United Kingdom FSA (Financial Services Authority) supervision in certain questions according to the European Union Regulation.

This is **your** travel insurance policy, and is insured by Mapfre Assistance. It contains details of what is covered, conditions and what is not covered, for each **insured person** and is the basis on which all claims will be settled. It is validated by the issue of the schedule which **we** recommend be attached to the policy. In return for having accepted **your** premium **we** will in the event of **bodily injury**, death, illness, disease, loss, theft, damage, legal liability or other specified events happening within the **period of insurance** provide insurance in accordance with the operative sections of **your** policy as referred to in **your** schedule.

**Please note that the following sections of cover only apply if a sum insured is shown in the schedule. If the schedule does not specify that section or shows a sum insured of NIL then no cover will apply to that section under your policy.**

The schedule and any endorsements are all part of the policy. **Your** policy is evidence of the contract of insurance.

## UNITED KINGDOM - EUROPEAN RESIDENTS

This policy is only available to **you** if **you** are currently legally resident in the **United Kingdom** or European Union and registered with a **medical practitioner** or entitled to free public health under reciprocal arrangements currently in place in the **United Kingdom** or European Union. If **you** are a permanent resident of a European Union country (other than the United Kingdom) all reference to the United Kingdom in this policy shall mean **your** European Union country of residence. All benefits and cover provided by this policy will be applied solely as would be applicable to a permanent United Kingdom or European Union resident.

## THE LAW WHICH APPLIES TO THIS POLICY

**You** and **we** are free to choose the laws applicable to the policy. As **we** are based in England, **we** propose to apply the laws of England and Wales and by purchasing this policy **you** have agreed to this.

## EMERGENCY AND MEDICAL SERVICE

**You** must contact the 24 hour emergency medical service as shown on the schedule of cover in the event of an illness or accident which may lead to in-patient hospital treatment or before any arrangements are made for repatriation; or in the event of **curtailment** necessitating **your** early return **home**. The service operates 24 hours a day, 365 days a year for advice, assistance, making arrangements for hospital admission, repatriation (returning **you** to **your home area**) and authorisation of medical expenses. If this is not possible because the condition requires emergency treatment **you** must contact 24 hour emergency medical service as soon as possible. Private medical treatment is not covered in countries where reciprocal health agreements entitle **you** to benefit from public health care arrangements unless authorised specifically by the 24 hour emergency medical service.

## MEDICAL ASSISTANCE ABROAD

The 24 hour emergency medical service has the medical expertise, contacts and facilities to help should **you** be injured in an accident or fall ill. The 24 hour emergency medical service will also arrange transport **home** when this is

considered to be medically necessary or when **you** are told about the illness or death of a **close relative** or a **close business associate** at home.

## PAYMENT FOR MEDICAL TREATMENT ABROAD

If **you** are admitted to a hospital/clinic while abroad, the 24 hour emergency medical service will arrange for medical expenses, covered by the policy, to be paid direct to the hospital/clinic. To take advantage of this benefit someone must contact the 24 hour emergency medical service for **you** as soon as possible. For out-patient treatment, **you** should pay the hospital/clinic **yourself** and claim back medical expenses from **us** on **your** return to **your home area**. Beware of requests for **you** to sign for excessive treatment or charges. If **you** are in doubt, please call the 24 hour emergency medical service for guidance.

## RECIPROCAL HEALTH AGREEMENTS WITH OTHER COUNTRIES 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) postal application form from **your** local Post Office. **You** can also apply either online through [www.dh.gov.uk/travellers](http://www.dh.gov.uk/travellers) or by telephoning 0845 606 2030. This will entitle **you** to benefit from the 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 B - Emergency medical and other expenses. If **you** are admitted to hospital **you** must contact the 24 hour emergency medical service as soon as possible and get their authorisation for any treatment not available under EHIC.

## 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). Alternatively please call the 24 hour emergency medical service for guidance. If **you** are admitted to hospital **you** must contact the 24 hour emergency medical service as soon as possible and get their authorisation for any treatment not available under MEDICARE.

## NON-EMERGENCY HELPLINES

**Claims - You** must contact **us** by phone if **you** want to make a claim using the relevant numbers shown on the schedule of cover, depending on the type of claim (see claims conditions below).

**Pre-existing medical conditions - You** must contact **us** by phone if **you** need to declare a health condition not normally covered by this policy (see important conditions relating to health below).

**Policy Information and advice - If you** would like more information or if **you** feel the insurance may not meet **your** needs please contact the agent who sold **you** this policy or telephone **the** customer helpline shown on the schedule.

## AGE ELIGIBILITY

This policy is not available to anyone older than the maximum age limit shown in **your** schedule of cover. If **you** reach any of the ages mentioned in **your** schedule during the **period of insurance**, cover will continue until the next renewal date but not after that.

If **you** are aged under 18 **you** are only insured when travelling with one or both of the insured adults (or accompanied by another responsible adult).

## POLICY EXCESS

Under most sections of the policy, claims will be subject to an excess. This means that **you** will be responsible for paying the first part of each and every claim per incident claimed for, under each section by each **insured person**, unless **you** have paid the additional premium to waive the excess as stated in the schedule. If **family cover** or **single parent cover** applies then **we** will not apply more than two excess charges to any incident claimed for.

## MAPFRE ASISTENCIA

Mapfre Asistencia Compania Internacional de Seguros y Reaseguros Sociedad Anonima, 5th Floor. Alpha House, 24a Lime Street, London EC3M 7HS Company number: FC021974. Branch Number BR008042. Trading

under the name of Mapfre Assistance. Mapfre Asistencia are authorised by Dirección General de Seguros and subject to limited regulation by the Financial Services Authority. Details about the extent of our regulation by the Financial Services Authority are available from us on request. Our Financial Services Authority Registration number is 203041. You can visit the Financial Services Authority website, which includes a register of all regulated companies, at [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register).

#### FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)

We are covered by the Financial Services Compensation Scheme (FSCS). This provides compensation in case any of its members are unable, in specified circumstances, to meet any valid claims under their policies. 90% of the claim will be met with no upper limit. Compensation is only available to commercial customers in limited circumstances.

You can get more information by visiting the FSCS's website at [www.fscs.org.uk](http://www.fscs.org.uk) or by writing to the FSCS at 7th Floor, Lloyds Chambers, Portoken Street, London E1.

#### DEFINITIONS

These definitions apply throughout **your** policy booklet. Where **we** explain what a word means that word will appear highlighted in bold print and have the same meaning wherever it is used in the policy. **We** have listed the definitions alphabetically.

**Advanced Booking** - Any booking made at least 24 hours prior to the scheduled departure time shown on **your** ticket.

**Baggage** - means luggage, clothing, personal effects, valuables and other articles (but excluding business equipment, ski equipment, golf equipment, personal money and documents of any kind) which belong to you (or for which you are legally responsible) which are worn, used or carried by you during any trip.

**Bodily injury** - means an identifiable physical injury caused by sudden, unexpected, external and visible means including injury as a result of unavoidable exposure to the elements.

**Business equipment** - means items used by **you** and which belong to you in support of **your** business activity including office equipment which is portable by design including, but not restricted to, personal computers, telephones and calculators.

**Business trip** - means a **trip** taken wholly or in part for business purposes.

**Close business associate** - means any person whose absence from business for one or more complete days at the same time as **your** absence prevents the proper continuation of that business.

**Close relative** - means mother, father, sister, brother, wife, husband, civil partner, daughter, son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step parent, step child, step sister, step brother, foster child, legal guardian, domestic partner or fiancé/fiancée.

**Couple** - means **you** and **your close relative** who lives with **you** in a domestic relationship at the same address as **you**.

**Curtailed / Curtail** - means either:

- a) abandoning or cutting short the **trip** by direct early return to **your home area**, in which case claims will be calculated from the day **you** returned to **your home area** and based on the number of complete days of **your trip you** have not used, or
- b) by attending a hospital outside **your home area** as an in-patient or being confined to **your** accommodation abroad due to compulsory quarantine or on the orders of a **medical practitioner**, in either case for a period in excess of 48 hours. Claims will be calculated from the day the ill/injured person was admitted to hospital or confined to **your** accommodation and based on the number of complete days for which **you** were hospitalised, quarantined or confined to **your** accommodation. Cover only applies to ill/injured persons.

**Excess** means the amount **you** will have to pay towards the cost of each claim under the policy after the application of the policy limits.

**Family cover** – means up to two adults and any number of their children, step children or foster children aged under 18 (or aged under 22 if in full time education), accompanying the parents or legal guardian insured on the same policy travelling on any trip to the same destination. The children are only insured when travelling with one or both of the insured adults, (or accompanied by another responsible adult) but under annual multi trip cover either adult is also insured to travel on their own.

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

**Home** - means **your** normal place of residence in the **United Kingdom** or European Union.

**Home area** - For residents of the **United Kingdom** excluding Channel Islands and the Isle of Man, **your home area** means the **United Kingdom** excluding Channel Islands and the Isle of Man. For residents of the Channel Islands and the Isle of Man, **your home area** means either the Channel Islands or the Isle of Man depending on where **your home** is. For residents of the European Union, **your home area** is **your** country of residence in the European Union.

**Insolvency or Financial Failure** – An event causing the cancellation of all or part of **your trip** happening after **You** purchased this insurance which results in the **Scheduled Airline** no longer carrying on its business or service as a result of financial failure within the meaning of the Insolvency Act 1986 or any statutory modification or re-enactment thereof or a similar legal action in consequence of debt under the jurisdiction of a competent court in another country.

**Insured Person** - See definition of **You/Your/Yourself/Insured person**.

**Medical condition** - means any disease, illness or injury.

**Medical practitioner** - means a registered practising member of the medical profession recognised by the law of the country where they are practising, who is not related to **you** or any person who **you** are travelling with.

**Outward Journey** - The initial journey by motor transport, train, aircraft or watercraft undertaken in conjunction with the trip in respect of the outbound journey from **your home** address in the United Kingdom.

**Period of insurance - means if annual multi trip cover is selected:** the period for which **we** have accepted the premium as stated in the schedule. During this period any **trip** not exceeding 31 days (or as otherwise shown in the schedule) is covered, but limited to 17 days in total in each period of insurance for winter sports (provided **you** have paid the appropriate winter sports premium to include this cover). Under these policies Section A - Cancellation cover will be operative from the date stated in the schedule or the time of booking any **trip** (whichever is the later date) and terminates on commencement of any **trip**.

**Period of insurance - means if single trip cover is selected:** the period of the **trip** and terminating upon its completion, but not in any case exceeding the period shown in the schedule. Under these policies Section A - Cancellation cover will be operative from the time **you** pay the premium.

In respect of **One Way Trips** all insurance cover shall cease 72 hours after the time **You** first leave the immigration control of **your** final destination country or at the expiry of the Policy **Period of Insurance** if this is earlier. For the purposes of this insurance **your** country of final destination will be treated as being **your home** address in the **United Kingdom** and all indemnity under the policy shall be applied accordingly.

**Extension of Cover** If **you** request any extension of the **Period of Insurance** after the commencement of travel **you** must advise **us** of any circumstances which at the time of such request could reasonably be expected to cause a claim under this Policy. We do not guarantee that any **Extension of Cover** will be provided.

For all other sections of the policy, whichever cover is selected, the insurance starts when **you** leave **your home** or for a **business trip your** place of business (whichever is the later) to start the **trip** and ends at the time of **your** return to **your home** or place of business (whichever is the earlier) on completion of the **trip**.

However any **trip** that had already begun when **you** purchased this insurance will not be covered, except where **you** renew an existing annual multi trip policy which fell due for renewal during the **trip**.

The period of insurance is automatically extended for the period of the delay in the event that **your** return to **your home area** is unavoidably delayed due to an event insured by this policy.

**Personal money** - means bank notes, currency notes and coins in current use, travellers' and other cheques, postal or money orders, pre-paid coupons or vouchers, travel tickets, event and entertainment tickets, phonecards, money cards and credit/debit or pre-pay charge cards all held for private purposes.

**Pre-existing medical condition** - means:

- a) Any respiratory condition (relating to the lungs or breathing), heart condition, stroke, Crohn's disease, epilepsy or cancer for which **you** have ever received treatment (including surgery, tests or investigations by **your** doctor or a consultant/specialist and prescribed drugs or medication).

- b) Any **medical condition** for which **you** have received surgery, in-patient treatment or investigations in a hospital or clinic within the last twelve months.
- c) Any **medical condition** for which **you** are taking prescribed drugs or medication.

**Public transport** - means any publicly licensed aircraft, sea vessel, train, coach or bus on which **you** are booked or had planned to travel.

**Return Journey** - The initial journey by motor transport, train, aircraft or watercraft undertaken in conjunction with the trip in respect of the inbound journey to **your home** address or a hospital or nursing **home** in the United Kingdom.

**Scheduled Airline** – An airline upon whom **your Trip** depends operating a regular systematic service to a published timetable whose flights are available to paying members of the general public on a seat only basis and which is not part of a package holiday arranged by a tour operator.

**Secure baggage area** - means any of the following, as and where appropriate:

- a) The locked dashboard, boot or luggage compartment of a motor vehicle
- b) The locked luggage compartment of a hatchback vehicle fitted with a lid closing off the luggage area, or of an estate car with a fitted and engaged tray or roller blind cover behind the rear seats
- c) The fixed storage units of a locked motorised or towed caravan
- d) A locked luggage box, locked to a roof rack which is itself locked to the vehicle roof.

**Single parent cover** - means one adult and any number of his or her children, step children or foster children aged under 18 accompanying the parent insured on the same policy, travelling on any trip to the same destination. The children are only insured when travelling with the insured adult, (or accompanied by another responsible adult) but under annual multi trip cover the adult is also insured to travel on their own.

**Ski equipment** - means skis (including bindings), ski boots, ski poles and snowboards.

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

**Trip** - means any holiday, business or pleasure trip or journey made by **you** within the area of travel shown in the schedule which begins and ends in **your home area** or place of business during the **period of insurance**, but excluding one way trips or journeys.

If annual multi trip cover is selected any trip not exceeding 31 days is covered (unless otherwise shown in the schedule of cover) , but limited to 17 days in total in each **period of insurance** for winter sports (provided **you** have paid the appropriate winter sports premium to include this cover). In addition, any trip solely within **your home area** is only covered where **you** have pre - booked at least two nights accommodation in a hotel, motel, holiday camp, bed and breakfast, holiday cottage or similar accommodation rented for a fee. Each trip under annual multi trip cover is considered to be a separate insurance, with the terms, definitions, What is not covered and conditions contained in this policy applying to each trip. Where **we** have agreed to cover **your medical condition**, this applies to each **trip** during the **period of insurance**.

**Unattended** - means when **you** are not in full view of and not in a position to prevent unauthorised interference with **your** property or vehicle.

**United Kingdom** - means England, Scotland, Wales, Northern Ireland, the Isle of Man and the Channel Islands. If **you** are a permanent resident of a European Union country (other than the United Kingdom) all reference to the United Kingdom in this policy shall mean **your** country of residence.

**Valuables** - means jewellery, gold, silver, precious metal or precious or semiprecious stone articles, watches, furs, cameras, camcorders, portable satellite navigation systems, photographic, audio, video, computer, television and telecommunications equipment (including MP3/4 players, CD's, DVD's, tapes, films, cassettes, cartridges and headphones), computer games and associated equipment, telescopes and binoculars.

**Vermin** - means rats, mice, squirrels, owls, pigeons, foxes, bees, wasps or hornets.

**We/Us/Our** - means Mapfre Asistencia Compania Internacional de Seguros y Reaseguros Sociedad Anonima, trading under the name Mapfre Assistance in the United Kingdom, 5th Floor Alpha House, 24a Lime Street, London, EC3M 7HS..

**You/Your/Yourself/Insured person** - means each person travelling on a **trip** whose name appears in the policy schedule.

## GENERAL CONDITIONS APPLICABLE TO THE WHOLE POLICY

**You** must comply with the following conditions to have the full protection of **your** policy. If **you** do not comply **we** may cancel the policy or refuse to deal with **your** claim or reduce the amount of any claim payment.

### 1. Dual insurance

If at the time of any incident which results in a claim under this policy, there is another insurance covering the same loss, damage, expense or liability **we** will not pay more than **our** proportional share (not applicable to Section D – Personal accident).

### 2. Reasonable precautions

At all times **you** must take all reasonable precautions to avoid injury, illness, disease, loss, theft or damage and take all reasonable steps to safeguard **your** property from loss or damage and to recover property lost or stolen.

### 3. Cancellation - Statutory cancellation rights

**You** may cancel this policy within 14 days of receipt of the policy documents (new business) and for annual policies the renewal date (the **cancellation period**) by writing to the address shown in **your** schedule during the **cancellation period**. Any premium already paid will be refunded to **you** providing **you** have not travelled, no claim has been made or is intended to be made and no incident likely to result in a claim has occurred.

## CANCELLATION OUTSIDE THE STATUTORY PERIOD

**You** may cancel this policy at any time after the **cancellation period** by writing to the address above/shown in **your** schedule. If **you** cancel after the **cancellation period** no premium refund will be made.

## NON PAYMENT OF PREMIUMS

**We** can cancel the policy immediately by sending **you** written notice if **you** do not pay the premium or miss an instalment.

## CLAIMS CONDITIONS

**You** must comply with the following conditions to have the full protection of **your** policy.

If **you** do not comply **we** may cancel the policy or refuse to deal with **your** claim or reduce the amount of any claim payment.

### 1. Claims - **You** must contact **us** by phone if **you** want to make a claim using the relevant numbers shown on the schedule of cover, depending on the type of claim:

- a) The claim notification must be made within 31 days or as soon as possible after that following any **bodily injury**, illness, disease, incident, event, redundancy or the discovery of any loss, theft or damage which may lead to a claim under this policy. Make a statement in support of a claim knowing the statement to be false in any way; or
- b) **You** must also tell **us** if **you** are aware of any writ, summons or impending prosecution. Every communication relating to a claim must be sent to **us** as soon as possible. **You** or anyone acting on **your** behalf must not negotiate, admit or repudiate (refuse) any claim without **our** permission in writing.
- c) **You** or **your** legal representatives must supply at **your** own expense, all relevant information requested by us, evidence, details of household insurance, proof of ownership and medical certificates as required by **us**. **You** should refer to the section under which **you** are claiming for further details of the evidence that **we** need to deal with **your** claim.
- d) **We** reserve the right to require **you** to undergo an independent medical examination at **our** expense. **We** may also request and will pay for a post mortem examination.
- e) **You** must retain any property which is damaged, and if requested, send it to **us** at **your** own expense. If **we** pay a claim for the full value of the property and it is then recovered it will then become **our** property. **We** may refuse to reimburse **you** for any property which **you** cannot provide proof of ownership such as an original receipt, a valuation, user manual or bank or credit card statements.

### 2. Transferring of rights - **We** are entitled to take over any rights in the defence or settlement of any claim and to take proceedings in **your** name for **our** benefit against any other party.

### 3. Fraud - **You** must not act in a fraudulent manner.

If **you** or anyone acting for **you**

- a) Make a claim under the policy knowing the claim to be false or fraudulently exaggerated in any way; or
- b) Make a statement in support of a claim knowing the statement to be false in any way; or
- c) Submit a document in support of a claim knowing the document to be forged or false in any way; or

- d) Make a claim for any loss or damage caused by **your** wilful act or with **your** connivance

**Then**

- a) **we** will not pay the claim  
 b) **we** will not pay any other claim which has been or will be made under the policy  
 c) **we** may make the policy void from the date of the fraudulent act  
 d) **we** will be entitled to recover from **you** the amount of any claim already paid under the policy  
 e) **we** will not refund any premium  
 f) **we** may inform the police of the circumstances.

**IMPORTANT CONDITIONS RELATING TO HEALTH**

**You** must comply with the following conditions to have the full protection of **your** policy.

If **you** do not comply **we** may cancel the policy or refuse to deal with **your** claim or reduce the amount of any claim payment.

1. It is a condition of this policy that **you** will not be covered under Section A – Cancellation or curtailment charges, Section B – Emergency medical and other expenses, Section C - Personal accident for any claims arising directly or indirectly from:

- a) At the time of taking out this policy:
- i) Any **pre-existing medical condition** that **you** have unless **you** have contacted the medical screening line and **we** have agreed to provide cover, or all of the **pre-existing medical conditions** that **you** have are included in the list of NO SCREEN CONDITIONS\* shown on page 4 below and the words in brackets apply to **you**
  - ii) Any **medical condition** for which **you** have received a terminal prognosis
  - iii) Any **medical condition** **you** are aware of but for which **you** have not had a diagnosis
  - iv) Any **medical condition** for which **you** are on a waiting list for or have knowledge of the need for surgery, treatment or investigation at a hospital, clinic or nursing home
  - v) Any **medical condition** affecting **you**, a **close relative** or a **close business associate** that **you** are aware of, that could reasonably be expected to result in a claim on this policy unless **you** have been given **our** agreement.
- b) At any time:
- i) Any **medical condition** **you** have which a **medical practitioner** has advised **you** not to travel (or would have done so had **you** sought his/her advice), but despite this **you** still travel
  - ii) Any surgery, treatment or investigations for which **you** intend to travel outside of **your home area** to receive (including any expenses incurred due to the discovery of other **medical conditions** during and/or complications arising from these procedures)
  - iii) Any **medical condition** for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**
  - iv) **You** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.

If **your** health changes after the start date of **your** policy and the date **your** travel tickets or confirmation of booking were issued, **you** must telephone **our** customer helpline shown on the **your** schedule to make sure **your** cover is not affected.

**You** should also refer to What is not covered – applicable to all sections of the policy.

**\* NO SCREEN CONDITIONS**

(For which **you** do not need to contact **us** if all the **pre-existing medical conditions** that **you** have, are included in this list and the words in brackets apply to **you**).

Acne	Glaucoma
ADHD (Attention Deficit Hyperactivity Disorder)	Hayfever
Asthma (diagnosed before age 50, no more than 2 medications/inhalers and no hospital admission in last year)	High blood pressure (have not suffered from any heart disease, kidney damage, stroke or mini stroke)
Carpal tunnel syndrome	High Cholesterol (not the inherited form)
Cataracts	Impetigo
Corneal graft	Meniere's disease
Deafness	

Diabetes (no complications such as impaired kidney function, heart disease, peripheral vascular disease, leg or foot ulcers, retinal damage, nerve damage, amputation of foot or leg, liver damage)  
 Fungal nail infection

Migraine (confirmed diagnosis, no ongoing investigations)  
 RSI (Repetitive strain injury/Tendinitis)  
 Tendonitis  
 Tinnitus  
 Tonsillitis

**WHAT IS NOT COVERED  
 APPLICABLE TO ALL SECTIONS OF THE POLICY**

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

1. **War risks, civil commotion and terrorism:** War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, **terrorism**, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power but this exclusion shall not apply to losses under Section B – Emergency medical and other expenses, Section C – Hospital benefit and Section D – Personal accident unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any **trip**.
2. **Radioactive contamination:** Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
3. **Sonic bangs:** Loss, destruction or damage directly caused by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
4. **Winter sports:** **Your** participation in winter sports unless the appropriate winter sports premium has been paid, then cover will apply under those sections shown as covered for winter sports in **your** schedule for:
  - a) the winter sports specified in the list on page 11 and
  - b) any other winter sports shown as covered in **your** schedule for a period of no more than 17 days in total in each **period of insurance** under annual multi trip policies and for the period of the **trip** under single trip policies.
5. **Professional sports or entertaining:** **Your** participation in or practice of any professional sports or professional entertaining.
6. **Other sports or activities:** **Your** participation in or practice of any other sport or activity, manual work, **driving any motorised vehicle in motor rallies or competitions or racing unless:**
  - a) specified in the category 1 list under Appendix 1 of this policy or
  - b) shown as covered in **your** schedule when the additional premium is paid.
7. **Suicide, drug use, alcohol or solvent abuse and putting yourself at needless risk:** **Your** wilfully, self-inflicted injury or illness, suicide or attempted suicide, sexually transmitted diseases, solvent abuse, alcohol abuse, drug use (other than drugs taken in accordance with treatment prescribed and directed by a **medical practitioner**, but not for the treatment of drug addiction), and putting **yourself** at needless risk (except in an attempt to save human life).
8. **Unlawful action:** **Your** own unlawful action or any criminal proceedings against **you**.
9. **Additional loss or expense:** Any other loss, damage or additional expense following on from the event for which **you** are claiming, unless **we** provide cover under this insurance. *Examples of such loss, damage or additional expense would be the cost of replacing locks after losing keys, costs incurred in preparing a claim or loss of earnings following **bodily injury, illness or disease.***
10. **Armed Forces:** Operational duties of a member of the Armed Forces (other than claims arising from authorised leave being cancelled due to operational reasons, as provided for under sub section 4. of Section A – Cancellation or curtailment charges).
11. **Travelling against FCO or WHO advice:** **Your** travel to a country, specific area or event when the Travel Advice Unit of the Foreign & Commonwealth Office (FCO) or the World Health Organisation (WHO) or regulatory authority in a country to/from which **you** are travelling has advised against all, or all but essential travel (other than claims arising from **you** not being able to travel and use **your** booked accommodation or **curtailing** the **trip** before completion, as provided for under the extended cancellation or curtailment cover under Section T – Independent travellers cover when operative).
12. **Family and single parent cover travel restrictions:** If **you** are aged under 18 **you** are only insured when travelling with one or both of the insured adults (if accompanied by another responsible adult). If **you** reach any of the ages mentioned above during the **period of**

**insurance**, cover will continue until the next renewal date but not after that.

13. Any claims arising from Volcanic Ash are specifically excluded.

## SECTION A – CANCELLATION OR CURTAILMENT CHARGES

### What is covered

We will pay **you** up to the amount shown in the schedule of cover for any irrecoverable unused travel and accommodation costs (including excursions up to £250) and other pre-paid charges which **you** have paid or are contracted to pay, together with any reasonable additional travel expenses incurred if cancellation of the **trip** is necessary and unavoidable or the **trip** is **curtailed** before completion as a result of any of the following events:

- The death, **bodily injury**, illness, disease, or complications arising as a direct result of pregnancy of:
  - you**
  - any person who **you** are travelling or have arranged to travel with
  - any person who **you** have arranged to stay with
  - your close relative**
  - your close business associate**.
- You** or any person who **you** are travelling with or have arranged to travel with being quarantined, called as a witness at a Court of Law or for jury service attendance.
- Redundancy of **you** or any person who **you** are travelling or have arranged to travel with (which qualifies for payment under current **United Kingdom** redundancy payment legislation, and at the time of booking the **trip** there was no reason to believe anyone would be made redundant).
- You** or any person who **you** are travelling or have arranged to travel with, are a member of the Armed Forces, Territorial Army, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and have **your**/their authorised leave cancelled or are called up for operational reasons, provided that the cancellation or **curtailment** could not reasonably have been expected at the time when **you** purchased this insurance or at the time of booking any **trip**.
- The Police or other authorities requesting **you** to stay at or return to **your home** due to serious damage to **your home** caused by fire, aircraft, explosion, storm, flood, subsidence, fallen trees, collision by road vehicles, malicious people or theft.

If the same costs, charges or expenses are also covered under Section S – Event Cancellation charges cover, **you** can only claim for these under one section for the same event.

### Special conditions relating to claims

- You** must get (at **your** own expense) a medical certificate from a **medical practitioner** and the prior approval of the 24 hour emergency medical service to confirm the necessity to return **home**, prior to **curtailment** of the **trip** due to death, **bodily injury**, illness, disease or complications arising as a direct result of pregnancy.
- If **you** fail to notify the travel agent, tour operator or provider of transport or accommodation as soon as **you** find out it is necessary to cancel the **trip**, the amount **we** will pay will be limited to the cancellation charges that would have otherwise applied.
- If **you** cancel the **trip** due to:
  - stress, anxiety, depression or any other mental or nervous disorder that **you** are suffering from **you** must provide (at **your** own expense) a medical certificate from a consultant specialising in the relevant field or
  - any other **bodily injury**, illness, disease or complications arising as a direct result of pregnancy, **you** must provide (at **your** own expense) a medical certificate from a **medical practitioner** stating that this necessarily and reasonably prevented **you** from travelling.

### What is not covered

- The **excess** shown in the schedule of cover.
- The cost of Airport Departure Duty/Tax (whether irrecoverable or not).
- Any claims arising directly or indirectly from:
  - Redundancy caused by or resulting from misconduct leading to dismissal or resignation or voluntary redundancy, or where **you** received a warning or notification of redundancy before **you** purchased this insurance or at the time of booking any **trip**
  - Circumstances known to **you** before **you** purchased this insurance or at the time of booking any **trip** which could reasonably have been expected to lead to cancellation or **curtailment** of the **trip**.
- Travel tickets paid for using any airline mileage or supermarket reward scheme, for example Air Miles, unless specific evidence of the monetary value of the tickets can be provided.

- Accommodation costs paid for using any Timeshare, Holiday Property Bond or other holiday point's scheme unless specific evidence of the monetary value of the accommodation costs can be provided.
  - Anything mentioned in What is not covered applicable to all sections of the policy.
  - Any claims arising from Volcanic Ash are specifically excluded.
  - Annual maintenance fees/charges for time share holidays or properties.
- You** should also refer to the important conditions relating to health.

### Claims Evidence

We will require (at **your** own expense) the following evidence where relevant:

- A medical certificate from the treating **medical practitioner** (or in the case of stress, anxiety, depression or any other mental or nervous disorder, a consultant specialising in the relevant field) explaining why it was necessary for **you** to cancel or **curtail** the **trip**.
- In the case of death causing cancellation or **curtailment** of the **trip**, the original death certificate.
- Booking confirmation together with a cancellation invoice from **your** travel agent, tour operator or provider of transport/accommodation.
- In the case of **curtailment** claims, written details from **your** travel agent, tour operator or provider of transport/accommodation of the separate costs of transport, accommodation and other pre-paid costs or charges that made up the total cost of the **trip**.
- Your** unused travel tickets.
- Receipts or bills for any costs, charges or expenses claimed for.
- In the case of compulsory quarantine, a letter from the relevant authority or the treating **medical practitioner**.
- In the case of jury service or witness attendance, the court summons.
- The letter of redundancy for redundancy claims.
- A letter from the commanding officer concerned, confirming cancellation of authorised leave or call up for operational reasons.
- In the case of serious damage to **your home** a report from the Police or relevant authority.

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

### What is covered

We will pay **you** up to the amount shown in the schedule of cover for the following expenses which are necessarily incurred within 12 months of the incident as a result of **you** suffering unforeseen **bodily injury**, illness, disease and/or compulsory quarantine:

- Emergency medical, surgical, hospital, ambulance and nursing fees and charges incurred outside of **your home area**.
- Emergency dental treatment for the immediate relief of pain (to natural teeth only) up to a limit of £200 incurred outside of **your home area**.
- Costs of telephone calls:
  - to the 24 hour emergency medical service notifying and dealing with the problem for which **you** are able to provide receipts or other reasonable evidence to show the cost of the calls and the numbers **you** telephoned
  - incurred by **you** when **you** receive calls on **your** mobile phone from the 24 hour emergency medical service for which **you** are able to provide receipts or other reasonable evidence to show the cost of the calls.
- The cost of taxi fares for **your** travel to or from hospital relating to **your** admission, discharge or attendance for outpatient treatment or appointments or for collection of medication prescribed for **you** by the hospital.
- If **you** die:
  - outside **your home area** the reasonable additional cost of funeral expenses abroad up to a maximum of £1,500 plus the reasonable cost of returning **your** ashes to **your home**, or the additional costs of returning **your** body to **your home**
  - within **your home area** the reasonable additional cost of returning **your** ashes or body to **your home** up to a maximum of £750.
- Reasonable additional transport and/or accommodation expenses incurred, up to the standard of **your** original booking (for example full or half board, bed and breakfast, self catering or room only), if it is medically necessary for **you** to stay beyond **your** scheduled return date. This includes, with the prior authorisation of the 24 hour emergency medical service, reasonable additional transport and/or accommodation expenses for a travelling companion, friend or **close relative** to stay with **you** or travel to **you** from the **United Kingdom** or escort **you**. Also additional travel expenses to return **you** to **your home** or a suitable hospital nearby if **you** cannot use the return ticket.

- With the prior authorisation of the 24 hour emergency medical service, the additional costs incurred in the use of air transport or other suitable means, including qualified attendants, to repatriate **you** to **your home** if it is medically necessary. These expenses will be for the identical class of travel utilised on the outward journey unless the 24 hour emergency medical service agree otherwise.

#### Special conditions relating to claims

- You** must tell the 24 hour emergency medical service as soon as possible of any **bodily injury**, illness or disease which necessitates **your** admittance to hospital as an in-patient or before any arrangements are made for **your** repatriation.
- If **you** suffer **bodily injury**, illness or disease **we** reserve the right to move **you** from one hospital to another and/or arrange for **your** repatriation to the **United Kingdom** at any time during the **trip**. **We** will do this, if in the opinion of the **medical practitioner** in attendance, or the 24 hour emergency medical service, **you** can be moved safely and / or travel safely to **your home area** or a suitable hospital nearby to continue treatment.

#### What is not covered

- The **excess** shown in the schedule of cover.
- Normal pregnancy, without any accompanying **bodily injury**, illness, disease or complication. This section is designed to provide cover for unforeseen events, accidents, illnesses and diseases and normal childbirth would not constitute an unforeseen event.
- Any claims arising directly or indirectly for:
  - The cost of treatment or surgery, including exploratory tests, which are not related to the **bodily injury** or illness which necessitated **your** admittance into hospital.
  - Any expenses which are not usual, reasonable or customary to treat **your bodily injury**, illness or disease.
  - Any form of treatment or surgery which in the opinion of the **medical practitioner** in attendance and the 24 hour emergency medical service can be delayed reasonably until **your** return to **your home area**.
  - Expenses incurred in obtaining or replacing medication, which **you** know **you** will need at the time of departure or which will have to be continued outside of **your home area**.
  - Additional costs arising from single or private room accommodation.
  - Treatment or services provided by a health spa, convalescent or nursing **home** or any rehabilitation centre unless agreed by the 24 hour emergency medical service.
  - Any costs incurred by **you** to visit another person in hospital.
  - Any expenses incurred after **you** have returned to **your home area**.
  - Any expenses incurred in England, Scotland, Wales or Northern Ireland which are:
    - or private treatment or
    - are funded by, or are recoverable from the Health Authority in **your home area**.
  - Expenses incurred as a result of a tropical disease where **you** have not had the recommended inoculations and/or taken the recommended medication.
  - Any expenses incurred after the date on which **we** exercise **our** rights under this section to move **you** from one hospital to another and/or arrange for **your** repatriation but **you** decide not to be moved or repatriated.
- Anything mentioned in What is not covered applicable to all sections of the policy.

**You** should also refer to the important conditions relating to health.

#### Claims Evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- Receipts or bills for all in-patient/out-patient treatment or emergency dental treatment received.
- In the event of death, the original death certificate and receipts or bills for funeral, cremation or repatriation expenses.
- Receipts or bills for taxi fares to or from hospital claimed for, stating details of the date, name and location of the hospital concerned.
- Receipts or bills or proof of purchase for any other transport, accommodation or other costs, charges or expenses claimed for, including calls to the 24 hour emergency medical service.

## SECTION B1 – HOSPITAL CONFINEMENT BENEFIT

#### What is covered

**We** will pay **you** the amount shown in the schedule of cover for every complete 24 hours **you** have to stay in hospital as an in-patient or are confined to **your** accommodation due to **your** compulsory quarantine or on the orders of a **medical practitioner** outside **your home area**, up to the maximum amount shown in the schedule of cover as a result of **bodily injury**, illness or disease **you** sustain.

**We** will pay the amount above in addition to any amount payable under Section B – Emergency medical and other expenses. *This payment is meant to help **you** pay for additional expenses such as taxi fares and phone calls incurred by **your** visitors during **your** stay in hospital.*

#### Special conditions relating to claims

- You** must tell the 24 hour emergency medical service as soon as possible of any **bodily injury**, illness or disease which necessitates **your** admittance to hospital as an in-patient, compulsory quarantine or confinement to **your** accommodation on the orders of a **medical practitioner**.

#### What is not covered

- Any claims arising directly or indirectly from:
  - Any additional period of hospitalisation, compulsory quarantine or confinement to **your** accommodation:
    - relating to treatment or surgery, including exploratory tests, which are not directly related to the **bodily injury**, illness or disease which necessitated **your** admittance into hospital.
    - relating to treatment or services provided by a convalescent or nursing **home** or any rehabilitation centre.
    - following **your** decision not to be repatriated after the date, when in the opinion of the 24 hour emergency medical service it is safe to do so.
  - Hospitalisation, compulsory quarantine or confinement to **your** accommodation:
    - relating to any form of treatment or surgery which in the opinion of the **medical practitioner** in attendance and the 24 hour emergency medical service can be delayed reasonably until **your** return to **your home area**.
    - as a result of a tropical disease where **you** have not had the recommended inoculations and/or taken the recommended medication.
    - occurring in **your home area** and relating to either private treatment or tests, surgery or other treatment, the costs of which are funded by, or are recoverable from the Health Authority in **your home area**.
- Anything mentioned in What is not covered applicable to all sections of the policy.

#### Claims Evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- Confirmation (in writing from the hospital, relevant authority or the treating **medical practitioner** of the dates when **you** were admitted and subsequently discharged from hospital, compulsory quarantine or confinement to **your** accommodation.

## SECTION C – PERSONAL ACCIDENT

#### Special definitions relating to this section (*which are shown in italics*)

*Loss of limb - means loss by permanent severance of an entire hand or foot or the total and permanent loss of use of an entire hand or foot.*

*Loss of sight - means total and irrecoverable loss of sight which shall be considered as having occurred:*

- in both eyes, if **your** name is added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist and*
- in one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen scale.*

**Item 1 – Death**

**Item 2 – Loss of Limb or Loss of Sight**

**Item 3 – Permanent total disablement.**

#### What is covered

**We** will pay one of the benefits shown in the schedule of cover if **you** sustain **bodily injury** which shall solely and independently of any other cause, result

within two years in **your** death, **loss of limb, loss of sight** or permanent total disablement.

### Special conditions relating to claims

1. **Our medical practitioner** may examine **you** as often as they consider necessary if **you** make a claim.

### PROVISIONS

1. Benefit is not payable to **you**:
  - a) Under more than one of items 1, 2 or 3.
  - b) Under item 3. until one year after the date **you** sustain **bodily injury**
  - c) Under item 3. if **you** are able or may be able to carry out any relevant occupation.
2. Benefit 1 will be paid to the deceased Insured person's estate.

### What is not covered

1. Anything mentioned in What is not covered applicable to all sections of the policy.

### Claims Evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- In the event of death, the original death certificate.
- A medical certificate or report in relation to claims for **loss of limb, loss of sight** or permanent total disablement.

## SECTION D – DELAYED DEPARTURE

### What is covered

If departure of the **public transport** on which **you** are booked to travel, is delayed at the final departure point from or to the **United Kingdom** (including delays to any subsequent outbound or return connecting **public transport**. A minimum of 3 hours must be given between connecting **public transport**) for at least the amount of time shown in the schedule of cover from the scheduled time of departure due to:

- a) strike or
  - b) industrial action or
  - c) adverse weather conditions or
  - d) mechanical breakdown of or a technical fault occurring in the **public transport** on which **you** are booked to travel **we** will pay **you**:
1. the amount shown in the schedule of cover for **the first completed full 12 hours** delay and the amount shown in the schedule of cover for the each additional full 12 hours of delay after that, up to a maximum of the amount shown in the schedule of cover (*which is meant to help **you** pay for telephone calls made, meals and refreshments purchased during the delay*) provided **you** eventually travel, or
  2. Up to the amount shown in the schedule of cover for any irrecoverable unused travel and accommodation costs and other pre-paid charges which **you** have paid or are contracted to pay, if after a delay of at least 24 hours, **you** choose to cancel **your trip** before departure from the **United Kingdom**.

**You** can only claim under subsection 1. or 2. above for the same event, not both.

**You** can only claim under one of either Section D – Delayed departure, Section D1 – Missed departure or Section T – Independent travellers cover for the same event.

### Special conditions relating to claims

1. **You** must check in according to the itinerary given to **you**.
2. **You** must get written confirmation (at **your** own expense) from the carriers (or their handling agents) of the number of hours of delay and the reason for the delay.
3. **You** must comply with the terms of contract of the travel agent, tour operator, carrier or transport provider.

### What is not covered

1. The **excess** shown in the schedule of cover under subsection 2. of What is covered.
2. Claims arising directly or indirectly from:
  - a) Strike or industrial action existing or being publicly announced by the date **you** purchased this insurance or at the time of booking any **trip**.
  - b) An aircraft or sea vessel being withdrawn from service (temporary or otherwise) on the recommendation of the Civil Aviation Authority,

Port Authority or any such regulatory body in a country to/from which you are travelling.

- c) Any delays to any subsequent outbound or return connecting **public transport** following **your** departure from the final departure point from or to the **United Kingdom** (including delays to any subsequent outbound or return connecting **public transport**. A minimum of 3 hours must be given between connecting **public transport**).
3. Anything mentioned in What is not covered applicable to all sections of the policy.
  4. Any claims arising from Volcanic Ash are specifically excluded.

### Claims Evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- Full details of the travel itinerary supplied to **you**.
- A letter from the carriers (or their handling agents) confirming the number of hours delay, the reason for the delay and confirmation of **your** check in time.
- In the case of cancellation claims, **your** booking confirmation together with written details from **your** travel agent, tour operator or provider of transport/accommodation of the separate costs of transport, accommodation and other pre-paid costs or charges that made up the total cost of the **trip**.
- **Your** unused travel tickets.
- Receipts or bills for any transport, accommodation or other costs, charges or expenses claimed for.

## SECTION D1 – MISSED DEPARTURE

### What is covered

**We** will pay **you** up to the amount shown in the schedule of cover for reasonable additional accommodation (room only) and travel expenses necessarily incurred in reaching **your** overseas destination or returning to the **United Kingdom**, if **you** fail to arrive at the departure point in time to board the **public transport** on which **you** are booked to travel on for the initial international outbound and return legs of the **trip** or as a result of:

1. the failure of other **public transport** or
2. an accident to or breakdown of the vehicle in which **you** are travelling or
3. an accident or breakdown happening ahead of **you** on a motorway or dual carriage way which causes an unexpected delay to the vehicle in which **you** are travelling or
4. strike, industrial action or adverse weather conditions.

If the same expenses are also covered under Section D – Delayed departure cover **you** can only claim under one section for the same event.

### Special conditions relating to claims

1. If **you** make a claim caused by any delay happening on a motorway or dual carriage way **you** must get written confirmation or proof of the incident happening (at **your** own expense) from the Police or emergency breakdown services, of the location, reason for and duration of the delay.
2. **You** must allow enough time for the **public transport** or other transport to arrive on schedule and to deliver **you** to the departure point.

### What is not covered

1. The **excess** shown in the schedule of cover.
2. Claims arising directly or indirectly from:
  - a) Strike or industrial action existing or being publicly announced by the date **you** purchased this insurance or at the time of booking any **trip**.
  - b) An accident to or breakdown of the vehicle in which **you** are travelling when a repairers report or other evidence is not provided.
  - c) Breakdown of any vehicle owned by **you** which has not been serviced properly and maintained in accordance with manufacturer's instructions.
  - d) An aircraft or sea vessel being withdrawn from service (temporary or otherwise) on the recommendation of the Civil Aviation Authority, Port Authority or any such regulatory body in a country to/from which **you** are travelling.
  - e) **Your** failure to arrive at the departure point in time to board any connecting **public transport** after **your** departure on the initial international outbound and return legs of the **trip**.
3. Additional expenses where the scheduled **public transport** operator has offered reasonable alternative travel arrangements.
4. Anything mentioned in What is not covered applicable to all sections of the policy.
5. Any claims arising from Volcanic Ash are specifically excluded.

## Claims Evidence

We will require (at **your** own expense) the following evidence where relevant:

- A letter from the **public transport** provider detailing the reasons for failure.
- A letter or written proof from the Police or emergency breakdown services confirming the location, reason for and duration of the delay on a motorway or dual carriage way if appropriate.
- A letter from the relevant **public transport** provider, carrier or authority confirming details of the strike, industrial action or adverse weather conditions.
- **Your** unused travel tickets.
- Receipts or bills or proof of purchase for any transport, accommodation or other costs, charges or expenses claimed for.

## SECTION E – BAGGAGE

### What is covered

1. We will pay **you** up to the amount shown in the schedule of cover for the accidental loss of, theft of or damage to **baggage**. The amount payable will be the value at today's prices less a deduction for wear tear and depreciation (loss of value), or **we** may replace, reinstate or repair the lost or damaged **baggage**.

The maximum **we** will pay **you** for the following items is:

- a) the amount shown in the schedule of cover for any one article, pair or set of articles
  - b) the amount shown in the schedule of cover for the total for all **valuables**.
2. We will also pay **you** up to the amount shown in the schedule of cover, for the emergency replacement of clothing, medication and toiletries if **your baggage** is temporarily lost in transit during the outward journey and not returned to **you** within 12 hours, as long as **we** receive written confirmation from the carrier, confirming the number of hours the **baggage** was delayed.

If the loss is permanent **we** will deduct the amount paid from the final amount to be paid under this section.

If items of **baggage** are also covered under Section R – Wedding/Civil partnership cover **you** can only claim for these under one section for the same event.

### Special conditions relating to claims

1. **You** must report to the local Police in the country where the incident occurred within 24 hours of discovery, or as soon as possible after that and get (at **your** own expense) a written report of the loss, theft or attempted theft of all **baggage**.
2. If **baggage** is lost, stolen or damaged while in the care of a carrier, transport company, authority, hotel or **your** accommodation provider **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation.
3. If **baggage** is lost, stolen or damaged whilst in the care of an airline **you** must:
  - a) get a Property Irregularity Report from the airline.
  - b) give written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
  - c) keep all travel tickets and tags for submission if **you** are going to make a claim under this policy.
4. **You** must provide (at **your** own expense) an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to substantiate **your** claim.

### What is not covered

1. The **excess** shown in the schedule of cover (except claims under subsection 2 of What is covered).
2. Loss, theft of or damage to **valuables** left **unattended** at any time (including in a vehicle, in checked in luggage or while in the custody of a carrier, tour operator or **public transport** operator) unless deposited in a hotel safe, safety deposit box or left in **your** locked accommodation.
3. Loss, theft of or damage to **baggage** contained in an **unattended** vehicle:
  - a) overnight between 9 pm and 9 am (local time) or
  - b) at any time between 9 am and 9 pm (local time) unless:
    - i) it is locked out of sight in a **secure baggage area** and
    - ii) forcible and violent means have been used by an unauthorised person to gain entry into the vehicle and evidence of such entry is available.

4. Loss or damage due to delay, confiscation or detention by customs or any other authority.
5. Loss, theft of or damage to unset precious stones, contact or corneal lenses, hearing aids, dental or medical fittings, antiques, musical instruments, motor accessories, documents of any kind, bonds, securities, perishable goods (such as foodstuffs), bicycles, **ski equipment**, **golf equipment** and damage to suitcases (unless the suitcases are entirely unusable as a result of one single incidence of damage).
6. Loss or damage due to cracking, scratching, breakage of or damage to china, glass (other than glass in watch faces, cameras, binoculars or telescopes), porcelain or other brittle or fragile articles unless caused by fire, theft, or an accident to the aircraft, sea vessel, train or vehicle in which they are being carried.
7. Loss or damage due to breakage of sports equipment or damage to sports clothing whilst in use.
8. Loss, theft of or damage to **business equipment**, business goods, samples, tools of trade and other items used in connection with **your** business, trade, profession or occupation.
9. Loss or damage caused by wear and tear, depreciation (loss in value), atmospheric or climatic conditions, moth, **vermin**, any process of cleaning repairing or restoring, mechanical or electrical breakdown.
10. Anything mentioned in What is not covered applicable to all sections of the policy.

## Claims Evidence

We will require (at **your** own expense) the following evidence where relevant:

- A police report from the local Police in the country where the incident occurred for all loss, theft or attempted theft.
- A Property Irregularity Report from the airline or a letter from the carrier where loss, theft or damage occurred in their custody.
- A letter from **your** tour operator's representative, hotel or accommodation provider where appropriate.
- All travel tickets and tags for submission.
- An original receipt, proof of ownership or valuations for items lost, stolen or damaged and for all items of clothing, medication and toiletries replaced if **your baggage** is temporarily lost in transit for more than 12 hours.
- A letter from the carrier confirming the number of hours **your baggage** was delayed for.
- Repair report where applicable.

## SECTION F – PERSONAL MONEY, PASSPORT AND DOCUMENTS

### What is covered

1. We will pay **you** up to the amounts shown below for the accidental loss of, theft of or damage to **personal money** and documents (including the unused portion of passports, visas and driving licences). We will also cover foreign currency during the 72 hours immediately before **your** departure on the outward journey.

The maximum **we** will pay for the following items is:

- a) the amount shown in the schedule of cover for bank notes, currency notes and coins
  - b) the amount shown in the schedule of cover for bank notes, currency notes and coins, if **you** are under the age of 16
  - c) the amount shown in the schedule of cover for all other **personal money** and documents (including the cost of the emergency replacement or temporary passport or visa).
2. We will pay up to the amount shown in the schedule of cover for each **insured person** for reasonable additional travel and accommodation expenses necessarily incurred outside **your home area** to obtain a replacement of **your** passport or visa which has been lost or stolen outside **your home area**.

### Special conditions relating to claims

1. **You** must report to the local Police in the country where the incident occurred within 24 hours of discovery or as soon as possible after that and get (at **your** own expense) a written report of the loss, theft or attempted theft of all **personal money**, passports or documents.
2. If **personal money**, passports or documents are lost, stolen or damaged while in the care of a hotel or **your** accommodation provider **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation. Keep all travel tickets and tags for submission if a claim is to be made under this policy.
3. If documents are lost, stolen or damaged while in the care of a carrier, transport company, authority, hotel or **your** accommodation provider

- you** must details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation.
- If documents are lost, stolen or damaged whilst in the care of an airline **you** must:
    - give formal written notice of the claim to the airline within the time limit set out in their conditions of carriage (please keep a copy).
    - keep all travel tickets and tags for submission to us if **you** are going to make a claim under this policy.
  - You** must provide (at **your** own expense) an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to substantiate **your** claim.

#### What is not covered

- The **excess** shown in the schedule of cover.
- Loss, theft of or damage to **personal money** or **your** passport or visa if left **unattended** at any time (including in a vehicle, in checked in luggage or while in the custody of a carrier, tour operator or **public transport** operator) unless deposited in a hotel safe, safety deposit box or left in **your** locked accommodation.
- Loss, theft of or damage to travellers' cheques if **you** have not complied with the issuer's conditions or where the issuer provides a replacement service.
- Loss or damage due to delay, confiscation or detention by customs or any other authority.
- Loss or damage due to depreciation (loss in value), variations in exchange rates or shortages due to error or omission.
- Anything mentioned in What is not covered applicable to all sections of the policy.

#### Claims Evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- A police report from the local Police in the country where the incident occurred for all loss, theft or attempted theft.
- A letter from **your** tour operator's representative, hotel or accommodation provider where appropriate.
- All travel tickets and tags for submission.
- Original receipts, proof of ownership or valuations for items lost, stolen or damaged.
- Receipts or bills or proof of purchase for any transport and accommodation expenses claimed for.
- Receipt for all currency and travellers cheques transactions.

### SECTION H – PERSONAL LIABILITY

#### What is covered

**We** will pay **you** up to the amount shown in the schedule of cover (including legal costs and expenses) against any amount **you** become legally liable to pay as compensation for any claim or series of claims arising from any one event or source of original cause for accidental:

- Bodily injury**, death, illness or disease to any person who is not in **your** employment or who is not a **close relative** or persons residing with **you** but not paying for their accommodation.
- Loss of or damage to property that does not belong to and is neither in the charge of or under the control of **you**, a **close relative** and/or anyone in **your** employment other than any temporary holiday accommodation occupied (but not owned) by **you**.

#### Special conditions relating to claims

- You** must give **us** written notice of any incident, which may result in a claim as soon as possible.
- You** must send **us** every writ, summons, letter of claim or other document as soon as **you** receive it.
- You** must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without **our** permission in writing.
- We** will be entitled to take over and carry out in **your** name the defence of any claims for compensation or damages or otherwise against any third party. **We** will have full discretion in the conduct of any negotiation or proceedings or in the settlement of any claim and **you** will give **us** all necessary information and assistance which **we** may require.
- If **you** die, **your** legal representative(s) will have the protection of this cover as long as they comply with the terms and conditions outlined in this policy.

#### What is not covered

- The first £100 of each and every claim, arising from the same incident claimed for under this section in relation to any temporary holiday accommodation occupied by **you**.

- Compensation or legal costs arising directly or indirectly from:
  - Liability which has been assumed by **you** under agreement (such as a hire agreement) unless the liability would have existed without the agreement.
  - Pursuit of any business, trade, profession or occupation or the supply of goods or services including any voluntary or unpaid work including baby sitting.
  - Ownership, possession or use of mechanically propelled vehicles, aircraft or watercraft (other than surfboards or manually propelled rowing boats, punts or canoes).
  - The transmission of any contagious or infectious disease or virus.
- Anything mentioned in What is not covered applicable to all sections of the policy.

#### Claims Evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- Full details in writing of any incident.
- Any writ, summons, letter of claim or other document must be sent to **us** as soon as **you** receive it.

### SECTION I – LEGAL EXPENSES AND ASSISTANCE

#### What is covered

**We** will pay up to the amount shown in the schedule of cover for legal costs to pursue a civil action for compensation, against someone else who causes **you** **bodily injury**, illness or death.

Where there are two or more **insured persons** insured by this policy, then the maximum amount **we** will pay for all such claims shall not exceed the amount shown in the schedule of cover.

#### Special conditions relating to claims

- We** shall have complete control over the legal case through agents **we** nominate, by appointing agents of **our** choice on **your** behalf with the expertise to pursue **your** claim.
- You** must follow **our** agent's advice and provide any information and assistance required within a reasonable timescale.
- You** must advise **us** of any offers of settlement made by the negligent third party and **you** must not accept any such offer without **our** permission.
- We** may include a claim for **our** legal costs and other related expenses.
- We** may, at **our** own expense, take proceedings in **your** name to recover compensation from any third party for any legal costs incurred under this policy. **You** must give **us** any assistance **we** require from **you** and any amount recovered shall belong to **us**.

#### What is not covered

**We** shall not be liable for:

- Any claim where in **our** opinion there is insufficient prospect of success in obtaining reasonable compensation.
- Legal costs and expenses incurred in pursuit of any claim against a travel agent, tour operator, carrier, **us**, the 24 hour emergency medical service or their agents or any service supplier detailed on the schedule, someone **you** were travelling with, a person related to **you**, or another **insured person**.
- Legal costs and expenses incurred prior to **our** written acceptance of the case.
- Any claim where the legal costs and expenses are likely to be greater than the anticipated amount of compensation.
- Any claim where legal costs and expenses are variable depending on the outcome of the claim.
- Legal costs and expenses incurred if an action is brought in more than one country.
- Any claim where in **our** opinion the estimated amount of compensation payment is less than £1,000 for each **insured person**.
- Travel, accommodation and incidental costs incurred to pursue a civil action for compensation.
- The costs of any Appeal.
- Claims by **you** other than in **your** private capacity.
- Anything mentioned in What is not covered applicable to all sections of the policy.

#### Claims Evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- Relevant documentation and evidence to support **your** claim, including photographic evidence.

- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

## COMPLAINTS PROCEDURE

### Making yourself heard

**We** are committed to providing **you** with an exceptional level of service and customer care. **We** realise that things can go wrong and there may be occasions when **you** feel that **we** have not provided the service **you** expected. When this happens, **we** want to hear about it so that **we** can try to put things right.

#### *Who to contact?*

The most important factors in getting **your** complaint dealt with as quickly and efficiently as possible are:

- to be sure **you** are talking to the right person, and;
- that **you** are giving them the right information.

#### **When you contact us?**

Please give **us your** name and contact telephone number.

Please quote **your** policy and/or claim number and the type of policy **you** hold.

Please explain clearly and concisely the reason for **your** complaint.

So **we** begin by establishing **your** first point of contact:

#### **Step One – initiating your complaint:**

Does **your** complaint relate to:

**A:** **your** policy?

**B:** a claim on **your** policy?

If **A, you** need to contact the agent who sold **you your** policy. Call the number on **your** schedule of cover and state **your** complaint.

Head **your** letter 'COMPLAINT'.

Give **your** full name, post code and contact telephone number(s).

Quote the type of policy and **your** policy and/or claim number.

Explain clearly and concisely the reason(s) for **your** complaint.

The letter should be sent to the person dealing with **your** complaint along with any other material required.

**We** expect that the majority of complaints will be quickly and satisfactorily resolved at this stage, but if **you** are not satisfied, **you** can take the issue further:

#### **Step Two – if you are still unhappy:**

Should their response be unsatisfactory and **your** complaint is not resolved to **your** satisfaction, or if **your** complaint is not regarding a claim, **you** should write to:

Managing Director

**All Seasons Underwriting Agencies Ltd**, 6-8 Fenchurch Buildings,  
Fenchurch Street, London EC3M 5HT

Tel: 020 7481 2399 Fax: 020 7481 2375

#### **Step Three – contacting MAPFRE Assistance Head Office:**

If **your** complaint is one of the few that cannot be resolved by this stage contact the Head of Customer Care, who will arrange for an investigation on behalf of the Chief Executive:

The Customer Relations Manager. Mapfre Assistance.

Maitland House, Warrior Square, Southend-on-Sea, Essex. SS1 2JY.

Tel: 0844 888 5011. E-mail: [complaints@travelclaimsservices.com](mailto:complaints@travelclaimsservices.com)

#### **Step Four – beyond MAPFRE Assistance:**

If **we** have given **you our** final response and **you** are still not satisfied **you** may refer **your** case to the Financial Ombudsman Service (FOS).

The Ombudsman is an independent body that arbitrates on complaints about general insurance products and other financial services. It will only consider complaints after **we** have provided **you** with written confirmation that **our** internal complaints procedure has been exhausted.

Insurance Division

**Financial Ombudsman Service**. South Quay Plaza, 183 Marsh Wall, London, E14 9SR

Tel: 0845 080 1800 Fax: 020 7964 1001

Please note that **you** have six months from the date of **our** final response in which to refer **your** complaint to the Ombudsman. Referral to the Ombudsman will not affect **your** right to take legal action.

#### **Our promise to you**

**We** will acknowledge written complaints promptly.

**We** will investigate quickly and thoroughly.

**We** will keep **you** informed of progress.

**We** will do everything possible to resolve **your** complaint.

**We** will learn from **our** mistakes. **We** will use the information from complaints to continuously improve **our** service.

Calls are recorded and monitored.

**SPORTS/PASTIMES/ACTIVITIES**

**We** will not pay for claims arising directly or indirectly from **Professional sports or entertaining or your** participation in or practice of any professional sports or professional entertaining or **your** participation in or practice of any other sport or activity, manual work, **driving any motorised vehicle in motor rallies or competitions or racing unless it is** specified in the category 1 list under Appendix 1 of this policy or shown as covered in **your** validation certificate or schedule when the additional premium is paid.

If **You** are going to take part in any activity which may be considered dangerous or Hazardous that is not detailed below please contact the selling agent who will contact **Us** to see if **We** can provide cover.

**You must** ensure the activity is adequately supervised and that appropriate safety equipment (such as protective head wear, life jackets etc.) are worn at all times.

**N.B. Activities Marked With \* Do Not Include Section G - PERSONAL LIABILITY COVER and Marked with \*\* Do Not Include Section C – PERSONAL ACCIDENT COVER. In any case** please note that under Section H (Personal Liability) **You** will not be covered for liability caused directly or indirectly by **your** owning or using any firearms or weapons, animal, aircraft, motorised vehicle, boat and other watercraft, or any form of motorised leisure equipment, including jet skis and snowmobiles.

All **Category 1** Hazardous Pursuits below are covered as standard within all policies subject to the terms, conditions and exclusions as defined within the policy wording or below.

ACTIVITY	CATEGORY 1	COMMENTS
Abseiling (within organisers guidelines)	Covered as Standard	
*Administrative or Clerical Occupations**	Covered as Standard	
Aerobics	Covered as Standard	
Amateur Athletics (track and field)	Covered as Standard	
*Archaeological Digging**	Covered as Standard	
Archery	Covered as Standard	
Assault Course	Covered as Standard	
Badminton	Covered as Standard	
Banana Boating	Covered as Standard	Only as a passenger with no right of control No Public Liability for vehicles
Baseball	Covered as Standard	
Basketball	Covered as Standard	
Billiards/Snooker/Pool	Covered as Standard	
BMX Riding	Covered as Standard	Up to grade 2 slopes
Body Boarding (boogie boarding)	Covered as Standard	
Bowls	Covered as Standard	
Bungee Jumping **	Covered as Standard	Only as short duration incidental day excursion with licensed public hirer
* Camel Riding**	Covered as Standard	
Canoeing (up to grade 2 rivers)	Covered as Standard	
* Clay Pigeon Shooting **	Covered as Standard	
Climbing (on climbing wall only)	Covered as Standard	
Cricket	Covered as Standard	
Croquet	Covered as Standard	
Curling	Covered as Standard	
Cycling (wearing a helmet and no racing)	Covered as Standard	
Deep Sea Fishing	Covered as Standard	
* Driving any motorised vehicle for which <b>you</b> are licensed to drive in the <b>United Kingdom</b> (other than in motor rallies or competitions)**	Covered as Standard	No Public Liability for vehicles
Elephant Riding/Trekking**	Covered as Standard	
Falconry**	Covered as Standard	
Fell Walking/Running	Covered as Standard	
Fencing	Covered as Standard	
Fishing	Covered as Standard	
Fives	Covered as Standard	
* Flying as a fare paying passenger in a fully licensed passenger carrying aircraft **	Covered as Standard	No Public Liability for vehicles
Football (amateur only and not main purpose of trip)	Covered as Standard	
* Glass Bottom Boats/Bubbles	Covered as Standard	Only as a passenger with no right of control No Public Liability for vehicles
* Go Karting (within organisers guidelines)	Covered as Standard	No Public Liability for vehicles
Golf	Covered as Standard	
Handball	Covered as Standard	

Hockey	Covered as Standard	Protective head gear to be worn.
Horse Riding (wearing a helmet and excluding competitions, racing, jumping and hunting)**	Covered as Standard	
Hot air Ballooning (organised pleasure rides only)**	Covered as Standard	No Public Liability for vehicles
*Hovercraft Driving/Passenger**	Covered as Standard	No Public Liability for vehicles
Hurling (amateur only and not main purpose of trip)	Covered as Standard	
Indoor Climbing (on climbing wall)	Covered as Standard	
* Jet Boating (no racing)**	Covered as Standard	No Public Liability for vehicles
* Jet Skiing (no racing)**	Covered as Standard	No Public Liability for vehicles
Jogging	Covered as Standard	
Judo	Covered as Standard	No Professional
Karate	Covered as Standard	No Professional
* Karting (wearing a helmet and no racing)**	Covered as Standard	
Kayaking (up to grade 2 rivers)	Covered as Standard	
Kite surfing**	Covered as Standard	
Korfbal	Covered as Standard	
Lacrosse	Covered as Standard	
Marathon Running	Covered as Standard	
Mountain Biking (wearing a helmet and no racing)	Covered as Standard	
Netball	Covered as Standard	
Octopush	Covered as Standard	
Orienteering	Covered as Standard	
* Paint Balling/War Games (wearing eye protection)**	Covered as Standard	
*Paragliding**	Covered as Standard	Over water only – not over land. Must be licensed operator with professional guide and only in EU, EEA, USA, Canada, Australia and New Zealand.
*Parascending (OVER WATER ONLY)**	Covered as Standard	Over water only – not over land. Must be licensed operator with professional guide and only in EU, EEA, USA, Canada, Australia and New Zealand.
Pony Trekking (wearing a helmet)**	Covered as Standard	
*Power Boating (no racing and non-competitive)**	Covered as Standard	No Public Liability for vehicles
Racket Ball	Covered as Standard	
Rambling	Covered as Standard	
Refereeing (amateur only)	Covered as Standard	
Ringo	Covered as Standard	
Roller Skating/Blading/In Line Skating (wearing pads and helmets)	Covered as Standard	
Rounders	Covered as Standard	
Rowing (no racing)	Covered as Standard	
Rugby (Union/League)	Covered as Standard	No Professional
Running (non-competitive and not a marathon of any type)	Covered as Standard	
Safari Trekking (must be organised tour)**	Covered as Standard	No Public Liability for vehicles
*Sailing/Yachting (includes amateur racing competitions)**	Covered as Standard	No Public Liability for vehicles
Sand Boarding**	Covered as Standard	No Public Liability for vehicles
Sand Dune Surfing/Skiing	Covered as Standard	No Public Liability for vehicles
*Sand Yachting (no racing)**	Covered as Standard	No Public Liability for vehicles
Scuba Diving up to depth of 9 metres. No solo diving & subject to endorsement below	Covered as Standard	
Scuba Diving up to depth of 30 metres (if PADI/BSAC qualified. No solo diving & subject to endorsement below).	Covered as Standard	Providing PADI/BSAC Certificate of Proficiency held otherwise no cover. Subject to diving endorsement below.
* Shooting/Small Bore Target/Rifle Range Shooting (within organisers guidelines)**	Covered as Standard	
Skateboarding (wearing pads and helmets)	Covered as Standard	
Sledging (not on snow)	Covered as Standard	
Snorkelling	Covered as Standard	
Softball	Covered as Standard	
Spear Fishing (without tanks)	Covered as Standard	
*Speed Sailing (no racing)**	Covered as Standard	No Public Liability for vehicles

Squash	Covered as Standard	
Street Hockey	Covered as Standard	
Students working as counsellors or university exchanges for practical course work (non manual)**	Covered as Standard	
Surfing	Covered as Standard	No Competitions/No Liability. Inland and Coastal waters only.
Swimming	Covered as Standard	
Swimming with Dolphins	Covered as Standard	
Swimming/bathing with Elephants	Covered as Standard	
Sydney Harbour Bridge (walking across roped together)	Covered as Standard	
Table Tennis	Covered as Standard	
*Tall Ship Crewing (no racing)**	Covered as Standard	No Public Liability for vehicles
Ten Pin Bowling	Covered as Standard	
Tennis	Covered as Standard	
Trampolining	Covered as Standard	
Tree Canopy Walking	Covered as Standard	
Trekking/Hiking/Walking up to 2,500 metres above sea level	Covered as Standard	
Tug of War	Covered as Standard	
Volleyball	Covered as Standard	
Wake Boarding	Covered as Standard	
War Games/Paint Balling**	Covered as Standard	Eye and body protection must be worn
Water Polo	Covered as Standard	
Water Skiing/Water Ski Jumping**	Covered as Standard	No Public Liability for vehicles
Whale Watching	Covered as Standard	
White Water Rafting	Covered as Standard	Up to Grade 3 only. Only as a passenger with no solo right of control
Wind Surfing/Sailboarding	Covered as Standard	No Public Liability for vehicles
Wind Tunnel Flying (pads and helmets to be worn)	Covered as Standard	
Zip Lining/Trekking (safety harness must be worn)	Covered as Standard	
Zorbing/Hydro Zorbing/Sphering	Covered as Standard	No Public Liability for vehicles

**NOTE: No professional sports cover included without written prior approval.**

## SCUBA DIVING ENDORSEMENT

Notwithstanding anything to the contrary in the certificate, this insurance is extended to cover the insured person whilst engaging in underwater activities requiring the use of artificial breathing apparatus (scuba) subject to the following terms:

### **EXCLUSIONS:**

This insurance does not cover claims directly or indirectly arising from, happening through or in consequence of:

1. Diving by persons not holding a recognised certificate for the type of diving being undertaken, or not under professional instruction.
2. Diving without proper equipment and/or contrary to codes of good practice according to bona fide organisations such as PADI or BSAC.
3. Diving to depths greater than 30 metres.
4. Solo diving.
5. Night Diving
6. Specifically organised cave diving.
7. Diving for hire or reward.
8. Flying within 24 hours of last dive.
9. Diving whilst suffering from a cold, influenza, infection or obstruction of the sinuses or ears.
10. Diving by persons aged under 12 years of age or over 65.

### **CONDITION**

The insured person is medically fit to dive, and if in doubt has consulted his/her medical adviser and has obtained a certificate to this effect.

**SUBJECT** otherwise to all the Terms, Conditions, Exclusions and Limitations of the certificate.