

TRAVELLER'S CHOICE

AFFINITY

TRAVEL INSURANCE 2009/10



Arranged by
NJ HERITAGE PARTNERSHIP LTD
308-314 London Road, Hadleigh
Benfleet, Essex. SS7 2DD

SCHEME NO: HIS/2009/NJH/101/T

Dear Traveller

This is to certify that ETI will insure in accordance with the terms and conditions contained herein or endorsed hereon. The policy wording sets out in full details of the cover provided and is only valid if attached to a schedule of cover (also referred to as the schedule herein) showing the sums insured and limits of the insurance provided and a validation certificate detailing the premium, geographical area, period of cover and persons insured. **ETI** are approved by the Financial Services Authority.

This is **Your** insurance policy and contains all the information **You** need to know about **Your** travel insurance. However, this policy is only valid once a schedule of cover showing the sums insured and limits of the insurance provided and a validation certificate showing proof of payment of premium is attached. Please read this policy carefully and remember this travel insurance is designed to cover most events which may happen during **Your** trip, but **We** cannot cover all expenses and possibilities. **You** will find full details of the cover and the conditions and exclusions in the policy.

If **You** have any queries, or if **You** require additional cover please contact the agent who sold this policy to **You**. If **You** need to make a claim or declare a health condition please call the relevant numbers shown on the schedule of cover.

IMPORTANT NOTE - MEDICAL TREATMENT AND MEDICAL EMERGENCIES OVERSEAS

If **You** require medical attention in a country with a reciprocal health care agreement with the UK such as the countries of the European Union, Switzerland, Australia and New Zealand **You** must ensure that the medical treatment **You** obtain is provided at hospitals or by doctors working within the terms of the agreement.

This insurance does not cover private in-patient health care treatment in countries that operate reciprocal health care agreements unless it is authorised in advance by the 24 Hour Medical Assistance Company detailed on the schedule.

If **You** are admitted to a private clinic or are likely to incur medical expenses in excess of £250 as an out-patient please ensure that immediate contact is made with the Assistance Company who will arrange a transfer to an appropriate medical facility. **You** should before **You** travel obtain from **Your** local Post Office a European Health Insurance Card (EHIC) application pack or apply online at www.dh.gov.uk/travellers.

Please refer to the specific exclusions applying to Section A, B & C of this insurance.

TRAVEL INSURANCE POLICY IMPORTANT DECLARATION PRE-EXISTING MEDICAL CONDITIONS

Unless **You** are screened and approved by **Our** Health Check line (see below) this insurance policy contains health restrictions that apply to the cover provided under the Cancellation, **Curtailement** and Medical sections of this insurance (see the exclusions applying to Sections A, B & C). This policy will not pay for any claims arising from **Pre-Existing Medical Condition** or if **You** (meaning anybody insured by this policy) are awaiting or undergoing treatment or **You** are undergoing or awaiting any medical investigations or consultation with a specialist or awaiting diagnosis or test results or are aware of any condition that could reasonably require treatment during the **Period of Insurance**. With respect to cancellation cover this exclusion applies to **Your** state of health at the time **You** applied for this insurance and the policy was issued. With respect to **Curtailement** cover and **Necessary Medical Expenses** cover (see **Definitions below**) **We** will only pay for claims that arise from a new injury or illness that first happens after **You** have started **Your Outward Journey**. If **You** do suffer a new injury or illness after taking out this insurance but before starting **Your Outward Journey** (this is known as a change in circumstance) **You** will only be covered by the Cancellation section of this policy and will not be able to have the condition covered for **Necessary Medical Expenses** or **Curtailement** expenses as this will be deemed to be an excluded **Pre-Existing Medical Condition**.

We may in certain circumstances be able to provide **You** with cover for pre-existing conditions or change in circumstances and **You** will see on the Insurance Schedule of Cover details of how to contact our Health Check line. This service allows **You** to declare pre-existing conditions to **Us**, and they will be able to advise **You** if the condition can be covered by this insurance and what terms may be applied. Please note that **We** cannot guarantee to be able to offer cover for all conditions, and if the terms made available to **You** are unacceptable **You** will be able to cancel this policy and obtain a refund of **Your** premium provided **You** have not already travelled or made a claim and **You** contact **Us** within 14 days of the policy issue date or within 7 days of the change in circumstance. If **You** do not contact the Health Check line **Your** pre-existing conditions will not be insured by this policy.

You must be able to agree to the following declaration that applies to **You** and to anyone **Your** travel arrangements may depend on such as a **Close Relative** or **Business Associate** or travelling companion. If **You** have an annual policy this declaration applies every time **You** book a trip.

For You, anyone travelling with You, or anyone Your travel arrangements may depend on such as a Close Relative or Business Associate, as far as You know the following apply:

- (a) Nobody is waiting for an operation, hospital consultation or any other hospital treatment or investigations including the results of a routine test.
- (b) Nobody has been seen by a specialist or been admitted to a hospital overnight in the last 12 months.
- (c) Nobody has any breathing or heart problem (including angina) or high blood pressure which has needed treatment (including regular medication) in the last 12 months.
- (d) Nobody has received treatment, including regular medication, in the last 12 months for any of the following:
 - disorder of the blood such as clotting, bleeding or anaemia
 - any form of stroke
 - any form of cancer, leukaemia or tumour
 - a transplant or dialysis treatment
 - any psychiatric illness, stress, depression, anxiety or dementia
 - any other pre-existing and on-going medical condition that has required regular medication
- (e) Nobody has been diagnosed by a registered doctor as having a terminal condition
- (f) I do not know of any reason why the trip is likely to be cancelled or cut short or of any facts that may cause a claim on this insurance

CHANGE IN YOUR CIRCUMSTANCES

If after taking out this Insurance **You** become aware of any circumstances that may give rise to a claim such as changes in **Your** health or that of a person on whom this insurance may depend (e.g. a **Close Relative**) **You** must contact **Us** and tell **Us** about the changes as soon as reasonably possible and prior to any trip.

We may in the light of such changed circumstances not be able to continue cover under sections A and B of this insurance. If this is not acceptable to **You**, **We** will cover **You** for any loss of deposit or cancellation charges **You** have necessarily incurred up to the date of the change of circumstances that are normally covered under Section A of this insurance. In these circumstances no policy **Excess** will be applied.

Please note that **You** must contact **Us** promptly regarding the change and are responsible for all costs incurred in obtaining any medical reports required by **Us**. If **You** do not contact **Us** within 7 days of the change of circumstance, **You** will be responsible for any increased costs incurred as a result of the delay in cancelling **Your** trip and **We** will only pay the costs that would have applied had **You** cancelled **Your** trip within 7 days of the date of the change of circumstances giving rise to the claim. For advice and assistance, please contact the Health Check line.

SCHEDULE OF COVER AND LIMITS OF INDEMNITY PER INSURED PERSON

Policies issued from 14th September 2009
in respect of trips commencing before 30th September 2011

PREMIER COVER			
SECTION	COVER	LIMITS	EXCESS PER INSURED
A	Cancellation or Curtailment	Up to £5,000	£80 (£25 loss of deposit)
B	Emergency Medical & Other Expenses Incl. Dental Treatment Limit Hospital Confinement Benefit	Up to £7,000,000 in total Up to £250 in total £25 per 24 hours up to a max of £200	£80 £80 Nil
C	Personal Accident Item 1 Item 2 Item 3 Death (over 18 under 66 years) Death (under 18 over 65 years) All benefits (66 years and over)	£20,000 £20,000 £20,000 £10,000 £5,000 £5,000	Nil
D	Travel Delay Abandonment after 48 hours Missed Departure	£25 first 12 hours, £25 for each subsequent 12 hour period up to a max of £400 Up to £5,000 Up to £1,000	Nil £80 £50
E	Personal Possessions Single Article/Pair/Set Limit Total Valuables Limit Delayed Baggage (excess of 12 hrs)	Up to a maximum of £1,500 £250 £250 £50 per day up to £250	£50 Nil
F	Personal Money Cash Limit Cash Limit (under 18 years of age)	Up to £500 £250 £100	£50
G	Passport, Tickets & Documents	Up to £250	£50
H	Personal Liability Including Rented Accommodation Limit	Up to £2,000,000 £100,000	£200 £200
I	Legal Expenses	Up to £20,000	£200
J	Hijack	£100 per day up to a limit of £1,000	Nil
K	Catastrophe	Up to £1,000	£50
L	Scheduled Airline Failure and Dynamic Packaging Protection	Up to £2,000	Nil
THE FOLLOWING EXTENSIONS TO POLICY ONLY APPLICABLE IF ADDITIONAL PREMIUM HAS BEEN PAID			
M GOLF COVER EXTENSION			
M1	Golf Equipment Single article/pair/set limit	Up to £1,500 Up to £250 in total	£50 £50
M2	Golf Equipment Hire	£50 per day up to £400	Nil
M3	Hole-in-one Cover	Up to £100 in total	Nil
M4	Golf Course Closure	Up to £75 per day up to £300 in total	Nil
N WINTER SPORTS EXTENSION			
N1	Winter Sports Equipment owned/hired (incl. Single Article/Pair/Set Limit)	Up to £500 Up to £200 in total	£50 £50
N2	Winter Sports Equipment Hire	£50 per day up to £500	Nil
N3	Ski Pack	£50 per day up to £500	Nil
N4	Piste Closure	£50 per day up to £500	Nil
N5	Avalanche Closure	Up to £500	£50
O WEDDING/CIVIL PARTNERSHIP EXTENSION			
O	Wedding/Civil Partnership Cover Single Item Limit Wedding Ring Limit Unreceipted Items Limit Unreceipted Single Item Limit	Up to £1,500 Up to £250 Up to £300 Up to £300 Up to £50	£50
P BUSINESS COVER EXTENSION			
P1	Business Cover Single Item Limit Computer Equipment Single Item Limit Samples Limit Unreceipted Items Limit Unreceipted Single Item Limit Emergency Courier of Essential Business Equipment Delayed Business Equipment	Up to £1,500 £500 £1,000 £500 Up to £300 £50 Up to £500 £100 per day up to £300	£50
P2	Business Equipment Hire	£150 per day up to £750	Nil
P3	Business Money Cash Limit	Up to £1,000 Up to £500	£60

PLEASE NOTE REDUCED SUMS INSURED APPLY TO CERTAIN AGE GROUPS. POLICY EXCESSES ARE APPLIED ON A PER PERSON PER CLAIM BASIS

HELPFUL CONTACT NUMBERS

If you need to contact the Health Check Line to declare a Pre-Existing Medical Condition please contact:

CSA Heathline

Tel: 0844 826 2700

If you need 24 Hour Emergency Medical Assistance Abroad or need to Curtail your trip please contact:

Mayday Assistance Limited

Tel: +44 (0) 844 826 2671 Fax: +44 (0) 844 826 2672

If you need a Claim Form please contact:

Claims Settlement Agencies Limited

Tel: 0844 826 2644 Fax: 0844 826 2645

If you wish to make a claim under Scheduled Airline Failure or Dynamic Packaging Protection, please contact:

International Passenger Protection Claims Office

IPP House

22-26 Station Road,

West Wickham,

Kent ER4 0PR

Tel: 0208 776 3752 Fax: 0208 776 3751

If you wish to make a claim under Legal Expenses, please contact:

DAS Legal Expenses Insurance Co Ltd

DAS House

Quayside,

Temple Back

Bristol BS1 6NH

Tel: 0117 934 2000 Fax: 0117 934 2109

DEFINITIONS

The following words or expressions carry the meaning shown below whenever they appear in bold print within the wording of the policy. There are also more specific definitions which apply only to the Legal Expenses and Scheduled Airline Failure section of this policy:-

Accommodation - The lodging room of no greater standard than that provided as part of **Your** prepaid charges in the vicinity of the hospital where the Insured Person is confined.

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

Business Associate - **Your** associate in the same employment as **You** whose absence from work necessitates **You** having to cancel **Your** trip as certified by **Your** Senior Director or partner.

Business Equipment - means items used by **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 Money - means bank notes, currency, notes and coins in current use, travellers' and other cheques, travel tickets and credit/debit or charge cards all held for business purposes.

Business Trip - means a trip taken wholly or in part for business purposes but excluding manual work.

Close Relative - Mother, father, wife, husband, son, daughter, brother, sister, grandmother, grandfather, grandchild, parent-in-law or son or daughter-in-law or fiancé(e) or families and couples as defined under definition of **Family**.

Curtail / Curtailment - Abandonment of the planned trip by return to the **United Kingdom** after commencement of the **Outward Journey**. The amount payable will be the unused proportion of **Your** irrecoverable pre-paid charges calculated from the date of **Your** return to the **United Kingdom**. All **Curtailment** claims will need authorisation from **Us** in advance.

Excess - The amount **You** will have to pay towards the cost of each claim under the policy after the application of the policy limits.

Family - The Insured and his/her married spouse, or cohabiting couples (including same sex) in a civil partnership and unmarried dependent children (including adopted and step-children) aged between 2 and 18 (or under age 21 if in full-time education) living in the same household (except children when attending full-time education). Children are covered (with no additional premium) until the end of the policy period in which they reach the age of 2.

Geographical Area - The area or country shown on **Your** validation certificate and for which the appropriate premium has been paid and will involve **Your** return to the **United Kingdom** within the **Period of Insurance**.

Golfing Equipment - golf clubs, trolleys, bags and specialised clothing and umbrellas used exclusively for playing or practicing golf, but excluding balls, tees, gloves and buggies.

Hazardous Pursuits - Any pursuit or activity where it is recognised there is an increased risk of injury or accident or can be reasonably expected to aggravate any existing infirmity (please see part 3 of the Important Information detailed below for examples).

Hijack - The unlawful seizure or wrongful exercise of control of the aircraft or ship [or the crew thereof] in which **You** are travelling as a fare-paying passenger.

Mugging - The violent and threatening attack necessitating **Your** medical treatment.

Manual Work - Physical labour involving the use of tools or machinery or exposure to risk that could give rise to **Your** bodily injury or illness.

Money - cash taken for private purposes comprising cash only.

Necessary Medical Expenses - Costs arising from unavoidable medical treatment that is required as a result of a new illness or injury that arises after **You** have started **Your Outward Journey** and which could not be reasonably anticipated as being required during the period of **Your** trip at the time **You** started the **Outward Journey**. Necessary medical treatment must be appropriate and consistent with the diagnosis made and in accordance with accepted community standards of medical practice and as agreed by **Our** medical advisors and is not experimental or investigative and cannot be reasonably delayed until **You** are returned to the **United Kingdom**.

PLEASE ALSO REFER TO IMPORTANT DECLARATION PRE-EXISTING MEDICAL CONDITIONS

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**.

Passports, Tickets And Documents - Passports, travel tickets, green cards and driving licences.

Period of Insurance - The validation certificate will show the issue date and start date and duration (or end date) of **Your** policy being the period of cover **You** are insured for. The time that cover for particular sections starts and ends is given in more detail below:- For single trips, cancellation cover starts when **You** book **Your** trip or when the policy was issued

(whichever is the later) and finishes when **You** start **Your Outward Journey**. For Annual Multi Trips, cancellation cover starts when **You** book the trip or on the start date of the policy (whichever is the later). Cover under all other sections begins when **You** start **Your Outward Journey** and ends upon **Your** return home from the trip. **Your Outward and Return Journey** must take place during the period of cover shown on the validation certificate and for which the correct premium has been paid. If **You** have chosen an Annual Multi Trip Insurance the **Outward and Return Journey** must take place during the start and end date shown on the validation certificate. On Annual Multi Trip policies, the total duration of any one trip is limited to a maximum of 31 days or as otherwise shown on the validation certificate and any trip exceeding this duration will not be covered in whole or in part. Trips within the British Isles must involve at least 2 nights pre-booked accommodation away from **Your** normal place of residence in order to be insured by this policy.

Personal Possessions - Baggage, clothing, personal effects including **Valuables** and gifts purchased outside the **United Kingdom**, subject to the limits and exclusions detailed under Section E.

Pre-Existing Medical Condition(s) - any illness, injury or set of symptoms that fall within the conditions applied under the Important Declaration **Pre-Existing Medical Conditions** section detailed on page 1 of this policy wording.

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**.

Sports Equipment - Those articles which are usually worn, carried or held in the course of participating in a recognised sport.

Strike Or Industrial Action - Organized action taken by a group of workers which prevents the supply of goods and services on which **Your** trip depends.

Terrorism - 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 government(s), 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.

Unattended - means left away from **Your** person where **You** are unable to clearly see and get hold of **Your Personal Possessions or Money or Passports, Tickets and Documents**.

United Kingdom England, Scotland, Wales and Northern Ireland (not including the Channel Islands or Isle of Man).

Valuables - Jewellery, articles made of gold silver or other precious metals, precious or semi-precious stones, watches, binoculars, telescopes, photographic equipment, electronic audio or video equipment including tapes, compact discs, cartridges, discs, MP3 or mini-disc players and any computer equipment including software, musical instruments, furs, or leather clothing, but excluding footwear.

We / Our / Us - ETI International Travel Protection (ETI) the UK branch of Europäische Reiseversicherung AG, Munich.

You / Your - Any person named on the validation certificate who is eligible to be Insured and for whom premium has been paid.

IMPORTANT INFORMATION AND CONDITIONS APPLYING TO ALL SECTIONS

1. LIMIT OF COVER

Each section of the personal insurance schedule shows the most **You** can claim, but other limits may apply. For example, under Section E (**Personal Possessions**), there is a limit for any single item and a total limit for all **Valuables**. **We** will work out how much **We** will pay **You** for baggage claims based on the value of the items at the time of the loss, not the cost of replacing them.

Please note that if the schedule of cover shows NIL cover then that section of the policy is not applicable to the insurance cover You have purchased.

2. LOOKING AFTER YOUR BELONGINGS

Many claims for loss or theft are caused by people being careless with their belongings. If **You** do not take good care of **Your** belongings, it can be upsetting and inconvenient for **You** and **We** may not pay **Your** claim.

3. HAZARDOUS PURSUITS

You are not covered for taking part in any **Hazardous Pursuit** unless it is listed below. 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. 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.

HAZARDOUS ACTIVITIES

The following sporting activities when participated in for recreational purposes incidental to a trip and not in organized competitions or in any professional capacity are not considered to be **Hazardous Pursuits**.

Hazardous Activities – Grade 1 – No additional charge

You are covered under the Personal Accident, Personal Liability (unless otherwise specifically excluded under this section) and the Medical Expenses Sections for the following activities automatically, provided that the activity is on an incidental basis. **You** do not need to contact **your** issuing agent.

Archery (amateur)
 Badminton (amateur)
 Baseball (amateur)
 Basketball (amateur)
 Beach Games
 Bungee Jump (1)
 Camel/Elephant Riding (incidental)
 Canoeing (up to Grade 3)
 Clay Pigeon Shooting
 Cricket (amateur)
 Cycling (other than specified)
 Dinghy Sailing
 Fell Walking
 Fencing
 Fishing
 Football (amateur)
 Golf (amateur)
 Hiking (under 2000m altitude)
 Hockey (amateur)
 Horse Riding (up to 7 days – no Polo, Hunting, Jumping)
 Jet Boating
 Jogging
 Manual Work (bar and restaurant, waitress, waiter, chalet, maids, au pair, nanny's, occasional light manual work including retail work and fruit picking but excluding the use of power tools and machinery)
 Marathon Running (amateur)
 Motorcycling up to 50cc (wearing a crash helmet, no racing)
 Netball (amateur)
 Non Manual Work (including professional, administrative or clerical duties only)
 Orienteering
 Outwardbound Pursuits
 Paintballing
 Parascending/Parasailing (over water)
 Pony Trekking
 Racquetball
 Rambling
 River Canoeing up to Grade 3
 Roller Skating
 Roller Blading
 Rounders
 Rowing
 Running – sprint/long distance (amateur)
 Safari (UK organised)
 Sail Boarding
 Sailing within Territorial Waters
 *Scuba Diving (up to 30m if adequately supervised with a qualified instructor – see notes below)
 Skate Boarding
 Snorkelling
 Squash (amateur)
 Surfing (amateur under 14 days)
 Tennis (amateur)
 Tour Operator Safari
 Track Events
 Trekking (under 2000m altitude)
 Volleyball (amateur)
 War Games
 Water Polo (amateur)
 Water Skiing (amateur)
 Windsurfing (amateur)
 Yachting (racing/crewing inside territorial waters)
 *Scuba diving to the following depths, provided **You** are diving under the direction of an accredited dive marshal, instructor or guide. Alternatively, if qualified, within the guideline of the relevant diving or training agency or organisation and **You** are not diving alone:
 PADI Open Water – 18 metres
 PADI Advanced Open Water – 30 metres
 BSAC Ocean Diver – 20 metres
 BSAC Sports Diver – 30 metres
 BSAC Dive Leader – 30 metres
We must agree with any equivalent qualification. If **You** do not hold a qualification, **We** will only cover **You** to dive to a depth of 18 metres.
You will not be covered under this policy if **You** travel by air within 24hrs after participating in scuba diving.

Cover for the following activities that are considered to be **Hazardous Pursuits** is included for recreational purposes only and not for competitions or any professional activity subject to the following endorsement: The exclusion of **Hazardous Pursuits** in the General Exclusions is deleted only with respect to cover under Section B Medical and Other Expenses and under Section A **Curtailed** cover (but not cancellation) for participation in the following **Hazardous Pursuits** on a non-professional (amateur) and recreational basis provided that **You** ensure the activity is adequately supervised and that appropriate safety equipment (such as protective head wear, life jackets etc.) are worn at all times and **You** do not participate in such **Hazardous Pursuits** for more than 90 days in any one **Period of Insurance**.

The following activities are examples of what are known as '**Hazardous Pursuits**' and are not covered by this insurance unless an additional premium has been paid and the validation certificate shows the cover has been provided:

Hazardous Activities – Grade 2 – 50% Loading to cover all activities

You can be covered under the Personal Accident and Medical Expenses Sections for the following activities, provided that the activity is on an incidental basis (unless stated otherwise below) and subject to an additional premium being paid and shown on the validation certificate.

Medical Excess Increased to £320	Personal Accident sum insured reduced by 50%	Personal Liability cover is excluded
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Boxing Training (no contact)
 Bungee Jump (up to 3 additional)
 Black Water Rafting (grade 1 to 4) Life jacket and helmet must be worn
 Camel/Elephant Riding/Trekking (non incidental)
 Cycle Touring
 Go Karting (specific use)
 Horse Riding (no Polo, Hunting or Jumping)
 Hot Air Ballooning (non incidental)
 Hurling (amateur)
 Jet Skiing (non incidental)
 Martial Arts (training only)
 Mountain Biking
 Parascending/Parasailing (over water, non incidental)
 Rambling/Trekking between 2001 and 4000m
 Safari (non UK organised)
 *Scuba Diving (non incidental/down to 50m – see notes below)
 Sea Canoeing
 Sea Fishing (non incidental)
 Snorkelling (non incidental)
 Surfing (amateur)
 Triathlon
 Waterskiing (non incidental)
 White Water Rafting – Grades 1 to 4 Windsurfing (non incidental)
 *Scuba diving to the following depths, provided **You** are diving under the direction of an accredited dive marshal, instructor or guide. Alternatively, if qualified, within the guideline of the relevant diving or training agency or organisation and **You** are not diving alone:
 PADI Open Water – 18 metres
 PADI Advanced Open Water – 30 metres
 BSAC Ocean Diver – 20 metres
 BSAC Sports Diver – 35 metres
 BSAC Dive Leader – 50 metres
We must agree with any equivalent qualification. If **You** do not hold a qualification, **We** will only cover **You** to dive to a depth of 18 metres.
You will not be covered under this policy if **You** travel by air within 24hrs after participating in scuba diving.

Hazardous Activities – Grade 3 – 100% Loading to cover all activities

You can be covered under the Personal Accident and Medical Expenses Sections for the following activities, provided that the activity is on an incidental basis (unless stated otherwise below) and subject to an additional premium being paid and shown on the validation certificate.

Medical Excess Increased to £650	Personal Accident sum insured reduced by 50%	Personal Liability cover is excluded
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Abseiling
 American Football (amateur)
 Gliding
 Kayaking
 Motorcycling with a licence (over 50cc, with a motorcycle licence appropriate to the cc of the motorcycle, wearing a crash helmet-no racing)
 Paragliding
 Quad Biking
 Rugby (amateur competition)
 Tandem Skydive (up to 2 jumps maximum)
 Sand Yachting
 Yachting (racing/crewing) – outside territorial waters

Hazardous Activities – Grade 4 – 200% Loading to cover all activities

You can be covered under the Personal Accident and Medical Expenses Sections for the following activities, provided that the activity is on an incidental basis (unless stated otherwise below) and subject to an additional premium being paid and shown on the validation certificate.

Medical Excess Increased to £650	Personal Accident sum insured reduced by 50%	Personal Liability cover is excluded
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Canyoning
 Hand Gliding
 High Diving under 5m (amateur, excluding cliff diving)
 Horse Jumping (no Polo, Hunting)
 Kite Surfing Micro Lighting
 Parasailing/Parascending (over land) Rock Climbing (under 2000 metres)
 Rock Scrambling (under 4000 metres)

4. DATE RECOGNITION FAILURE

This policy contains exclusions for losses arising from equipment failing to recognize the correct calendar date. Please read the General Exclusions Applying to All Sections for further details.

5. EXCESSES

We will take an **Excess** off each claim **You** make under certain sections of this insurance. The amount **You** will have to pay towards a claim is shown in the schedule. The **Excess** is applied on a per person per section basis. If **We** agree to a medical expenses claim (section B) which has been reduced by **Your** using an EHIC or private health insurance, the **Excess** will not apply.

6. MAKING A CLAIM

To help **Us** deal with **Your** claim quickly and efficiently, please read the claims procedure below (see **WHAT TO DO IF YOU WISH TO MAKE A CLAIM**). This explains what documents **You** will need to support a claim and when **You** will need this kind of proof. **You** must collect some of the proof **You** need, for example a police report, while **You** are on **Your** trip.

7. WHAT TO DO IN A MEDICAL EMERGENCY

In a medical emergency, contact the Assistance Company shown on the Schedule of Cover for help. Please read the policy for details. If **You** are admitted to hospital or need to **Curtail Your** trip **You** must contact the Assistance Company for authorization before incurring any expenses or **We** may not pay **Your** claim. Simple outpatient treatment costing less than £250 should be paid locally and claimed for on **Your** return to the **United Kingdom**.

IMPORTANT: Please quote the scheme name and number together with **Your** validation certificate number. The Assistance Company provides immediate help in the event of **Your** illness or injury arising outside the **United Kingdom** – they provide a 24 hour multi-lingual emergency service 365 days a year and can be contacted by telephone or fax. Should a serious medical problem arise **You** must contact the Assistance Company within 24 hours. **You** are responsible in advising **Your** attending doctor to seek prior approval for any treatment except in extreme circumstances where a request for prior approval would delay life saving treatment. Failure to contact the Assistance Company may limit the benefits payable, or in certain circumstances, cover will not be provided. When **You** call upon the services of the Assistance Company it is a condition of the service that they shall solely be responsible for all decisions on the most suitable and reasonable solution to any medical problem. The service includes, where necessary:

1. Multi-lingual assistance with hospitals and doctors
2. Repatriation arrangements and necessary escorts by a medical attendant
3. Travel arrangements for other members of **Your** party or next-of-kin
4. On arrival in the **United Kingdom**, an ambulance service to hospital or home.

PLEASE NOTE: **We** are not responsible for the availability, quality or results of any medical treatment received by **You** whilst travelling. Please refer to Exclusions Applying to Sections A, B & C.

8. INSURERS

Sections A to K and M to P are underwritten by ETI International Travel Protection (ETI) the UK branch of Europäische Reiseversicherung AG, Munich. ETI is licensed by the Bundesanstalt für Finanzdienstleistungsaufsicht (www.bafin.de) and approved by the Financial Services Authority (www.fsa.gov.uk) to undertake insurance business in the UK. Section L is underwritten by a consortium of Association of British Insurers member Companies and Lloyds Syndicates.

9. COOLING OFF PERIOD

This Insurance is designed to cover most circumstances but **You** should be aware that not all eventualities are insured. Please read this document carefully. If **You** find the Insurance does not meet **Your** requirements please return this policy and proof of premium to the selling agent within 14 days of receipt but before the trip departure date. Provided no claim has been made **Your** premium will be refunded in full.

10. ABOUT THE COVER AND CONDITIONS

This is **Your** contract of insurance. It contains certain conditions in each section and General Exclusions to all sections. **You** must meet the conditions or **We** will not accept **Your** claim. Please read all of this policy carefully, especially the Important Declaration. When **You** book **Your** trip, **You** must declare any information **We** ask for in the declaration. If **You** do not contact the selling agent or **Us** within 14 days of the date **You** receive this insurance policy **We** will assume that **You** accept the terms and conditions of this insurance policy and can make the declaration set out. This policy is only valid if **You** also have a schedule of cover and

validation certificate showing all names of persons insured, their ages, the dates of cover and the correct premium has been paid. The policy describes the cover provided for **You** and the conditions which **Your** cover depends on. **You** must keep the policy, schedule of cover and validation certificate and send them to **Us** if **You** make a claim. In return for the correct premium, Insurers will pay **You** or **Your** personal representative if **You** make a valid claim. **You** must keep to the terms, conditions and declaration of this insurance.

Single Trip Insurance this insurance is designed to cover round trips departing and finishing at **Your** usual home or business place in the **United Kingdom**. One-way trips of up to 17 days are restricted to the cover and conditions that would have applied as if **You** had arranged to return to **Your** usual home or place of business in the **United Kingdom**. Cover is not operative in the country of **Your** final destination.

Annual Multi Trip Insurance covers **You** for any number of trips taking place during the dates of cover shown on the validation certificate. These trips must involve an **Outward** and **Return Journey** being completed during the maximum permitted trip duration of 31 days unless otherwise stated on the validation certificate. If the intended trip exceeds the maximum permitted trip duration it will not be covered in whole or in part. Trips within the British Isles must involve at least 2 nights pre-booked accommodation away from **Your** normal place of residence in order to be insured by this policy.

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.

11. RECIPROCAL HEALTH AGREEMENT – EU COUNTRIES

If **You** intend travelling to European Economic Area (EEA) country or Switzerland, **You** should either obtain from **Your** local Post Office European Health Insurance Card (EHIC) application pack or apply online at www.dh.gov.uk/travellers which when completed will entitle **You** to certain free health arrangements in EEA countries and Switzerland. **You** should take the EHIC with **You** and make sure that wherever possible any medical treatment is provided at hospitals or by doctors working within the terms of the Reciprocal Healthcare Agreement unless the Medical Assistance Company agrees otherwise.

If **You** are admitted to a private clinic **You** will be transferred to a public hospital as soon as the transfer can be arranged safely. Private medical treatment costing in excess of £250 not specifically authorised by **Our** 24 hour Medical Assistance Company will not be insured by this policy.

12. CLAIMS YOUR DUTIES

- (a) **You** must advise **Us** of any occurrence that may give rise to a claim in writing as soon as is reasonably possible after the date of such occurrence and shall supply to **Us** all such accounts and other documents as **We** may reasonably require. Any expenses incurred because of an unreasonable delay in notifying **Us** will not be paid.
- (b) **You** must give **Us** notice in writing immediately **You** or **Your** legal representatives have knowledge of any impending prosecution, inquest or fatal injury inquiry in connection with any occurrence of which there may be liability under Section H of this policy
- (c) **You** must inform the police of all loss or theft of property within 48 hours of discovery of such loss or theft and obtain a copy of the police report in support of any claim.
- (d) If **Personal Possessions** or **Golfing** or ski equipment are lost or damaged whilst in the custody of a carrier (i.e. airline, railway, shipping company, bus company, etc), **You** must notify such carrier immediately and obtain a copy of their report.
- (e) **You** must at all times act in a reasonable manner to prevent or minimize a claim.

13. CLAIMS OUR RIGHTS

- (a) No admission, offer or promise of payment or indemnity will be made or given by **You** or on **Your** behalf without **Our** written consent.
- (b) **We** will be entitled to take over and conduct in **Your** name the defence or settlement of any claim or to prosecute in **Your** name to **Our** own benefit in respect of any claim for indemnity or damages or otherwise, and will have full discretion in the conduct of any proceedings or in the settlement of any claim and **You** must give all such information and assistance as **We** may require.
- (c) In case of illness or injury **We** may approach any doctor who may have treated **You** during the period of three years prior to the claim, and **We** may at **Our** own expense and upon reasonable notice to **You** or **Your** legal personal representative, arrange for **You** to be medically examined as often as required, or in the event of death have a post mortem examination of **Your** body.
- (d) **You** must supply at **Your** own expense a Doctor's certificate in the form required by **Us** in support of any medical related claim.

14. FRAUD

If any person makes any misrepresentation or concealment in obtaining this policy or in support of any claim the insurance by this policy will be void.

15. OTHER INSURANCES

We will not be liable in respect of any claim where the event leading to the claim is insured by any other existing policy or policies, except in respect of any amount beyond that which is payable under such other policy or policies.

16. PRECEDENTS TO LIABILITY

The due observance and fulfilment of the terms, provisions and conditions and endorsements of this policy in so far as they relate to anything to be done or complied with by **You** will be a condition precedent to **Our** liability to make any payment.

17. JURISDICTION

This insurance shall solely be subject to English Law and the jurisdiction of the English courts.

18. DATA PROTECTION

ETI – International Travel Protection will use the information supplied during the formation and performance of this policy for policy administration, customer services, paying claims and fraud prevention. **ETI** may disclose this information to our service providers and both **You** and **Our** agents for these purposes. **We** will keep this information for a reasonable period. Where sensitive personal data has been disclosed, including any medical or criminal record information, **ETI** will also use this information for the above purposes. **ETI** may also transfer certain information to countries that do not provide the same level of data protection as the UK for the above purposes. A contract will be in place to ensure the information transferred is protected. Individuals whose information has been supplied to **ETI** have a right to ask for a copy of that information and to have any inaccuracies corrected. **ETI** may record telephone calls to make sure it follows instructions correctly and for staff training purposes. When personal or sensitive data is supplied to **ETI** about third parties other than the insured, both during the formation and performance of this policy, **ETI** assumes that those third parties consent to the supply of this information to **ETI**, to **ETI** processing this data, including sensitive personal data, and to the transfer of their information abroad. **ETI** will also assume that the supplier of the information is authorised to receive, on their behalf, any data protection notices.

WHAT TO DO IF YOU WISH TO MAKE A CLAIM

You will find on the schedule of cover details of the telephone number to contact in event of a claim.

PLEASE NOTE FAILURE TO OBSERVE THE FOREGOING REQUIREMENTS WILL INVALIDATE ANY CLAIM

Please keep this travel insurance policy in a safe place and carry it with **You** when **You** go on **Your** Trip.

CANCELLATION OR CURTAILMENT

If **You** cancel **Your** trip for medical reasons obtain a claim form. **Your** own medical practitioner should complete the certificate on the reverse of the claim form. If the trip is **Curtailed** for medical reasons obtain a medical certificate from the treating Medical Practitioner in the locality where the incident occurred **You** must:

- Keep receipts or account for all expenses incurred
- In the event of cancellation immediately notify the Tour Operator or the Travel Agency where **Your** trip was booked and obtain a cancellation invoice
- Telephone the claims number shown on the schedule of cover as soon as **You** know that there is a possibility of **Your** journey not taking place.
- Obtain authorisation from the 24 Hour Medical Emergency Service or from **Us** before incurring any expenses in **Curtailing** **Your** holiday.

MEDICAL AND OTHER EXPENSES

PLEASE SEE WHAT TO DO IN THE EVENT OF A SERIOUS MEDICAL EMERGENCY FOR CASES INVOLVING MORE THAN SIMPLE OUTPATIENT TREATMENT.

- **You** must keep receipts or accounts for all expenses incurred.
- **You** should pay the hospital/clinic/doctor for routine or simple outpatient treatment and claim back on **Your** return to the **United Kingdom**. If **You** think the level of treatment is excessive or costs are likely to exceed £250 please consult the 24 Hour Medical Emergency Service for guidance.

PERSONAL ACCIDENT

- Obtain a medical certificate from the treating Medical Practitioner.
- In the event of a death **We** will require a death certificate.

DELAY

- Obtain a letter from the airline, railway company or shipping line, or their handling agent, confirming the reason for the delay and detailing the scheduled and actual departure times.

PERSONAL POSSESSIONS & SPORTS EQUIPMENT

- For all loss or damage in transit claims, including delayed **Personal Possessions** report to the airline, railway or shipping line, or their handling agents and obtain a written report from them before leaving the baggage reclaim area.
- For all damage claims obtain an estimate for repairs.
- In all circumstances, **You** must retain receipts or vouchers for items lost or damaged as these will help **You** to substantiate **Your** claim.
- In the case of lost or misplaced **Personal Possessions** on the **Outward Journey**, **You** must produce receipts for the purchase of essential replacement items.
- **You** must report all theft or losses to the police within 48 hours of discovery and obtain a written police report. Also report to **Your** courier or hotel/apartment manager whenever it is appropriate.

MONEY, PASSPORTS, TICKETS or DOCUMENTS

- **You** must report all theft or losses to the police within 48 hours of discovery and obtain a written police report. Also report to **Your** courier or hotel apartment manager whenever it is appropriate.
- **You** must enclose confirmation from **Your** bank or bureau de change of the issue of foreign currency. In the case of sterling **You** must produce documentary evidence.
- For a lost or destroyed **Passport** **You** need to supply **Us** with a letter from the Consulate where the loss was reported and retain all receipts that relate to the necessary costs in replacing the **Passport**.

PERSONAL LIABILITY

- **You** must supply full details of the circumstances giving rise to the claim plus any supporting evidence.
- **You** must give **Us** notice in writing immediately **You** or **Your** legal representatives have knowledge of any impending prosecution, inquest or fatal injury inquiry in connection with any occurrence for which there may be liability under Section H of this policy.

LEGAL EXPENSES

- **You** must notify **Us** within 180 days of the event giving rise to **Your** claim in respect of Legal Expenses.

ALL OTHER SECTIONS

- **You** must notify **Us** within 30 days of the event giving rise to **Your** claim with full documentary support.

However, in respect of Section L - Scheduled Airline Failure and Dynamic Packaging Protection, **You** must notify International Passenger Protection Claims Office within 14 days of the failure.

GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

We shall not be liable for:

1. Claims directly or indirectly occasioned by, happening through or in consequence of war, invasion, acts of foreign enemy, hostilities or warlike operation (whether war be declared or not), civil war, mutiny, military rising, insurrection, rebellion, revolution, military or usurped power.
2. Any losses that are not directly associated with the incident that caused **You** to claim. For example, loss of earnings due to being unable to return to work following injury or illness happening whilst on a trip or the cost of replacing locks in the event that keys are lost whilst on trip.
3. Damage to, or loss or destruction of any property or any loss or expense whatsoever arising indirectly caused by or contributed to, by or arising from:
 - (a) ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel
 - (b) the radioactive toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component of such assembly
4. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
5. Claims arising from flying or aerial activity of any kind (other than as a fare paying passenger in a fully licensed passenger carrying aircraft).
6. Claims arising directly or indirectly from **Your** wilful, malicious or unlawful acts or whilst under the influence of alcohol or drugs.
7. Claims arising directly or indirectly from **Hazardous Pursuits** unless declared to **Us** and accepted by **Us** by written endorsement (an additional premium may be payable).
8. Any claim arising directly or indirectly from the failure of any computer equipment, integrated circuits, computer chips or computer software to correctly recognise any date change.
9. Any **Excess** shown in the schedule.
10. Claims arising directly or indirectly from an act of **Terrorism**. This

exclusion does not apply to Section B – Emergency Medical and Other Expenses except for any claims which are in any way caused or contributed by an act of **Terrorism** involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent.

PLEASE NOTE THAT THE FOLLOWING SECTIONS OF COVER ONLY APPLY IF A SUM INSURED IS SHOWN IN THE SCHEDULE

SECTION A – CANCELLATION OR CURTAILMENT

What is covered:

We will indemnify **You** for:

- (a) unused charges associated with **Your** trip that are not refundable and which were incurred before **Your** departure date if **You** have to cancel **Your** trip or
- (b) the extra cost of a one way airfare of a standard no greater than the class of journey on the **Outward Journey** or the applicable fee charged by the airline to change **Your** scheduled return date, and the unused non-refundable prepaid **Accommodation** costs and other land arrangements following **Curtailment** of **Your** trip as a result of any of the circumstances detailed below:

1. **Your** death, accidental bodily injury or illness, or that of a relative or a friend with whom **You** have arranged to travel or stay, or of **Your Close Relative** or of a **Close Business Associate**.

2. **You** or any person with whom **You** have arranged to travel or stay being subject to compulsory quarantine or being summoned for Jury Service or as a witness in a Court of Law or for Military Service during the period of the trip.

3. **Your** redundancy (qualifying **You** to claim for payment under current Redundancy Payment Legislation) and that of any person with whom **You** intend to travel provided that such notice of redundancy is advised to **Us** within 14 days of its announcement.

4. **Your** private dwelling becoming uninhabitable following fire, storm or flood, or **Your** presence being required by the police following burglary at such private dwelling occurring at any time after **We** have accepted this insurance.

5. Cancellation or interruption of scheduled public transport consequent upon **Hijack** occurring during the **Period of Insurance**.

6. Reasonable additional travelling expenses incurred by **You** in returning to **Your** home address in the **United Kingdom**, where such return is urgently necessitated by the death, serious illness or severe injury of **Your Close Relative** or a **Close Business Associate** provided that such **Close Relative** or **Close Business Associate** is resident in the **United Kingdom**.

7. Normal pregnancy without associated bodily injury or complications where pregnancy is confirmed after the date of purchase of this insurance and undertaking **Your** trip would be against medical advice or the health requirements stipulated by **Your** carrier and/or their handling agents and/or any public transport provider with whom **You** were booked to travel.

IN THE EVENT THAT **YOUR TRIP IS CURTAILED DUE TO YOUR ACCIDENT OR ILLNESS A DOCTOR AT THE RESORT OR THE NEAREST TOWN MUST CONFIRM THAT SUCH CURTAILMENT WAS MEDICALLY NECESSARY.**

ALL **CURTAILMENT COSTS** MUST BE AUTHORISED IN ADVANCE BY THE ASSISTANCE COMPANY OR BY **US**.

SPECIFIC EXCLUSIONS APPLYING TO SECTION A

What is not covered:

1. Any expense following **Your** disinclination to travel or to continue with **Your** trip or loss of enjoyment on **Your** trip.
2. Any expense arising from circumstances which could reasonably have been anticipated at the time **You** booked **Your** trip or purchased cover, whichever is the later.

(see also the Exclusions applying to Sections A, B and C)

SECTION B – EMERGENCY MEDICAL & OTHER EXPENSES

What is covered:

If **You** sustain actual bodily injury or suffer an unforeseen new illness outside the **United Kingdom** **We** will indemnify **You** up to the amount stated in the schedule against the following expenses which **You** necessarily incur outside the **United Kingdom**:

1. **Necessary Medical Expenses** including hospital charges and in-patient treatment authorised by **Us** and ambulance charges for conveyance to hospital. Dental treatment up to the limit shown in the schedule is included only for the alleviation of sudden pain, and does not apply to the provision of dentures or artificial teeth and work involving the use of precious materials.

2. Reasonable additional travelling expenses in returning to **Your** home address in the **United Kingdom** and reasonable additional **Accommodation** expenses for **You** and one relative or friend required on medical advice and authorised by **Us** and **Our** Assistance Company to remain with or to travel with **You**.

3. The expense of a qualified medical attendant or other person authorised by **Us** required on medical advice to escort **You** home.

4. The cost of returning **Your** body or ashes to **Your** home address in the **United Kingdom**. This cover includes the cost of a standard transportation container but does not include the cost of an ornamental casket or urn and must be authorized by the Assistance Company. Alternatively **We** will pay the cost of burial abroad in the country where death occurs up to a maximum limit of £2,000.

5. If **You** sustain actual bodily injury or suffer an unforeseen new illness outside the **United Kingdom** during the **Period of Insurance** resulting in admission to a hospital overseas as an in-patient **We** will pay **You** a daily benefit for each complete 24 hours **You** are hospitalised up to a maximum stated in the schedule.

UNITED KINGDOM TRIPS ONLY:

If **You** sustain actual bodily injury or suffer illness whilst on a trip within the **United Kingdom** **We** will indemnify **You** up to £1,000 against expenses **You** necessarily incur inside the **United Kingdom** for cover operative in so far as paragraph 2, 3 and 4, (transportation of remains not burial) are concerned.

SPECIAL PROVISO TO SECTION B

In accepting the cover provided by Section B **You** have given **Us** or **Our** Assistance Company permission to approach **Your** **United Kingdom** General Practitioner for details of **Your** medical records in the event **You** require any form of in-patient treatment following a medical emergency whilst outside the **United Kingdom**.

SPECIFIC EXCLUSIONS APPLYING TO SECTION B

What is not covered:

1. Expenses which **You** incur in **Your** normal country of residence (other than 2, 3 or 4 above for **United Kingdom** trips only).

2. Any surgery or MRIS, CT scans or invasive procedure including but not restricted to cardiac catheterisation or organ transplants unless pre-approved by the Assistance Company prior to it being performed.

3. Any in-patient hospital treatment or treatment costs in excess of £250 or additional travelling expenses not specifically authorised by **Us** or **Our** Assistance Company.

4. Any expense which **You** incur more than twelve months after the occurrence of the injury or illness to which the claim refers.

5. Any expense which is not usual, reasonable or customary for the medical services and/or supply.

6. Any expense for non-essential or ongoing treatment or where treatment can be reasonably delayed until **You** are returned to the **United Kingdom** or for the cost of a single bed ward unless authorised by the Assistance Company detailed below for medical reasons only or for the service of a chiropractor, chiropractor or osteopath or for non-medical costs.

7. Any private medical treatment carried out in countries operating a reciprocal health care agreement with the **United Kingdom** unless specifically authorised by **Our** 24 Hour Medical Assistance Company and only in circumstances where a transfer to a public hospital is impossible.

(see also the Exclusions applying to Sections A, B and C)

SECTION C – PERSONAL ACCIDENT

What is covered:

If **You** sustain bodily injury caused solely by accidental, violent, external and visible means and such bodily injury solely and directly results within twelve months in **Your** death or disablement, **We** will pay to **You** the benefits shown in the schedule in accordance with the following items:

Item 1 - Death

Item 2 - Permanent loss by physical severance of hand or foot at or above the wrist or ankle or the total and permanent loss of use of an entire hand or arm or of an entire foot or leg or total and irrecoverable loss of all sight in one or both eyes

Item 3 - Permanent total disablement resulting in **Your** permanent and absolute inability to attend to any profession, business or gainful occupation of any and every kind

Provided that:

- (1) if **You** are under 18 years of age the benefits above are limited to the amount shown in the schedule.
- (2) if **You** are aged 66 years or over the benefits above are limited to the amount shown in the schedule.

SPECIFIC EXCLUSIONS APPLYING TO SECTION C

What is not covered:

No compensation will be payable:

1. Under more than one of items 1, 2 or 3 and on payment of a claim under any one of these items all liability under this section will cease in so far as **You** are concerned.

2. In respect of claims arising from any medical condition or treatment or illness or disease.

(see also the Exclusions applying to Sections A, B and C)

EXCLUSIONS APPLYING TO SECTION A, B & C

What is not covered:

Claims arising from:

1. All **Pre-Existing Medical Conditions** or if **You** are awaiting or undergoing treatment or **You** are undergoing or awaiting any medical investigations or consultation with a specialist or awaiting diagnosis or test results or any condition that could reasonably require medical treatment during the **Period of Insurance** (please refer to the Medical Declaration).
2. Travel arrangements made or undertaken:
 - (i) against the advice of any Registered Medical Practitioner
 - (ii) for the purpose of obtaining medical treatment abroad
3. **Your** intentional self-injury or suicide or attempted suicide or wilful exposure to needless risk (except in the attempt to save a human life).
4. The influence of intoxicating liquor or of a drug or drugs (unless prescribed by a Registered Medical Practitioner), or substance or solvent abuse or venereal disease.
5. Emotional, psychological or psychiatric disorder, or whilst suffering from any condition of anxiety, stress or depression unless same results in admission to a hospital as an in-patient and is not a pre-existing condition (please refer to the Medical Declaration)
6. **You** engaging in any **Hazardous Pursuits** (unless declared to and accepted by **Us**).
7. Normal pregnancy, without any accompanying bodily injury, illness, disease or complication except where specifically covered Section A - Cancellation or Curtailment. These sections all provide cover for unforeseen events, accidents, illnesses and diseases and normal childbirth would not constitute an unforeseen event except as specifically described.
8. Claims arising from elective and invasive procedures including cosmetic surgery and body piercing and tattoos.
9. Claims arising from any loss associated with **You** being denied boarding or right of passage by any airline or other carrier.

SECTION D – TRAVEL DELAY & MISSED DEPARTURE

What is covered:

This part of the policy sets out the cover **We** provide to each insured person in total per insured journey, not exceeding the sum insured set out in the policy schedule, following travel delay and disruption.

A. Travel Delay on Outward Journey

Delay to departure of at least twelve hours due to failure or delay of prebooked public means of transport on which the insured person is scheduled to travel.

1. An amount as shown on **Your** policy schedule for each full twelve-hour period that **You** are delayed or,
2. The full deposit or cancellation charges (non-recoverable) if after 48 hours delay to **Your Outward Journey** from **Your** country of residence, **You** choose to cancel the holiday/journey. Such compensation cannot exceed the sum insured for Cancellation (Policy Section A).
3. Any travel delay as a consequence of **Terrorism** will be limited to 50% of the sum insured.

What is not covered

1. Travel delay caused by **Strike or Industrial Action** that started or was announced before **Your** trip was booked or purchase of this policy, whichever is later.
2. Costs or charges for which the airline will compensate **You**.
3. Circumstances which could reasonably have been anticipated at the date the policy was effected or the insured journey was booked.

B. Travel Disruption, Missed Departure or Catching up the Scheduled Itinerary occurring after having commenced the Outward Journey or in connection with the Return Journey.

Disruption of scheduled travel itinerary due to failure or delay of pre-booked public means of transport (to intermediary or return airports), or the missing of any pre-booked flight connection as a result of a failure or delay of any flights on which **You** are travelling.

1. Reasonable additional **Accommodation** and travel expenses of an equivalent standard to the original booking until the insured person is able to resume the scheduled itinerary.
2. Any travel delay as a consequence of **Terrorism** will be limited to 50% of the sum insured.

What is not covered

1. Travel delay caused by **Strike or Industrial Action** that started or was announced before **Your** trip was booked or purchase of this policy, whichever is later.
2. Costs or charges for which the airline or provider of transport or **Accommodation** will compensate **You**.

3. Circumstances that could reasonably have been anticipated at the date the policy was effected or the insured journey was booked.

C. Travel Delay occurring en route to point of departure (Outward or Return Journey) resulting in a Missed Departure

An accident or breakdown involving the car or public means of transport in which **You** are travelling, or an accident causing a traffic holdup or in which **You** are involved by providing first aid which causes **You** to arrive at the airport, port or station **You** are leaving from too late to commence the advanced/prebooked/planned journey.

1. Reasonable additional **Accommodation** and travel expenses of an equivalent standard to the original booking up to the sum insured for each insured person.

What is not covered

1. Delay caused by **Strike or Industrial Action** that started or was announced before **Your** trip was booked or purchase of this policy, whichever is later.
2. Costs or charges for which a car rental company, a transport provider or a third-party liability insurance will compensate **You**.
3. Circumstances that could reasonably have been anticipated at the date the policy was effected or the insured journey was booked.

Additional Conditions applying to Policy Section D

Each insured person must:

- (a) *Take all reasonable steps to complete the scheduled journey on time.*
- (b) ***You** must check in according to the itinerary provided by the tour operator or carrier and obtain a signed statement or certificate from the tour operator, carrier, agent or transport provider confirming the period of delay or disruption,*
- (c) *Comply with minimum check-in and connecting times or if not published to allow 2 hours on international flights and 1 hour on domestic flights.*
- (d) *Allow sufficient time to reach any airport, station, port or terminus with reasonable expectation of meeting the scheduled check-in time.*
- (e) *Obtain a motor breakdown service or repairer's report if **You** miss **Your** departure due to the breakdown of the vehicle in which **You** were travelling.*
- (f) *Obtain a police accident report if **You** miss **Your** departure because the vehicle in which **You** were travelling was involved in an accident, or **You** were withheld as a witness.*
- (g) *Apply in a timely manner to the airline or carrier for compensation **You** are entitled to under EU Regulation No. 261/2004 "Air Passengers Rights".*

SECTION E – PERSONAL POSSESSIONS

What is covered:

We will indemnify You

1. For loss of or theft of or damage to **Personal Possessions** belonging to **You** up to the amount stated in the schedule (no single article being insured for more than the limit shown. A camera or camcorder with all accessories, a bracelet or necklet with any attachment and any similar set or pair of items will be considered as one article).
2. The cost of necessary purchase of replacement clothing and toiletries if **You** are temporarily deprived of **Your Personal Possessions** on the **Outward Journey** for a period of more than 12 hours from the time of arrival at **Your** destination due to their delay or misdirection in delivery up to the amount stated in the schedule under Delayed Baggage.

Provided that:

1. **You** take all reasonable precautions for the safety of the property insured.
2. **Our** liability in respect of **Valuables** is limited to a total amount shown in the schedule.
3. Any claims payment made in respect of temporary deprivation of **Personal Possessions** will be deducted from any subsequent claim where the property insured proves to be permanently lost. **You** must keep receipts for all replacement purchases.
4. **You** must supply at **Your** own expense a Statutory Declaration regarding any claim arising under this section of the policy if **We** so require.

SPECIFIC EXCLUSIONS APPLYING TO SECTION E

What is not covered:

1. Loss or damage arising from wear and tear or depreciation or deterioration or any process of cleaning or repairing or restoring or atmospheric or climatic conditions or moth or vermin or electrical or mechanical breakdown or derangement.
2. Loss of or theft of or damage to contact or corneal lenses, dentures, hearing aids, mobile telephones, samples or merchandise or property used in connection with **Your** business or trade, bonds, coupons, securities, stamps or documents of any kind, vehicles or accessories, antiques,

pictures, **Sports Equipment** whilst in use, boats and/or ancillary equipment including windsurfing equipment and sailboards, caravan awnings, glass, china or any other articles of a brittle or fragile nature.

3. Loss of or damage to property shipped as freight or under a bill of lading.

(see also the Exclusions applying to Sections E, F and G)

SECTION F - MONEY

What is covered:

We will indemnify **You** up to the amount stated in the schedule in respect of accidental loss or theft of **Money** whilst on **Your** person or whilst in a safety deposit box within a hotel or bank or whilst in **Your** securely locked accommodation under **Your** control.

Provided that:

1. **You** take all reasonable precautions for the safety of the property insured.

2. **You** must supply at **Your** own expense a Statutory Declaration regarding any claim arising under this section of the policy if so required.

3. **Our** limit of liability in respect of cash being carried on any one person limited to the amount shown in the schedule.

SPECIFIC EXCLUSIONS APPLYING TO SECTION F

What is not covered:

1. Shortages of **Money** due to error or omission or depreciation in value or currency transfers costs.

(see also the Exclusions applying to Sections E, F and G)

SECTION G – PASSPORT, TICKETS & DOCUMENTS

What is covered:

We will indemnify **You** up to the amount stated in the schedule for:-

(a) the reasonable costs in obtaining a replacement passport (or travel document) to enable **You** to return to the **United Kingdom** following the accidental loss or theft of **Your Passport** whilst outside the **United Kingdom**

(b) the irrecoverable costs of travel tickets, green card, petrol coupons, driving licence or phone cards following accidental loss or theft

EXCLUSIONS APPLYING TO SECTIONS E, F & G

What is not covered:

1. Loss due to delay, detention, confiscation, requisition or damage by Customs or other Officials or Authorities

2. Loss or theft unless:

(a) **You** have reported the loss or theft to the nearest police authority within 48 hours of discovery and

(b) **You** have obtained a written police report

3. Loss of or theft of:

(a) **Valuables, Passports or Money** from an **Unattended** vehicle at any time

(b) Other property insured from an **Unattended** motor vehicle unless the vehicle was securely closed and locked, and such property placed out of sight in the locked boot or in a locked compartment within the vehicle, but in any event excluding all property insured whilst left in an **Unattended** motor vehicle between 2000 hours and 0800 hours local time, other than motor homes or caravans which are being occupied by **You** as **Your** holiday accommodation

4. Theft of property left **Unattended** other than as provided above or whilst in **Your** securely locked accommodation.

5. Loss of or theft of **Valuables or Money** whilst in a suitcase or holdall or bag or similar receptacle outside **Your** immediate control.

SECTION H – PERSONAL LIABILITY

What is covered:

We will indemnify **You** against all sums up to the amount stated in the schedule which **You** are legally liable in a personal capacity to pay in respect of accidents happening during the **Period of Insurance** resulting in:

1. Bodily injury or death to any person not being a member of **Your Family** or household or in **Your** service.

2. Damage to property not:

(i) Belonging to **You** or in the charge of or under the control of **You** or a member of **Your Family** or household or of a person in **Your** service **N.B.** For accidental damage to rented accommodation **We** will pay up to £100,000 for a single incident which **You** are legally responsible for. The indemnity provided by this Section extends to cover costs and expenses recoverable by any claimant, provided they were incurred before the date (if any) on which **We** paid or offered to pay either the full amount of the claim or the total amount recoverable, in respect of any one occurrence and also to costs and expenses incurred by **You** with **Our** written consent. In the event of **Your** death **Your** personal representative will receive the benefit of the cover granted by this section.

SPECIFIC EXCLUSIONS APPLYING TO SECTION H

What is not covered:

1. Claims arising:

(i) directly or indirectly out of the ownership, possession or use (other than as a passenger having no right of control) of aircraft, model aircraft, caravans, trailers, motorised or electrically propelled water-borne craft, sailing vessels, wind surfers, mechanically or electrically propelled vehicles or conveyances or attached trailers and lifts

(ii) directly or indirectly out of the ownership, possession or use of animals or firearms

(iii) from any **Hazardous Pursuit**

(iv) directly or indirectly out of or incidental to **Your** business or trade or profession including voluntary work or any form of child minding out of actions between persons insured by **Us**

(v) directly or indirectly out of **Your** ownership possession or control of any land or buildings

(vi) out of any liability assumed under a contract unless such liability would have attached in any event in the absence of such contract

(vii) directly or indirectly due to an infectious disease

(viii) directly or indirectly due to an infectious disease

2. Any **Excess** shown in the schedule for 2 above.

SECTION I - LEGAL EXPENSES

This part of the policy sets out the cover **We** provide in total, per insured journey, to an insured person, not exceeding the sum insured set out in **Your** schedule, in relation to Legal Costs and Expenses. DAS Legal Expenses Insurance Co. Ltd manages and controls claims under this policy section.

Definitions which only apply to this Section

Appointed Lawyer - The lawyer or other suitably qualified person, who has been appointed to act for **You** under conditions 2 to 8 of this section.

Legal costs - All reasonable and necessary costs charged by the appointed lawyer on a standard basis. Also the opponent's costs in civil cases if **You** have to pay them, or pay them with **Our** agreement.

Date of the Incident - The date the incident happened that may lead to a claim. If there is more than one event arising at the same time or from the same cause, then the date of the incident is the date of the first of these events.

Insured incident - An event which causes the death of, or bodily injury to, **You**.

What is Covered:

Under this section, **We** will negotiate for **Your** legal rights after an **Insured Incident**. **We** will also help in appealing or defending an appeal. If **You** use an **Appointed Lawyer**, **We** will pay the legal costs for this. The most **We** will pay for all claims for an **Insured Incident**, resulting from one or more event arising at the same time or from the same cause is shown in the schedule of cover. **We** agree to provide legal expenses cover, keeping to the terms, conditions and exclusions, as long as:

- any legal proceedings will be dealt with by a court or other body which **We** agree to; in civil claims, it is always more likely than not that **You** will recover damages (or other legal remedy) or make a successful defence; and
- the **Insured Incident** happens during the **Period of Insurance**

As well as the general conditions, the following exclusions and conditions apply:

What is not covered:

1. Any claim reported to **Us** more than 180 days after the date **You** should have known about the **Insured Incident**.

2. Any legal costs incurred before **We** agree to pay them.

3. Any claim relating to a) any illness that develops gradually or is not caused by a specific or sudden accident; b) **You** driving a motor vehicle for which **You** do not have valid motor insurance; c) an application for Judicial Review.

4. Defending **Your** legal rights but defending a counter claim is covered.

5. Any disagreement with **Us** that is not in condition 17 of this section.

6. Any legal action **You** take which **We** or the **Appointed Lawyer** have not agreed to or where **You** do anything that hinders **Us** or the **Appointed Lawyer**.

7. Any legal action against the travel agent, tour operator, carrier, any of the Insurers listed on this policy or their agents.

8. Fines, damages or other penalties which **You** are ordered to pay.

Conditions

You must do the following:

1. Send everything **We** ask for in writing and give **Us** full details of any claim, and any information **We** need, as soon as possible.

2. **We** can take over and conduct, in **Your** name, any claim or legal proceedings at any time before an **Appointed Lawyer** is appointed. **We** can negotiate any claim on **Your** behalf.

3. If **We** agree to start legal proceedings and **You** have to be represented by a lawyer, or if there is a conflict of interest, **You** can choose an **Appointed Lawyer** by sending **Us** the lawyer's name and address. **We** may choose not to accept the choice of lawyer, but only in exceptional circumstances. If **You** and **We** disagree over the choice of **Appointed Lawyer**, another lawyer can be appointed to decide the matter (see condition 17).

4. Before **You** choose a lawyer, **We** can appoint an **Appointed Lawyer**.

5. **We** will appoint an **Appointed Lawyer** to represent **You** according to **Our** standard terms of appointment. The **Appointed Lawyer** must co-operate fully with **Us** at all times.

6. **We** will have direct contact with the **Appointed Lawyer**.

7. **You** must co-operate fully with **Us** and the **Appointed Lawyer** and must keep **Us** up-to-date with the progress of the claim.

8. **You** must give the **Appointed Lawyer** any instructions that **We** ask for.

9. **You** must tell **Us** if anyone offers to settle the claim.

10. If **You** do not accept a reasonable offer to settle a claim, **We** may refuse to pay further **Legal Costs**.

11. **You** must not negotiate or agree to settle a claim without **Our** approval.

12. **We** may decide to pay **You** the amount of damages that **You** are claiming or is being claimed against **You** instead of starting or continuing legal proceedings.

13. If **We** ask, **You** must tell the **Appointed Lawyer** to have **Legal Costs** taxed, assessed or audited.

14. **You** must take every step to recover **Legal Costs** that **We** have to pay and must pay **Us** any **Legal Costs** that **You** recover.

15. If **Your Appointed Lawyer** refuses to continue acting for **You** or if **You** dismiss **Your Appointed Lawyer**, the cover **We** provide will end at once, unless **We** agree to appoint another **Appointed Lawyer**.

16. If **You** stop a claim without **Our** agreement, or do not give suitable instructions to **Your Appointed Lawyer**, the cover **We** provide will end at once.

17. If **We** and **You** disagree about the choice of **Appointed Lawyer**, or about how a claim is handled. **We** and **You** can choose another lawyer to decide the matter. **We** and **You** must both agree to this in writing. If **We** cannot agree with **You** about the choice of second lawyer, **We** will ask the president of a relevant national law society to choose a lawyer. Whoever loses the disagreement will have to pay the costs of settling it.

SECTION J - HIJACK

What is covered

If **You** are prevented from reaching **Your** scheduled destination as a result of **Hijack** of the aircraft or ship in which **You** are travelling, **We** will pay **You** for each full 24 hours of delay up to the maximum stated in the schedule.

Provided that:

1. Compensation is only payable if no claim is made under Section A Cancellation or Section D Travel Delay.

2. **You** must produce independent evidence in writing in support of any claim.

SECTION K - CATASTROPHE

What is covered:

We will pay **You** up to the limit shown in the schedule should **You** be forced to move from **Your** pre-booked and pre-paid accommodation outside of the **United Kingdom** as a result of fire, lightning, explosion, earthquake, storm, tempest, hurricane, flood, medical epidemic or local Government directive occurring while **You** are abroad and which is confirmed in writing by local or national authority for the additional irrecoverable travel or **Accommodation** costs necessarily incurred to continue with **Your** prepaid trip or, if the trip cannot be continued, for **Your** return to the **United Kingdom**.

SPECIFIC EXCLUSIONS APPLYING TO SECTION K

What is not covered:

No compensation will be payable for:

1. Any expense following **Your** disinclination to travel or to continue with **Your** trip when official directives from the local or national authority state it is acceptable to do so.

2. Any cost or expense payable by or recoverable from the tour operator, airline, hotel or other provider of services.

3. Any cost or expense resulting from circumstances existing prior to **Your** arrival at **Your** pre-paid and pre-booked accommodation.

SECTION L – SCHEDULED AIRLINE FAILURE AND DYNAMIC PACKAGING PROTECTION

This cover is provided by International Passenger Protection Limited, IPP House, 22-26 Station Road, West Wickham, Kent BR4 0PR, United Kingdom and is underwritten by a consortium of Association of British Insurers member Companies & Lloyds Syndicates.

The Insurer will pay up to the limit shown in the schedule in total for each person insured named on the invoice for:

1. Irrecoverable sums paid in advance in the event of insolvency of the travel or **Accommodation** provider not forming part of an inclusive holiday prior to departure

or

2. In the event of insolvency after departure:

a) additional pro rata costs incurred by the person insured in replacing that part of the travel arrangements to a similar standard to that originally booked

or

b) if **Curtailement** of the holiday is unavoidable - the cost of return transportation to the **United Kingdom** to a similar standard to that originally booked.

EXCLUSIONS APPLYING TO SECTION L

1. Travel or **Accommodation** not booked within the **United Kingdom**, Channels Islands, Isle of Man or Ireland prior to departure

2. The Financial Failure of:

a) any travel or **Accommodation** provider in Chapter 11 or any threat of insolvency being known at the date of issue of the policy
b) any travel or **Accommodation** provider who is bonded or insured elsewhere (even if the bond is insufficient to meet the claim)
c) any travel agent, tour organiser, booking agent or consolidator with whom the insured has booked travel or accommodation

3. Any loss for which a third party is liable or which can be recovered by other legal means

4. PROVIDED THAT in the case of a) and b) above where practicable the person insured shall have obtained the approval of the insurer prior to incurring the relevant costs by contacting the insurer as set out below

Claims Procedure: International Passenger Protection claims **only** - any occurrence which may give rise to a claim should be advised as soon as reasonably practicable and in any event within 14 days to:

International Passenger Protection Claims Office

IPP House, 22-26 Station Road, West Wickham,

Kent BR4 0PR United Kingdom

Facsimile: +44 (0)20 8776 3751 - Telephone: +44 (0)20 8776 3752

Email: info@ipplondon.co.uk

SECTION M – GOLF COVER EXTENSION

This section is only valid if the additional premium has been paid and this is shown on **Your** validation certificate. **Golf Equipment** shall mean golf clubs, golf bags, golf shoes and non-motorised golf trolleys belonging to the insured person. Golf balls and tees and other miscellaneous items are not included. Below are the details of Golf Cover provided by this extension:

SECTION M1 – GOLF EQUIPMENT OWNED

What is Covered:

1. If **Your Golf Equipment** is lost, destroyed or stolen, **We** will pay **You** up to the amount shown in the schedule of cover subject to the following depreciation scale based on the original purchase price of the equipment and the age of the item(s):

80% under six months old

60% over six months old and less than one year old

50% over one year old and less than two years old

40% over two years old and less than three years old

30% over three years old and less than four years old

20% over four years old and less than five years old

10% if over five years old

2. **You** will be covered for the repair costs up to the values shown above if **Your Golf Equipment** is damaged in transit.

3. If **Your** hired equipment is lost, stolen or damaged **We** will pay up to £100 for replacement or repair if **You** are held responsible.

SECTION M2 – GOLF EQUIPMENT HIRE

What is Covered:

1. If **Your** own **Golf Equipment** is lost, stolen or damaged after commencement of **Your Outward Journey**, **You** will be covered for the reasonable cost of hiring a set of clubs during **Your** trip up to the limits shown in the schedule of cover.

2. If **Your** hired equipment is lost, stolen or damaged **We** will pay up to £100 for replacement or repair if **You** are held responsible.

What is not Covered:

- You** are not covered for the following:
 - Loss of, theft of or damage to **Your** golf equipment during **Your Outward** or **Return Journey** if **You** do not obtain a written 'carrier's report', or a 'Property Irregularity Report' in the case of an airline. If **You** cannot report the loss, theft or damage to the carrier immediately, **You** must do so in writing within seven days of the loss, theft or damage.
 - Loss or theft of **Your Golf Equipment** at any other time if **You** do not report the loss or theft to the police within 48 hours of discovering the loss or theft and a written police report obtained.
 - Loss or damage caused by delay, wear and tear, moths, vermin, weather and atmospheric conditions or mechanical failure.
 - Loss of or theft of or damage to property left in or on a vehicle over night.
 - Loss or theft of or damage to property **You** have left **Unattended** in a public place.
 - Loss or damage to **Golf Equipment** whilst in use.
- You** are not covered for claims for which **You** receive compensation from someone else.
- You** are not covered for more than the limits shown in the schedule of cover for any one club or item of equipment.
- Any **Excess** shown in the schedule of cover.

Conditions:

- You** must take proper care of **Your** belongings and act as if **You** did not have this insurance policy.
- You** must keep any of **Your** own damaged property to enable **Us** to inspect it. When **We** make a payment for that property, it will then belong to **Us**.

SECTION M3 – HOLE-IN-ONE COVER

What is Covered:

- We** will pay up to the limit shown in the schedule of cover for bar bills that **You** incur as a result of **You** getting a Hole-In-One.

Conditions:

- You** must obtain written confirmation from the appropriate golf course authority to confirm **Your** Hole-In-One.
- You** are only covered under this insurance to claim for a maximum of one Hole-In-One.

SECTION M4 – GOLF COURSE CLOSURE

What is Covered:

If adverse weather conditions cause the total closure of all golf facilities for more than one day at the golf course **You** have pre-booked into, **You** will be covered for the limits shown in the schedule of cover for reasonable additional transport costs and green fee costs to enable **You** to play at a different golf course. If it is not possible to arrange transport to a different golf course, **You** will receive the daily benefit shown in the schedule of cover for each whole day's pre-booked golf lost.

SPECIFIC EXCLUSIONS APPLYING TO SECTION M4 – GOLF COURSE CLOSURE

What is not Covered:

- You** will not be covered for any amount that **You** can get back from someone or somewhere else.

Conditions:

- Cover will only apply for as long as there are adverse weather conditions closing all golfing facilities at **Your** resort.
- You** must obtain written confirmation from the appropriate golf course authority to confirm that all facilities at **Your** pre-booked golf course were closed and/or that it was not possible to travel to an alternative golf course.

This cover is provided only if **You** have paid the premium required. Below are the details of Winter Sports cover provided by this extension:

SECTION N - WINTER SPORTS

- You** will be covered under all sections for the following winter sports: skiing, snowboarding, mono skiing, cross country(Nordic) skiing, snow sledging, skidooring and sleigh rides. Skiing and snowboarding off-piste is covered provided **You** are skiing within the boundaries of a recognised resort area designed for public use and are not skiing in areas marked out of bounds or hazardous by the piste authorities. No cover is provided for any form of ski racing, ski jumping, ice hockey or any other hazardous or extreme sports not specifically listed above.
- You** are not covered for winter sports equipment under section E (Personal Possessions) of this travel policy. Please see below for details of winter sports equipment cover.

SECTION N1 - WINTER SPORTS EQUIPMENT

What is covered:

1. If **Your** or **Your** hired snowboard or skis (including bindings) boots and poles are lost, destroyed or stolen, **We** will pay **You** up to the limit shown in the schedule subject to the following depreciation scale based on the original purchase price of the equipment and the age of the item(s)

- 80% under 6 months old
- 60% over six months old and less than one year
- 50% over one year old and less than two years
- 40% over two years old and less than three years
- 30% over three years old and less than four years
- 20% over four years old and less than five years
- 10% if over five years

2. **You** will be covered for repair costs up to the values shown above if **Your** snowboard or ski equipment is damaged.

SECTION N2 - WINTER SPORTS EQUIPMENT HIRE

What is covered:

If **Your** own equipment is lost, stolen or damaged after commencement of the **Outward Journey**, **You** will be covered for the reasonable cost of hiring a snowboard or skis (including bindings), boots and poles during **Your** trip up to the limit shown in the schedule.

SPECIFIC EXCLUSIONS APPLYING TO SECTIONS N1 AND N2

What is not covered:

- You** are not covered for the following:
 - Loss of, theft of or damage to **Your** winter sports equipment during **Your Outward** or **Return Journey** if **You** do not get a written 'carrier's report', or a 'Property Irregularity Report' in the case of an airline. If **You** cannot report the loss, theft or damage to the carrier straight away, **You** must do so in writing within seven days
 - Loss or theft of winter sports equipment at any other time if **You** do not report the loss or theft to the police within 48 hours of discovering it and get a police report from them
 - Loss or damage caused by delay, wear and tear, moths, vermin, weather and atmospheric conditions or mechanical failure
 - Loss of or theft of or damage to property left in or on a vehicle overnight

2. **You** are not covered for claims for which **You** receive compensation from someone else.

3. **You** are not covered for more than the limit shown in the schedule for any one snowboard or pair of skis (including bindings), boots or poles.

Conditions:

- You** must take proper care of **Your** belongings and act as if **You** did not have this insurance policy.
- You** must keep any of **Your** own damaged property so that **We** can inspect it. When **We** make a payment for that property, it will then belong to **Us**.

SECTION N3 - SKI PACK (LESSONS, HIRE, LIFT PASS)

What is covered:

If **You** fall ill or are injured during the trip and **We** accept a valid claim under Section B (Emergency Medical and Other Expenses), **You** will be covered for the proportional costs of the part of the ski pack which **You** cannot use. Ski pack expenses are limited to irrecoverable pre-paid costs for ski lessons, ski equipment hire and lift passes incurred prior to the date of the illness or injury that gave rise to the claim.

SPECIFIC EXCLUSIONS APPLYING TO SECTION N3

What is not covered:

You are not covered for claims arising from circumstances that are normally excluded from Section B (Emergency Medical and Other Expenses).

SECTION N4 - PISTE CLOSURE

What is covered:

This cover is only available for holidays starting after **1st January** and ending before **1st April**. If adverse weather conditions cause the total closure of all ski facilities for more than one day at the resort **You** are booked into, **You** will be covered for a daily benefit up to the limits shown in the schedule for reasonable additional transport costs and lift hire costs to enable **You** to ski in a different resort. If it is not possible to arrange transport to a different resort, **You** will receive the daily benefit for each whole day's skiing lost.

What is not covered:

1. **You** will not be covered for any amount **You** can get back from someone or somewhere else.
2. **You** will not be covered if **You** booked the trip within 14 days of going on the trip.

Conditions:

1. Cover will only apply for as long as there are adverse weather conditions closing all skiing facilities at **Your** resort.
2. Cover will only apply if **Your** resort area has ski facilities above 1600 metres.
3. **You** must get written confirmation from the appropriate piste authority to confirm that all pistes were closed or that it was not possible to travel to another resort.

SECTION N5 - AVALANCHE CLOSURE

What is covered:

If **Your** arrival at, or departure from, **Your** resort is delayed for more than 12 hours due to avalanche, landslide or landslip, **You** will be covered for reasonable extra travel and **Accommodation** expenses up to the limits shown in the schedule for each full 24 hours that **You** are delayed.

SPECIFIC EXCLUSIONS APPLYING SECTION N5

What is not covered:

1. **You** will not be covered if the tour operator pays for **Your** extra travel and **Accommodation** costs.
2. If **You** receive compensation from someone or somewhere else, **We** will take this off **Your** claim.

SECTION O - WEDDING/CIVIL PARTNERSHIP COVER

Cover in respect of Section O only operates:

Under single trip policies and annual multi-trip policies if the appropriate wedding/civil partnership cover extension has been chosen and the appropriate additional premium has been paid and is shown on the validation certificate.

Special Definitions (which are shown in italics)

You/Your/Insured Person/Insured Couple

- means the couple travelling abroad to be married or enter into a civil partnership whose names appear in the validation certificate.

Wedding/Civil Partnership attire

- means dress, suits, shoes and other accessories bought specially for the wedding/civil partnership and make-up, hair styling and flowers paid for or purchased for the wedding/civil partnership forming part of *Your* baggage.

What is covered

1. **We** will pay up to the amounts shown in the schedule of cover for the accidental loss of, theft of or damage to the items shown below forming part of *Your* baggage:

- a) for each wedding/civil partnership ring taken or purchased on the trip for each *Insured Person*.
- b) for weddings/civil partnership gifts taken or purchased on the trip for the *Insured Couple*.
- c) for *Your Wedding/Civil Partnership attire* which is specifically to be worn by *You* on *Your* wedding/civil partnership day.

The maximum payment for any single item is shown in the schedule of cover.

The amount payable will be the value at today's prices less a deduction for wear, tear and depreciation, (or **We** may at **Our** option replace, reinstate or repair the lost or damaged baggage).

2. **We** will pay the *Insured Couple* up to £200 for the reasonable additional costs incurred to reprint/make a copy of or retake the photographs/video recordings either at a later date during the trip or at a venue in **United Kingdom** if:

- a) the professional photographer who was booked to take the photographs/video recordings on *Your* wedding/civil partnership day is unable to fulfil such obligations due to bodily injury, illness or unavoidable and unforeseen transport problems, or
- b) the photographs/video recordings of the wedding/civil partnership day taken by a professional photographer are lost, stolen or damaged within 14 days after the wedding /civil partnership day and whilst *You* are still at the holiday/honeymoon location.

Special conditions relating to claims

1. *You* must report to the local police within 48 hours of discovery and obtain a written report of the loss, theft or attempted theft of all baggage.
2. If baggage is lost, stolen or damaged whilst in the care of a carrier, transport company, authority or hotel *You* must report to them, in writing, details of the loss, theft or damage and obtain written confirmation.

If baggage is lost, stolen or damaged whilst in the care of an airline *You* must:

- a) obtain a Property Irregularity Report from the airline.
- b) give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
- c) retain all travel tickets and tags for submission if a claim is to be made under this policy.

3. Receipts for items lost, stolen or damaged must be retained as these will help *You* to substantiate *Your* claim.

4. The maximum payment for any single item for which an original receipt, proof of purchase or insurance valuation (obtained prior to the loss), is not supplied is £50, subject to a maximum of £300 for all such items.

What is not covered

1. The **Excess** as shown in the schedule of cover.
2. Loss, theft of or damage to **Valuables** left **Unattended** at any time.
3. Loss, theft of or damage to baggage left **Unattended** at any time or contained in an **Unattended** vehicle:
 - a) overnight between 9 p.m. and 8 a.m. (local time) or
 - b) at any time between 8 a.m. and 9 p.m. (local time) unless it is in the locked boot which is separate from the passenger compartment for those vehicles with a boot, or for those vehicles without a separate boot locked in the vehicle and covered from view and evidence of forcible and violent entry to the vehicle is confirmed by a police report.
4. Loss or damage due to delay, confiscation or detention by customs or 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, mobile telephones or telecommunications equipment of any kind, deeds, manuscripts, securities, perishable goods, bicycles, marine equipment or craft or any related equipment or fittings of any kind, ski equipment and damage to suitcases (unless the suitcase is 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 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 goods, samples, tools of trade, motor accessories and other items used in connection with *Your* business, trade, profession or occupation.
9. Loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning, repairing or restoring, mechanical or electrical breakdown or liquid damage.
10. Anything mentioned in the general exclusions.

SECTIONS P1, P2 AND P3 – BUSINESS COVER

Cover in respect of sections P1, P2 and P3 only operates:

Under single trip policies and annual multi trip policies if the appropriate business cover extension has been chosen and the appropriate additional premium has been paid and is shown on the validation certificate.

This extension to the policy provides the following modifications to the insurance specifically in respect of any **Business Trip** made by **You** during the **Period of Insurance**.

SECTION P1 - BUSINESS EQUIPMENT

What is Covered

1. **We** will pay **You** up to the amount shown in the schedule of cover, for accidental loss, theft of or damage to **Your Business Equipment**.

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

- a) For any single item as shown in the schedule of cover.
- b) For computer equipment as shown in the schedule of cover.
- c) For business samples as shown in the schedule of cover.

The maximum payment for any single item, computer equipment or business samples for which an original receipt, proof of purchase or insurance valuation obtained prior to loss is not supplied is for £50 subject to a maximum of £300 for all such items.

2. **We** will also pay **You** up to the amount shown in the schedule of cover for:

- a) any emergency courier expenses **You** have incurred, in obtaining any **Business Equipment**, which is essential to **Your** intended business itinerary.
- b) the purchase of essential items, if **Your Business Equipment** is delayed or lost in transit on **Your Outward Journey** for more than 12 hours.

Special conditions relating to claims

1. **You** must report to the police within 48 hours of discovery and obtain a written report of the loss, theft or attempted theft of all **Business Equipment**.
2. For items damaged whilst on **Your** trip **You** must obtain an official report from an appropriate retailer.
3. If **Your Business Equipment** is delayed **You** must supply receipts for the essential items purchased and written confirmation from the carrier as to the exact nature and length of delay.
4. **You** must provide an original receipt or proof of ownership for items lost, stolen or damaged to help **You** to substantiate **Your** claim.

Special Note

Our liability for **Business Equipment** shall be further limited as follows:-

Age of item		
Up to 1 year old	-	90% of purchase price
Up to 2 years old	-	70% of purchase price
Up to 3 years old	-	50% of purchase price
Up to 4 years old	-	30% of purchase price
Up to 5 years old	-	20% of purchase price
Over 5 years old	-	Nil payment

What is not covered

1. The **Excess** as shown in the schedule of cover.
2. Loss, theft or damage to **Business Equipment** left **Unattended** at any time or contained in or stolen from an **Unattended** vehicle:
 - a) overnight between 9 p.m. and 8 a.m. (local time) or
 - b) at any time between 8 a.m. and 9 p.m. (local time) unless it is in the locked boot which is separate from the passenger compartment, or for those vehicles without a separate boot, locked in the vehicle and covered from view and evidence of forcible and violent entry to the vehicle is confirmed by a police report.
3. Claims arising from **Business Equipment** and **Valuables** whilst in the custody of a carrier.
4. Loss or damage due to delay, confiscation or detention by customs or other authority.
5. Loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning, repairing or restoring, mechanical or electrical breakdown.
6. Claims arising from damage caused by leakage of powder or liquid carried within personal effects or **Business Equipment**.
7. Anything mentioned in the general exclusions.

SECTION P2 - BUSINESS EQUIPMENT HIRE

What is covered

We will pay **You** up to the amount as shown in the schedule of cover for each 24 hour period, for the cost of necessary hire of **Business Equipment** following:

- a) loss or damage of **Your Business Equipment**; or
- b) the temporary loss in transit during the **Outward Journey** for at least 12 hours of **Your Business Equipment**.

Special conditions relating to claims

1. **You** must report to the police within 48 hours of discovery and obtain a written report of the loss, theft or attempted theft of all **Business Equipment**.
2. For items damaged whilst on **Your** trip **You** must obtain an official report from an appropriate retailer.
3. If **Your Business Equipment** is misdirected or delayed **You** must obtain written confirmation from the carrier as to the exact nature and length of delay or misdirection.
4. **You** must provide 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. Loss, theft or damage to **Business Equipment** left **Unattended** at any time or contained in or stolen from an **Unattended** vehicle:
 - a) overnight between 9 p.m. and 8 a.m. (local time) or
 - b) at any time between 8 a.m. and 9 p.m. (local time) unless it is in the locked boot which is separate from the passenger compartment for those vehicles with a boot, or for those vehicles without a separate boot locked in the vehicle and covered from view and evidence of forcible and violent entry to the vehicle is confirmed by a police report.
2. Loss or damage due to delay, confiscation or detention by customs or other authority.
3. Loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning, repairing or restoring, mechanical or electrical breakdown.
4. Claims arising from damage caused by leakage of powder or liquid carried within personal effects or **Business Equipment**.
5. Anything mentioned in the general exclusions.

SECTION P3 - BUSINESS MONEY

What is covered

We will pay **You** up to the amount shown in the schedule of cover for the accidental loss of, theft of or damage to **Business Money**.

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

- a) For cash (bank notes, currency notes and coins) as shown in the schedule of cover.
- b) For all other **Business Money** as shown in the schedule of cover.

Special conditions relating to claims

1. **You** must report to the police within 48 hours of discovery and obtain a written report of the loss, theft or attempted theft of all **Business Money**.
2. Receipts for items lost, stolen or damaged including foreign currency exchange receipts, statement from **Your** business bank accounts showing the amounts withdrawn, these must be retained as these will be needed for **You** to substantiate **Your** claim.

What is not covered

1. The **Excess** as shown in the schedule of cover.
2. Loss or theft of **Business Money** left **Unattended** at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe or safety deposit box.
3. Loss, theft of or damage to travellers' cheques if **You** have not complied with the issuers conditions or where the issuer provides a replacement service.
4. Loss or damage due to delay, confiscation or detention by customs or other authority.
5. Loss or damage due to depreciation in value, variations in exchange rates or shortages due to error or omission.
6. Anything mentioned in the general exclusions.

COMPLAINTS PROCEDURE

If, for any reason, **You** consider that **We** have not kept **Our** promise or **You** have any cause for complaint regarding this insurance please contact the agent who sold this policy to **You** in the first instance.

If **Your** complaint is regarding a claim, in the first instance write to the Claims Manager at the claims service detailed on the travel insurance schedule of cover.

If **Your** complaint is not resolved to **Your** satisfaction or if **Your** complaint is not regarding a claim, **You** should write to the Managing Director, N J Heritage Partnership Ltd, 308-314 London Road, Hadleigh, Benfleet, Essex SS7 2DD.

If **Your** complaint is not resolved to **Your** satisfaction by N J Heritage Partnership Ltd then **You** should write to:

All covers except Scheduled Airline Failure, Dynamic Packaging and Legal Expenses-

Managing Director, ETI International Travel Protection, Albany House, Bishopric, Horsham, RH12 1QN.

Scheduled Airline Failure and Dynamic Packaging

The Managing Director, International Passenger Protection Ltd, IPP House, 22-26 Station Road, West Wickham, Kent, BR4 0PR.

Legal Expenses

The Managing Director, DAS Legal Expenses Insurance Company Ltd, DAS House, Quay Side, Temple Back, Bristol, BS1 6NH.

Please always give details of the policy and complaint, together with the claims reference number. **We** will review **Your** case and reply to **You** in writing.

If **You** are still not satisfied **You** can contact the: Financial Ombudsman Service. South Quay Plaza, 183 Marsh Wall, London. E14 9SR.

The complaints procedure above does not affect any legal rights **You** may have to take action against **Us**. Please note that the Ombudsman will not normally review **Your** case until such time **We** have made **Our** final decision.

Please give **Us** the opportunity to handle **Your** complaint before referring things to the Ombudsman.

We are all covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme if **We** cannot meet **Our** obligations. This depends on the type of business and circumstances of the claim. Most insurance contracts are covered for 100% of the first £2,000 and 90% of the remainder of the claim.

Further information is available from the Financial Services Authority or the FSCS at www.fscs.org.uk or on 020 7892 7300. **You** can check the above details on the Financial Services Authority Register by visiting the FSA website: www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234.

