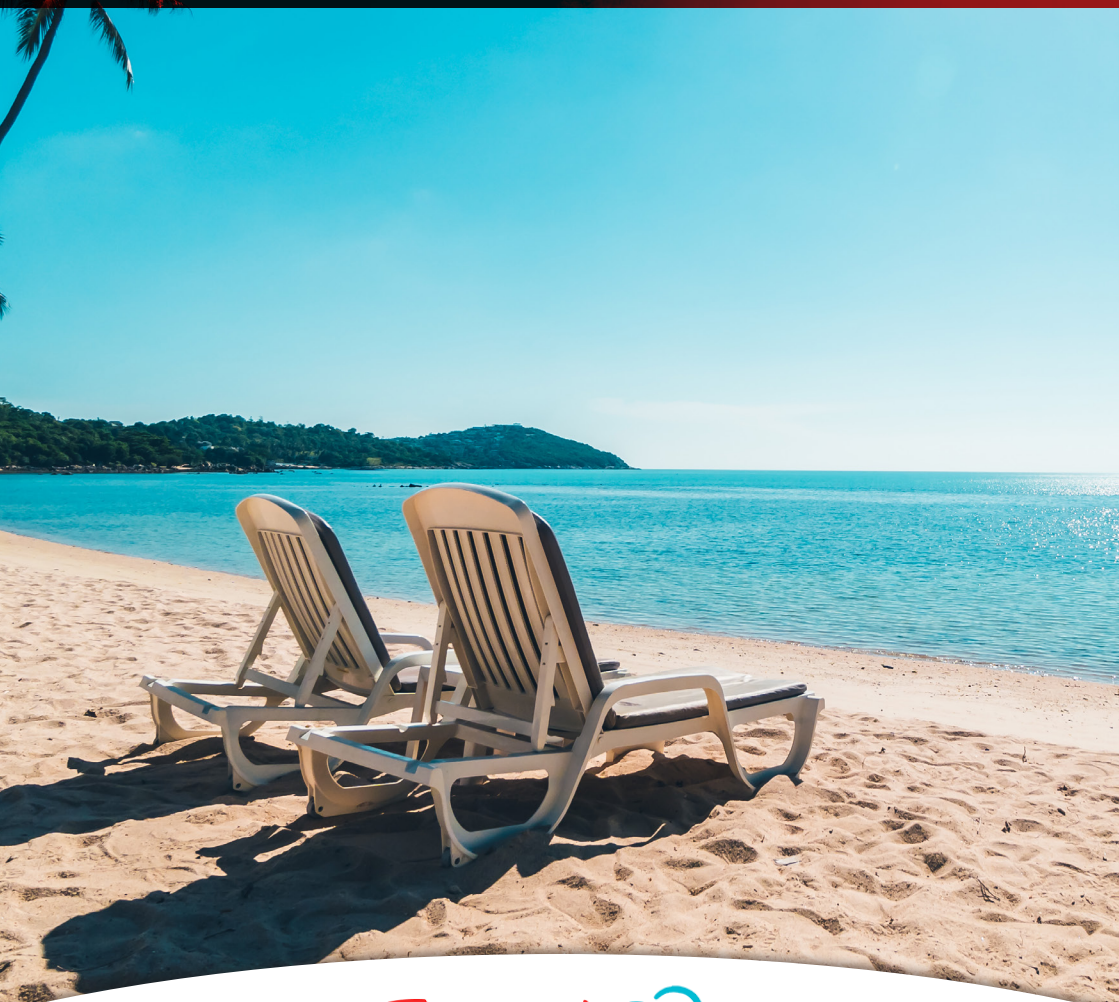


# Travel Insurance

POLICY TERMS & CONDITIONS



**Expand**   
Travel Insurance

PW\_EXP\_DIR\_0121\_V1

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# YOUR INSURANCE POLICY

## WHAT TO DO IN THE EVENT OF A MEDICAL EMERGENCY

Please phone us as soon as possible, and quote **your** policy number:

- If **you** have an emergency during **your trip**
- If **you** require medical treatment outside **your home country**
- If **you** have to return early to **your home country**

## PLEASE CONTACT INTERNATIONAL MEDICAL RESCUE

**+44 (0)23 8017 7474**

These lines are open 24 hours a day.

We will provide help if **you** are ill or injured outside **your home country**. We provide a 24-hour emergency service 365 days a year.

**YOU, OR SOMEONE ON YOUR BEHALF, MUST CONTACT US BEFORE INCURRING COSTS ABOVE £500.**

## HOW TO MAKE A CLAIM ON YOUR RETURN

Submit a claim online at [www.im-rescue.com](http://www.im-rescue.com) or contact International Medical Rescue on :

**Phone: +44 (0)238 0177286**

**Email: [claims@im-rescue.com](mailto:claims@im-rescue.com)**

**You** must return the completed claim form to the Claims Department with all original invoices, receipts, reports and any other information **we** ask for, within 28 days of the end of the **trip**. **You** should check the section **you** are claiming under to see if an **excess** applies or if there are any specific conditions and details. Please remember that it is always advisable to keep copies of all the documents that are sent to **us** when making a claim.

## CASHLESS OUTPATIENT TREATMENT EUROPE

If **you** are in SPAIN, GREECE, CYPRUS, PORTUGAL, EGYPT, MALTA, BULGARIA or TURKEY and need outpatient medical treatment please provide a copy of **your** policy documentation to the medical practitioner at the time of treatment, and ask the clinic to contact Global Excel Europe. **Your** treatment will be paid by Global Excel Europe in line with the policy terms and conditions. **You** will be asked to fill in a simple form to confirm the treatment, and to pay the **excess** directly to the clinic. The clinic will contact Global Excel Europe who will settle the claim on **your** behalf.

## OTHER USEFUL CONTACTS

Foreign, Commonwealth & Development Office  
+44 (0)20 7008 1500 [www.gov.uk/fcd](http://www.gov.uk/fcd)

Department of Health 020 7210 4850 – advice for travellers [www.dh.gov.uk/travellers](http://www.dh.gov.uk/travellers)

## SUMMARY OF COVER

Section	Travel Cover	Sum Insured (up to)	Excess* (per person, per section)
1	Emergency Medical and Repatriation Expenses	£2,000,000	£100**
1.1	Emergency Dental	£250	£100**
1.2	Funeral Expenses	£3,000	£100**
1.3	Hospital Benefit	£25 per each 24 hrs up to £500	n/a
1.4	Coronavirus Hospital Benefit	£200 per 24 hours up to £2,000	n/a
2	Cancellation and Curtailment	£5,000	£100**
3	Missed Departure	£500	£100**
4	Travel Delay - Benefit	£25 per each 12hrs up to £125	n/a
	• Abandonment	£5,000	£100**
5	Personal Possessions	£1,500	£75
5.1	Single Article Limit	£500	
5.2	Valuables Limit	£500	
5.3	Delayed Baggage	£25 per each 12hrs up to £100	n/a
6	Personal Money including cash limit	£200	£50
7	Loss of Passport	£250	£50
8	Pet Care	£25 per each 12hrs up to £100	n/a
9	Personal Accident	£10,000	£50
10	Personal Liability	£2,000,000	£75
11	Legal Expenses	£10,000	£50
12	Natural Catastrophe	£500	£150
14	Hijacking Benefit	£50 per each 24hrs up to £1,000	n/a
15	Mugging Benefit	£50 per each 24hrs up to £1,000	n/a

## OPTIONAL COVER SECTION

16	OPTIONAL WINTER SPORTS		
	Ski Equipment	£500	£100
	Hire of Equipment	£20 per each 24 hr period up to £200	£100
	Ski/Lift Pass	£250	£150
	Piste Closure	£50 per day up to £250	n/a
	Avalanche & Landslide	£50 per day up to £250	n/a
17	OPTIONAL EUROPEAN CRUISE COVER		
	Cruise interruption	£100 per port (up to £500)	£150
	Unused Excursions (Incl due to weather)	£500	£150
	Missed Port	£100 per port up to £500	n/a
	Cabin Confinement	£100 per 24hrs up to £500	n/a
	Withdrawal of Services (>48H)	£250	n/a
18	OPTIONAL BUSINESS COVER		
	Total limit Business equipment	£5,000	£75
	Including one item/pair or set of items	£1,500	
	Business money	£1,000	£75
	Including cash limit	£300	
	Replacement staff	£1,000	£75

\* Excess is increased to £200 per person, per claim, in respect of Single Trip Higher Excess policies.

\*\* Excess is increased to £150 per person, per claim (regardless of the age of the traveller) when the claim arises out of an accident or illness affecting the ability to travel of an Insured Person over the age of 75 years.

This policy has been arranged by Expand Travel Insurance which is a trading style of The Medical Screening Company Limited. The Medical Screening Company Limited is authorised and regulated by the Financial Conduct Authority (FCA). The Medical Screening Companies FCA registration number is 472607.

**You** can check the regulatory status of The Medical Screening Company by visiting <http://www.fca.org.uk/register> or by telephoning 0800 111 6768. To contact **us** about **your** policy telephone: 020 8770 2752 or email [info@ehicexpand.com](mailto:info@ehicexpand.com)

## THE INSURERS

This insurance is underwritten by Insurance Company 'Euroins' AD authorised and regulated by the Bulgarian Financial Supervision Commission. Deemed authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website.

## IMPORTANT INFORMATION

### GOVERNING LAW

**Your** policy is governed by the laws of England and Wales.

### ELIGIBILITY CRITERIA

- This policy is only available to residents of the United Kingdom and the policy must have been purchased whilst in the United Kingdom.
- **Your trip** must start and end in the **United Kingdom** and **you** must have a return ticket.
- The insurance cannot be purchased once **your trip** has commenced.
- Cover is only provided for **trips** in the **United Kingdom** if **you** have a minimum of one night's pre-booked and pre-paid accommodation.
- A family policy is for for an individual and their husband/wife or partner and up to six of their dependent, adopted, or fostered children who are aged under 17 years and are either in full time education or living with them.
- A single parent family policy is for an individual and up to six of his/her dependent children (which can include fostered or adopted children) who are 17 years of age or under at the date of buying this policy and are either in full time education or living with them; or An individual and up to six of his/her grandchildren who are travelling with them for the full duration of the trip and who are 17 years of age or under at the date of buying this policy.
- A couple policy is for an individual and his or her partner provided they live together for at least 6

months or longer. A partner would include a civil partner.

- If **you** are a **United Kingdom** resident living in Northern Ireland and **your** travel itinerary requires you to use Republic of Ireland departure/arrival points, **your** cover will be as if **you** were still travelling from Northern Ireland.

**You** should note that the policy will **NOT** cover **you** if:

- **You** reside outside the United Kingdom;
- **You** are over the age of 85 when **you** purchase a Single trip or Annual Multi-trip Policy;
- **You** require Winter Sports cover but are over the age of 69 and/or have not paid the appropriate premium;
- **You** are not registered with a General Practitioner in your **home country**.

## IMPORTANT HEALTH REQUIREMENTS FOR ALL INSURED PERSONS

**You** will not be covered under this policy for any claims arising directly or indirectly from a **pre-existing medical condition**.

For the purposes of this insurance, a **pre-existing medical condition** is considered to be:

- Any **medical condition** where **you** have been prescribed medication, including repeat prescriptions, or received treatment or attended a GP or a specialist as an outpatient or inpatient in the last 2 years or for which **you** are currently on a waiting list for treatment or investigation;
- Any heart, heart-related or circulatory condition; or any respiratory condition; any stress, anxiety, depression or any other psychological condition or any cancerous condition.

**We can not offer you cover if:**

- **You** have any illness for which **you** have received a **terminal prognosis**; or
- **You** have any undiagnosed symptoms (i.e. symptoms for which **you** are awaiting investigations/consultations, or awaiting results of investigations, or where the underlying cause of the symptoms has not been established).
- **You** are not fit to undertake **your planned trip**.
- **You** travel against medical advice (or would be travelling against medical advice had **you** sought medical advice prior to travel).
- **You** travel with the intention of obtaining medical treatment or consultation abroad.
- **Your** health changes prior to travel, **you** must inform **us**. **We** may increase **your** premium or be unable to cover **you** for **your trip**. Failure to inform **us** may result in any claim being declined.
- **You** are on a waiting list for treatment or investigation, **you** are not covered if **you** have to cancel or **curtail your trip** because an appointment or treatment becomes urgently available.

## NON-TRAVELLING RELATIVES

- This policy will NOT cover any claims under Cancellation or **Curtailement** or **Trip** Interruption arising directly or indirectly from any **medical condition** in existence prior to the start of **your period of insurance**, and/or before booking **your trip** affecting any **close relative**, travelling companion, or person with whom **you** intend to stay whilst on **your trip** if:
  - a **terminal prognosis** had been received; or
  - if they were on a waiting-list for, or had knowledge of the need for, surgery, inpatient treatment or investigation at any hospital;
  - or if during the 90 days immediately prior to the start of the **period of insurance** they had:
    - i) required surgery, inpatient treatment or hospital consultations; or
    - ii) required any form of treatment or prescribed medication.

## TRIP DURATION LIMITS

Single **Trip** Policies: Single return holiday or journey of up to 122 days.

Annual Multi-**trip** Policies: Any number of **trips** in the policy year but limited to 31 days per **trip** (or 45 or 60 days duration if stated on the **certificate of insurance** and the appropriate premium has been paid for).

**You** must pay the appropriate premium for the full number of days for **your** planned **trip**. If **you** travel for more than the number of days for which **you** have paid for cover, **you** will not be covered after the last day for which **you** have paid.

If **you** have to stay on **your trip** longer because of events which are covered by this insurance **we** will extend the **period of insurance** by up to 30 days, at no extra cost.

## GEOGRAPHICAL LIMITS

This policy is limited to travel in the following countries:

**Global Health Insurance Card (GHIC) countries including:**

Austria, Belgium, Bulgaria, Croatia, Republic of Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden.

## Plus the following Specific Countries:

Andorra, Belarus, Bosnia & Herzegovina, Channel Islands, Isle of Man, Iceland, Liechtenstein, Macedonia, Monaco, Montenegro, Northern Cyprus, Norway, San Marino, Serbia, Switzerland, Turkey and Ukraine.

## Additional Countries\*:

Albania, Egypt, Moldova, Morocco, Russia, and Tunisia.

**\*Only operative if additional premium has been paid and detailed on your schedule of insurance.**

## Please note:

No cover is provided to countries where the Foreign, Commonwealth & Development Office or World Health organisation has advised against travel, or all but essential travel unless this advice relates to **Coronavirus** and **you** have a Single Trip policy.

## WHO AND WHAT IS COVERED

This wording provides full details of all **your** cover and **your schedule of insurance** will indicate which level of cover **you** have purchased.

The policy covers all persons named on the **schedule of insurance**.

This policy wording contains all possible levels of cover on offer. **You** should be aware that the sections of cover that apply to **your** policy will depend on **your** choice of cover, and the premium **you** have paid and will be shown on **your schedule of insurance**.

If **you** are in any doubt about any aspect of this policy wording please contact **us** on the phone number detailed on **your schedule of Insurance**.

## YOUR DUTY OF DISCLOSURE

It is vital that **you** answer any questions asked in relation to arranging or administering this insurance policy honestly and accurately. **You** must take reasonable care not to make any misrepresentation because inaccurate answers may result in a claim being declined.

## CANCELLATION OF YOUR POLICY

If this policy does not meet **your** requirements please contact **us** within 14 days of the purchase of **your** policy for a refund of **your** premium. **You** will be only entitled to a refund of **your** policy if **you** have not travelled, no claims have been made and no incidents have occurred that may give rise to a claim. This policy is subject to a cancellation fee of £5.00. Should **you** decide to cancel after the 14 day cooling-off period no refund will be given.

**We** may cancel this policy if at any time **you** have not paid **your** premium or if there is reasonable



evidence that **you** misled **us** or attempted to do so. **We** will write and tell **you** at **your** last known address if **we** cancel **your** policy or email **you** at **your** last known email address if **your** policy was taken out online.

## PREGNANCY AND CHILDBIRTH

Cover under this policy is provided for unforeseen events. In particular, cover is provided under Section 1 for unforeseen **bodily injury** or illness. Pregnancy and childbirth are not considered to be either an illness or injury. Cover is **ONLY** provided under Sections 1 and 2 of this policy for claims arising from **complications of pregnancy and childbirth**. Please make sure **you** read the definition of **complications of pregnancy and childbirth** given under the Meaning of Words.

## FRAUD

Throughout **your** dealings with **us** **we** expect **you** to act honestly.

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

- knowingly provides information to **us** as part of **your** application for **your** policy that is not true and complete to the best of **your** knowledge and belief;
- makes a fraudulent or exaggerated claim under **your** policy;
- makes a false statement in support of a claim;
- submits a false or forged document in support of a claim;
- makes a claim for any loss or damage caused by **your** willful act or caused with **your** agreement, knowledge or collusion;

Then **we** will:

- prosecute fraudulent claimants;
- make the policy void from the date of the fraudulent act;
- not pay any fraudulent claims;
- be entitled to recover from **you** the amount of any fraudulent claim already paid under **your** policy since the start date;
- not return any premium paid by **you** for the policy;
- inform the police of the circumstances;
- pass **your** details onto fraud prevention agencies;
- place **your** details on to a register of claims through which insurers share claims related information.

## DATA PROTECTION NOTICE

Any information that **you** have given to Expand Travel Insurance will be used for the administration of **your** policy. The information that **you** have

provided will be shared with the following parties:

The insurers of the policy, 'Euroins' AD, to obtain a premium if **your** quote requires referral to them. The personal information that will be shared with the insurer at this time will be **your** name, **your** contact details and any medical history as declared to **us** by **you**.

If **you** purchase a product with Expand Travel Insurance, **your** information will be shared with the insurer of the policy to underwrite **your** policy.

In the event of a claim **your** personal information will be shared with the insurer and their appointed emergency assistance company and/or claims administrator. Details of these organisations are stated within this policy terms and conditions.

The Financial Conduct Authority and/or other regulatory/governing bodies for the purposes of compliance monitoring and to prevent and detect fraud. **We** reserve the right to disclose personally identifiable information in order to comply with the law, applicable regulations and government requests. **We** also reserve the right to use such information in order to protect **our** operating systems and integrity as well as other users. Any third parties employed by **us** to process **your** data on **our** behalf are subject to contractual obligations to protect the security of **your** data. These activities are carried out within the UK and European Economic Area (EEA), and outside the EEA. The data protection laws and/or the agreements **we** have entered into with the receiving parties in relation to the processing of data outside the EEA provide a similar level of protection to the laws and/or agreements **we** have entered into within the EEA. **You** are entitled, on request, to a copy of the personal information The Medical Screening Company holds about **you**, and **you** have other rights in relation to how **we** use **your** data (as set out in The Medical Screening Company's privacy policy which can be accessed through links on **your** **schedule of insurance**. Please let **us** know if **you** think any information held about **you** is inaccurate, so that it may be corrected.

## RECIPROCAL HEALTH AGREEMENTS

If **we** agree to a claim for medical expenses which has been reduced by **you** using a reciprocal health agreement or private health insurance **you** will not have to pay the excess amount under the Emergency Medical and Repatriation Expenses Section. Where it is necessary for **you** to provide evidence of the medical costs incurred, this must show that the medical fee has been reduced by use of a reciprocal health agreement or private health insurance.

## MEANING OF WORDS

The following words and expressions used in this policy shall mean the following wherever they appear in bold within this document:

### Bodily injury

Accidental **bodily injury** caused solely and directly by external, violent and visible means.

### Close relative

Mother, father, sister, brother, wife, husband, partner, son, daughter (including fostered/adopted son or daughter), grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step-parent, step-child, step-brother, step-sister, or legal guardian.

### Complications of Pregnancy and Childbirth

Toxaemia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole (molar pregnancy), retained placenta membrane, placental abruption, hyperemesis gravidarum, placenta praevia, stillbirths, miscarriage, medically necessary emergency Caesarean sections/medically necessary termination and any premature births more than 8 weeks (or 16 weeks in the case of a known multiple pregnancy) prior to the expected delivery date.

### Coronavirus

Coronavirus disease (COVID-19); severe acute respiratory syndrome **coronavirus** (SARS- COV-2), any mutation of these or any **epidemic** or **pandemic** virus or **epidemic** or **pandemic** disease.

### Curtail/Curtailment

Return early to **your home** after the commencement of the **outward journey**.

### Epidemic

A disease, illness or virus spreading in a certain region or country and which is defined as such by the World Health Organization or Foreign, Commonwealth & Development Office.

### Excess

The first amount of a claim that **you** must pay as detailed in the travel insurance summary of cover. This amount is calculated per person per section.

### Home

**Your** permanent residence in **your home country**.

### Home country

The country where you **are** ordinarily permanently resident, pay tax and are registered with a **medical practitioner**.

### Insured person

Any person named on the **schedule of insurance** for whom the appropriate premium has been paid.

### Legal Representative

A solicitor, firm of solicitors, lawyer, or any appropriately qualified person, firm or company, appointed by **us** to act on **your** behalf.

### Loss of limb

Total loss of use by physical severance at or above the wrist or ankle.

### Loss of sight

Total and permanent **loss of sight** without expectation of improvement in both eyes when **your** name is added to the Register of Blind Persons on the authority of a qualified ophthalmic specialist; or in one eye when the degree of sight remaining after correction is 3/60 or less on the Snellen Scale.

### Manual work

Physical labour involving the use of tools or machinery or working more than two metres off the ground (nursing and bar-work are not considered to be **manual work**).

### Medical condition

Any medical or psychological disease, sickness, condition, illness or injury.

### Medical practitioner

A doctor or specialist who is legally qualified, licensed and registered to practice medicine under the laws of the country in which they practice, excluding **you**, **your** travel companion, **your close relative**, or **your** employee.

### Money

Cash, postal and **money** orders, travellers' cheques held by **you** for social, domestic and pleasure purposes.

### Outward journey

The initial journey in conjunction with **your trip** from **your home** in **your home country**.

### Pandemic

A disease, illness or virus which is simultaneously transmitted globally and declared as such by the World Health Organization or Foreign, Commonwealth & Development Office.

### Permanent total disablement

A disablement which prevents **you** from carrying out ANY occupation for a period of 12 months after an accident sustained during **your trip** and which is, at the end of that period, beyond reasonable hope of improvement.

### Period of insurance

The **period of insurance** for all sections except cancellation commences when **you** leave **your home** in **your home country** to start your **trip** and

ends when **you** have returned to **your home** in **your home country**. Cancellation cover for a single **trip** policy starts when **you** purchase this insurance or when **you** book **your trip**, whichever is the later. Cancellation cover for annual multi-**trip** policy will not commence until the start date shown on **your schedule of insurance** even if the premium has been paid earlier.

### Personal possessions

Suitcases (or other luggage carriers) and their contents taken on **your trip** together with articles worn or carried by **you** for **your** individual use during **your trip**.

### Pre-existing medical condition

- 1) any **medical condition** where **you** have been prescribed medication, including repeat prescriptions or received treatment or attended a GP or a specialist as an outpatient or inpatient in the last 2 years or for which **you** are currently on a waiting list for treatment or investigation;
- 2) any illness for which **you** have received a **terminal prognosis** or any heart, heart-related or circulatory condition; or any respiratory condition; any stress, anxiety, depression or any other psychological condition; any cancerous condition; or any cerebral condition;
- 3) any undiagnosed symptoms that may require treatment in the future (i.e. symptoms for which **you** are awaiting investigations/consultations, or awaiting results of investigations, or where the underlying cause of the symptoms has not been established).

### Public transport

Airline, train, bus, coach, or ferry services, operating to a published timetable on which **you** are a fare-paying passenger or a tour operator's own transport service, or taxi, to join **your** booked travel itinerary.

### Schedule of insurance

The document showing details of the cover purchased and naming all **insured persons**.

### Ski equipment

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

### Strike or industrial action

Organised action taken by a group of workers which prevents the supply of goods and/or services on which **your trip** depends.

### Terminal prognosis

In the opinion of **your doctor** or consultant **your** condition cannot be cured or adequately treated, to

the extent that it is predicted to cause a shortened life expectancy.

### Terrorism

An act, including but not limited to, the use or threat of force or violence, of any person or group, 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 instill fear in the public, or any section of the public.

### Trip

A journey starting and ending in **your home country** within the area specified on **your schedule of insurance** during the **period of insurance**.

### Unattended

When **you** cannot see and are not in a position to prevent unauthorised interference or theft of **your** property unless left in a safety-deposit facility.

### 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 and any computer equipment (including software), furs, or leather clothing (apart from footwear).

### You/Your

Each **insured person** named on the **schedule of insurance**.

### We/Us/Our

The relevant insurer under each section of this policy.

### YOUR COVER

There are conditions and exclusions which apply to individual sections of the policy and general conditions and exclusion which apply to the whole policy. Please refer to the relevant section and read in conjunction with the General Conditions and General Exclusions.

## 1. EMERGENCY MEDICAL AND REPATRIATION EXPENSES

**NOTE:** This is not a private health insurance policy. **We** will pay for private treatment only if there is no appropriate reciprocal health agreement in existence and no public service available. **We** reserve the right to organise a transfer from a private medical facility to a public medical facility where appropriate.



### What you are covered for

If, during **your trip**, **you** become ill, contract **coronavirus** or sustain a **bodily injury** we will pay up to the amount shown in the summary of cover for costs incurred outside **your home country** that have been authorised by the emergency assistance company for:

- 1) emergency medical and surgical treatment in the nearest appropriate hospital, including **medical practitioner** fees, hospital expenses and charges for medical transportation;
- 2) dental treatment for the relief of pain or difficulty eating only;
- 3) reasonable and necessary additional accommodation (room only) and travelling expenses, including those of one relative or friend if it is deemed medically necessary by **us** to be accompanied home and **we** do not provide a medical escort or if **you** are a child (under the age of 18) and require an escort **home**.

In the event of **your death** **we** will pay for:

- 1) the conveyance of **your** body or ashes to **your home country** (but excluding the cost of burial or cremation); or
- 2) for local funeral expenses abroad.

### SPECIAL CONDITIONS

If **you** are taken into hospital or **you** think that **you** may have to come **home** early or extend **your trip** because of illness or a **bodily injury**, the emergency assistance company must be told immediately (see “What do in the event of a medical emergency”). **You** must contact **us** before incurring costs. Costs above £500 not authorised by **us** will not be covered. If **you** are physically unable to contact **us**, someone else must contact **us** on **your** behalf within 48 hours.

If **you** become ill or sustain a **bodily injury** **we** have the right to bring **you** back to **your home country**, if the emergency assistance company **medical practitioner** states that **you** can safely travel. If **you** refuse to return **home**, no further costs will be covered.

### What you are NOT covered for:

- 1) the **excess** shown in the summary of cover;
- 2) costs above £500 which have not been authorised by **us** in advance;
- 3) any treatment, investigations or tests in a private hospital or private clinic unless authorised and agreed by **us** in advance;
- 4) treatment which takes place within **your home country**;
- 5) claims arising directly or indirectly from any **pre-existing medical conditions**.
- 6) any sums which can be recovered by **you** and

which are covered under any National Insurance Scheme, Reciprocal Health Arrangement or Private Health Insurance;

- 7) normal pregnancy and/or childbirth, without any accompanying **bodily injury**, illness or **complications of pregnancy or childbirth**;
- 8) costs incurred for:
  - a) surgery or medical treatment which in the opinion of the attending **medical practitioner** and the emergency assistance company **medical practitioner** can be reasonably delayed until **your** return to **your home country**;
  - b) medication and/or treatment which at the time of departure **you** know **you** need;
  - c) preventative treatment which can reasonably be delayed until **your** return to **your home country**;
- 9) claims that are not confirmed as medically necessary by the attending **medical practitioner** or the emergency assistance company;
- 10) the cost of any elective (non-emergency) treatment or surgery, including exploratory tests the cost of any treatment not directly related to the illness or **bodily injury** which necessitated **your** admittance into hospital;
- 11) any additional hospital costs arising from single or private room accommodation unless medically necessary;
- 12) expenses incurred as a result of a tropical disease where **you** have not had the recommended inoculations and/or taken the recommended medication;
- 13) costs that arise over 12 months after a claim was first notified;
- 14) costs for any reentry requirements including **coronavirus** tests required for return to the United Kingdom;
- 15) anything mentioned in the General Exclusions.

## HOSPITAL BENEFIT

### What you are covered for

Should **you** suffer a **bodily injury** or illness during the **trip** and occurring within the **period of insurance**, **we** will pay **you** up to the amount shown in the summary of cover for each full 24 hours that **you** spend as an inpatient in a hospital outside of **your home country**.

### What you are NOT covered for:

- 1) hospitalisation which takes place within **your home country**;
- 2) claims arising directly or indirectly from any **pre-existing medical condition(s)**;
- 3) pregnancy and/or childbirth unless a qualified **medical practitioner** confirms that the claim comes

- from **complications of pregnancy or childbirth**;
- 4) claims that are not confirmed as medically necessary by the attending **medical practitioner** or the emergency assistance company;
- 5) hospitalisation for any elective (non-emergency) treatment or surgery, including exploratory tests;
- 6) hospitalisation for any treatment not directly related to the **medical condition** or **bodily injury** which necessitated **your** initial admittance into hospital;
- 7) hospitalisation as a result of a tropical disease where **you** have not had the recommended inoculations and/or taken the recommended medication;
- 8) Anything mentioned in the General Exclusions.

## CORONAVIRUS HOSPITAL INPATIENT BENEFIT

### What you are covered for

Should **you** suffer from Covid-19 during the **period of insurance**, we will pay **you** up to the amount shown in the summary of cover for each full 24 hours that **you** spend as an inpatient in a hospital.

### Special conditions

If **you** contract Covid-19 whilst already in hospital, we will start paying the enhanced benefit from the point the infection was diagnosed. If **you** are admitted, discharged, and then re-admitted, we will consider the second admission to be a new hospital stay, and not a continuation of the first stay.

### What you are NOT covered for:

- 1) claims arising directly or indirectly from Covid-19 if **you** were diagnosed or were displaying symptoms before commencing **your trip**.
- 2) claims that are not confirmed as medically necessary by the attending **medical practitioner** or the emergency assistance company;
- 3) claims not supported by a formal diagnosis of Covid-19 by a **medical practitioner**;
- 4) claims for the additional nights if **you** are well enough to be discharged, but are unable to do so due to **your** domestic circumstance;
- 5) Anything mentioned in the General Exclusions.

## 2. CANCELLATION AND CURTAILMENT

### What you are covered for

We will pay **you** up to the amount shown in the summary of cover for the unused portion of **your** travel and accommodation costs that **you** have paid or contracted to pay if **you** cannot get a full refund if **you** cancel before the start of **your trip** or cut **your trip** short and return **home** early during the **period of insurance** because of the following:

- 1) the death, **bodily injury** or illness of **you**, a **close relative**, **your travel companion** or any person **you** have arranged to stay with during **your trip**;
- 2) **you**, **your travel companion** or any person **you** have arranged to stay with during **your trip**

receiving a diagnosis of **coronavirus** within 14 days of the start of the **trip** or in the case of being admitted to hospital due to **coronavirus** within 28 days of the start of the **trip**;

- 3) **you** being contacted by the NHS Test and Trace system and being told that **you** must self-isolate, within 14 days prior to **your** departure date, including on the date **your trip** is due to commence, or a member of **your** household receiving a positive **coronavirus** test result within 14 days prior to **your** departure date, which means that **you** are required to be self-isolating on the date **your trip** is due to commence;
- 4) **you** booked accommodation being required to close after **you** have checked in at your booked accommodation because of **you**, a guest or employee being diagnosed with **coronavirus**;
- 5) **you** or **your travel companion** being denied boarding following either a **coronavirus** diagnosis or receiving a temperature test or other medical test reading which falls outside of the transport provider's terms of travel;
- 6) **you** being called for jury service or as a witness in a Court of Law (but not as an expert witness or where **your** employment would normally require **you** to attend court); or
- 7) **your** redundancy, provided that **you** were working at **your** current place of employment for a minimum of 2 years and that **you** were not aware of any impending redundancy at the time this policy was issued or the **trip** was booked; or
- 8) **your home** being made uninhabitable due to: accidental damage, burglary, flooding, storm or fire;
- 9) the police requesting **your** presence following burglary or attempted burglary at **your home**; or
- 10) **your** or **your travel companion's** passport being stolen during the 7 days before the start date of **your** booked **trip**; or
- 11) **you**, or **your travel companion**, who is a member of the Armed Forces, emergency services, the nursing profession or a government employee being ordered to return to duty.

### Special conditions

If **you** fail to notify the travel agent, tour operator or provider of transportor accommodation as soon as **you** find out it is necessary to cancel the **trip**, the amount we will pay will be limited to the cancellation charges that would have otherwise applied.

**You** must give notice as soon as possible to **us** of any circumstances making it necessary for **you** to return **home** and before any arrangements are made for **your** repatriation.

We will only consider cancellation claims due to **coronavirus** that are supported by a test conducted by an approved provider on the Department of

Health and Social Care list of providers for Test To Release for international travel or who meet the DHSC minimum Covid19 requirements and standards. The test must be an approved PCR or Lateral Flow Test with a CE mark.

For claims relating to NHS Test and Trace, **you** must provide evidence of the need to self-isolate from the official NHS Test and Trace app or the NHS COVID-19 app. This should take the form of an email or text message from NHS Test and Trace or an alert from the NHS COVID-19 app.

If **you** are denied boarding as a result of **coronavirus** **you** must have documented proof of this from the airline.

### What **you** are NOT covered for

- 1) the **excess** shown in the summary of cover;
- 2) claims where **you** have failed to obtain a medical certificate from a **medical practitioner**, confirming that cancellation of the **trip** is necessary;
- 3) normal pregnancy, without any accompanying **bodily injury**, illness or **complications of pregnancy or childbirth**.
- 4) claims arising directly or indirectly from any **pre-existing medical condition(s)**
- 5) any claims arising directly or indirectly from any **medical condition** affecting any **close relative**, **travel companion** or any person **you** are planning to stay with if:
  - a **terminal prognosis** had been received prior to the start of the **period of insurance**; or
  - they were on a waiting-list for, or had knowledge of the need for, surgery, inpatient treatment or investigation at any hospital or clinic at the start of the **period of insurance**; or
  - if during the 90 days immediately prior to the start of the **period of insurance** they had:
    - i) required surgery, inpatient treatment or hospital consultations; or
    - ii) required any form of treatment or more than 1 prescribed medication
- 6) any extra charges from the company **you** booked with because of **your** failure to notify them immediately it was found necessary to cancel;
- 7) claims arising from prohibitive regulations by the government of any country;
- 8) a theft of a passport which has not been reported immediately to the relevant authority;
- 9) travel tickets paid for using any airline mileage reward scheme or other reward points scheme;
- 10) any circumstance that could reasonably be anticipated at the time **you** booked **your trip**, or took out this insurance policy;
- 11) disinclination to travel or continue travelling, unless your change of travel plans is caused by one of the circumstances listed under what **you** are covered for;
- 12) **your** being self-employed or accepting voluntary redundancy;
- 13) any claim resulting from **your** failure to obtain a valid passport and any required visa in time for

the booked **trip**;

- 14) claims arising from **coronavirus** within 15 days of purchasing your policy unless the insurance is purchased on the same date as the trip is booked;
- 15) any claim arising from government or Foreign, Commonwealth & Development Office advice warning against all travel, or all but essential travel, due to any reason including any **epidemic** or **pandemic**, including but not limited to **Coronavirus** disease (COVID-19); severe acute respiratory syndrome **coronavirus** (SARS-COV-2) or any mutation of these;
- 16) any claims for air passenger duty (which can be reclaimed by **you** through **your** travel agent or airline) and any airport tax which is refundable;
- 17) any claim for unused travel costs where **we** have paid or agreed to pay the extra cost of returning **you to your home** under the Emergency Medical and Repatriation Expenses section;
- 18) accommodation costs paid for using any timeshare, holiday property bond or other reward points scheme;
- 19) any costs incurred by **you** which are recoverable from a tour operator, **public transport** operator, accommodation provider, holiday services provider or any other source, or for which **you** receive or are expected to receive compensation or other assistance;
- 20) anything mentioned in the General Exclusions.

## 3. MISSED DEPARTURE

This section does not apply to **trips** within **your home country**.

### What **you** are covered for

**We** will pay up to the amount shown in the summary of cover for necessary travel and accommodation expenses required to reach **your** booked destination, if **you** miss **your** booked departure due to:

- 1) the vehicle **you** are travelling in to reach **your** international departure point breaking down or being involved in an accident; or
- 2) an accident or breakdown happening ahead of **you** on a public road which causes an unexpected delay to the vehicle in which **you** are travelling;
- 3) the **public transport** **you** are using to reach **your** international departure point being delayed, resulting in **you** arriving too late to commence **your** booked **trip**.

### What **you** are NOT covered for

- 1) the **excess** shown in the summary of cover;
- 2) claims where **you** have not allowed sufficient time to get to **your** international departure point to catch the booked **public transport**;
- 3) the **public transport** provider's failure unless **you** get a letter from the provider confirming that the service did not run on time;
- 4) the accident or breakdown of **your** vehicle unless

**you** get confirmation of the delay from the authority who went to the accident or breakdown affecting the car **you** were travelling in;

- 5) breakdown of any vehicle in which **you** are travelling if the vehicle is owned by **you** and has not been serviced properly and maintained in accordance with manufacturer's instructions;
- 6) any delay caused by a riot, civil commotion, **strike or industrial action** which began or was announced before the start date of **your** policy and the date **your** travel tickets or confirmation of booking were issued;
- 7) anything mentioned in the General Exclusions.

## 4. TRAVEL DELAY AND ABANDONMENT

This section does not apply to **trips** within **your home country**.

### What you are covered for

#### AIRPORT LOUNGE ACCESS

If the flight on which **you** are booked to travel is delayed by at least four hours as a result of:

- **strike or industrial action** provided that when this policy was taken out, there was no expectation that the **trip** would be delayed;
- adverse weather conditions;
- mechanical breakdown or technical fault of the aircraft

**We** will provide access to an airport lounge, where available. Lounge access will become available on the announcement of a minimum four-hour delay, not, for example, two consecutive two-hour delays.

**You** must have access to a mobile device so that **you** can receive an SMS message in order to gain access to the lounge.

To take advantage of this benefit **you** will need to call the 24-hour access phone number

**+44 (0)2380 177466**

**You** will need to quote **your** policy number and flight details. If **your** claim is valid **you** will then be sent an SMS message which will give **you** access to an airport lounge for the duration of **your** delay.

There may be occasions when this benefit is unavailable:

- If the lounge is closed when the delay occurs - during the night, for instance.
- If the lounge is at full capacity.
- If **you** or another **insured person** fail to meet the lounge terms and conditions such as dress code or minimum age.

## TRAVEL DELAY BENEFIT

If **you** chose not to, or are unable to take advantage of airport lounge access, **we** will pay **you**:

- 1) up to the amount shown in the summary of cover if the international departure of the **public transport** on which **you** are booked to travel is delayed by at least 12 hours; or
- 2) up to the amount under the cancellation section of this policy shown in the summary of cover if **you** abandon the **trip** after a delay to **your** outward flight, sea crossing, coach or train departure from the United Kingdom of more than 24 hours beyond the booked departure time as a result of:
  - a) **strike or industrial action** provided that when this policy was taken out, there was no reasonable expectation that the **trip** would be delayed;
  - b) adverse weather conditions;
  - c) mechanical breakdown or technical fault of the aircraft, coach, train or sea vessel.

### Special conditions

**You** must obtain (at **your** own expense) written confirmation from the **public transport** operator (or their handling agents) of the cancellation, number of hours of delay or denied boarding and the reason for these together with details of any alternative transport offered.

**You** must comply with the terms of contract of the **public transport** operator and seek financial compensation, assistance or a refund of **your** ticket and any other expenses from them in accordance with such terms and/or (where applicable) **your** rights under EU Air Passengers Rights legislation in the event of denied boarding, cancellation or long delay of flights.

### What you are NOT covered for

- 1) the **excess** shown in the summary of cover;
- 2) any claim if **you** have not checked in for the flight, sea crossing, coach or train departure before the recommended check-in time;
- 3) any claim if **you** have not obtained written confirmation from the carrier stating the duration and the cause of the delay;
- 4) any claims arising from withdrawal from service temporarily or otherwise of the aircraft, coach, train or sea vessel on the orders or recommendation of the Civil Aviation Authority or a Port Authority or similar body in any country;
- 5) anything mentioned in the General Exclusions.

## 5. PERSONAL POSSESSIONS

### What you are covered for

#### 1) Personal Baggage

We will pay up to the amount shown in the summary of cover for the value or cost of repair of any of **your own personal possessions** (not hired, loaned or entrusted to **you**) which are lost, stolen, damaged or destroyed (after making proper allowance for wear and tear and depreciation).

#### 2) Delayed Baggage:

We will pay up to the amount shown in the summary of cover for the cost of buying replacement necessities if **your baggage** is delayed in reaching **you on your outward journey** for at least 12 hours and **you** have a written report from the carrier to confirm this.

### SPECIAL CONDITIONS

In the event of a claim for a pair or set of articles the maximum amount payable will be limited to the single article limit shown in the summary of cover.

**You** must provide **us** with any receipts, proofs of purchase or documents to support **your** claim as requested.

Within 24 hours of the discovery of the incident **you** must report loss, theft or damage of **personal possessions** to the police or carrier as appropriate. Delayed luggage or **personal possessions** damaged in transit must be reported to the airline before leaving the baggage hall and a Property Irregularity Report (PIR) obtained.

Any amount **we** pay **you** under item 2 (Delayed Baggage) will be deducted from **your** claim if your baggage proves to be permanently lost and **you** make a claim for lost baggage.

#### What you are NOT covered for:

- 1) the **excess** shown in the summary of cover;
- 2) **you** not exercising reasonable care for the safety and supervision of **your personal possessions**;
- 3) loss, destruction, damage or theft of any items left **unattended** in a public place, or a place to which members of the general public have access;
- 4) the loss, damage or delay in transit of **your personal possessions**, if **you** do not:
  - a) notify the carrier (i.e. airline, shipping company, etc.) and obtain a written report within 24 hours of discovery of the damage or loss;
- 5) loss, destruction, damage or theft:
  - a) from confiscation or detention by customs or other officials or authorities;
  - b) due to wear and tear, denting or scratching, moth or vermin;

- 6) loss, damage or theft of
  - a) sports gear whilst in use
  - b) bicycles
  - c) mobile or smart phones
- 7) breakage of fragile or brittle articles being transported by a carrier;
- 8) **valuables** stolen from an **unattended** vehicle at any time;
- 9) **personal possessions** stolen from:
  - a) an **unattended** vehicle, unless it was in the locked glove compartment, or rear boot or luggage area of the vehicle and it is covered so as not to be visible from outside the vehicle, and unless there is evidence of forcible and violent entry;
  - b) an **unattended** vehicle (other than motor caravans) left for any period between the hours of 9pm and 9am;
- 10) any depreciation in value;
- 11) any property more specifically insured or recoverable under any other source;
- 12) the cost of replacement locks;
- 13) loss, destruction, damage or theft of dentures; bonds; securities; stamps or documents of any kind, including driving licences and passports; glass; china; antiques; pictures; unused mobile telephone rental charges or prepayments; coupons; vehicles or accessories; boats and/or ancillary equipment; samples or merchandise or business goods or specialised equipment relating to a trade or profession;
- 14) claims arising from damage caused by leakage of powder or liquid carried within **personal possessions**;
- 15) anything mentioned in the General Exclusions.

## 6. PERSONAL MONEY

### What you are covered for

We will pay **you** up to the amount shown in the summary of cover if **your own money** is lost or stolen whilst being carried on **your** person or left in a locked safety deposit box (or equivalent facility).

### What you are NOT covered for:

- 1) the **excess** shown in the summary of cover;
- 2) claims arising from **you** not exercising reasonable care for the safety and supervision of **your money**;
- 3) loss or theft of **your money** left **unattended** in a public place, or a place to which members of the general public have access;
- 4) **money** stolen from:
  - a) an **unattended** vehicle, unless it was in the locked glove compartment, or rear boot or luggage area of the vehicle and it is covered so as not to be visible from outside the vehicle, and unless there is evidence of forcible and



- violent entry;
- b) an **unattended** vehicle (other than motor caravans) left for any period between the hours of 9pm and 9am;
- 5) any depreciation in value or exchange rates;
- 6) **money** unless in your possession or attended by you or deposited in a safe or safety deposit box at all times;
- 7) claims arising from delay, detention, seizure or confiscation by customs or other officials;
- 8) anything mentioned in the General Exclusions.

## 7. LOSS OF PASSPORT

### What you are covered for

We will pay up to the amount shown in the summary of cover for:

- 1) the reasonable costs in obtaining a replacement passport or travel document (**you** are not covered for the cost of the document itself) to enable **you** to return to **your home country** following the accidental loss or theft of **your** passport;
- 2) the reasonable costs in obtaining a replacement driving licence or green card following accidental loss or theft.

### What you are NOT covered for:

- 1) the **excess** shown in the summary of cover;
- 2) the cost of the passport, travel document, driving licence or green card;
- 3) loss due to delay, detention, confiscation, requisition or damage by customs or other officials or authorities;
- 4) loss or theft unless **you** have reported the loss or theft to the nearest police authority within 24 hours of discovery and have obtained a written police report;
- 5) loss of or theft from an **unattended** vehicle at any time;
- 6) anything mentioned in the General Exclusions.

## 8. PET CARE

### What you are covered for

We will pay up to the amount shown in the summary of cover for each full 24 hour period that **you** are delayed for extra boarding fees for **your** pet, if **your** return journey is delayed due to a reason insured under this policy.

### What you are NOT covered for

- 1) any animal boarding fees **you** incur as a result of quarantine regulations;
- 2) any claims where **you** have failed to check in for **your** return journey at or before the recommended time;
- 3) any claims where **you** have failed to get a written statement from the appropriate transport company or authority confirming the reason for delay;

- 4) anything mentioned in the General Exclusions.

## 9. PERSONAL ACCIDENT

### What you are covered for

We will pay up to the amount shown in the summary of cover if **you** suffer an accidental **bodily injury** during the **trip**, which within 12 months is the sole and direct cause of:

- death;
- **loss of limb**;
- total and permanent **loss of sight** in one or both eyes; or
- **permanent total disablement**.

### What you are NOT covered for:

- 1) any claims arising directly or indirectly from sickness, illness or disease;
- 2) any injury not caused solely by outward, visible, external means;
- 3) mental or psychological trauma not involving **your bodily injury**;
- 4) any claim arising directly or indirectly from **your** pregnancy;
- 5) any claims under this section not notified to **us** within 12 months of the date of the accident;
- 6) anything mentioned in the General Exclusions.

## 10. PERSONAL LIABILITY

### What you are covered for:

We will pay up to amount shown in the summary of cover (inclusive of legal costs and expenses) if, during the **trip**, **you** become legally liable to pay damages in respect of:

- 1) accidental **bodily injury**, including death, illness and disease to a person; and/or
- 2) accidental loss of or damage to property.

### Special Conditions

**You** or **your legal representatives** must give **us** written notice immediately **you** receive notice of any prosecution or inquest in connection with any circumstances which may give rise to a claim under this section.

No admission, offer, promise, payment or indemnity should be made by or on behalf of **you** without **our** prior written consent.

Every claim notice, letter, writ or process or other document served on **you** must be forwarded to **us** immediately upon receipt.

We are entitled to take over and conduct in **your** name the defence or settlement of any claim or to

prosecute in **your** name for **our** own benefit any claim for indemnity or damages against all other parties or persons.

**We** may at any time pay the sum insured (after deduction of any sums already paid as compensation) or any lesser amount for which such claim(s) can be settled. Once this payment is made **we** will have no further liability for **your** claim.

#### **What you are NOT covered for:**

- 1) the **excess** shown in the summary of cover.
- 2) claims arising from accidental death of or physical injury to **you** or **your close relative**.
- 3) any liability resulting from **your** employment, trade, profession, business or that of **your close relative**.
- 4) **your** responsibility as an employer to anyone employed by **you** or **your close relative** in any trade, business or profession.
- 5) any agreement or contract which adds any liability which would not have existed otherwise.
- 6) any liability arising from **you** or **your close relative** owning or using aircraft, horse-drawn vehicles, motorised or mechanically propelled, assisted vehicles or towed vehicles, boats (other than rowing boats, punts), jet skis, jet bikes or wet bikes, animals (other than horses, domestic dogs or cats), firearms.
- 7) any liability resulting from wilful or malicious acts by **you**.
- 8) accidental injury or loss which has been caused by **your** negligence.
- 9) any claim for personal liability which is covered by any other insurance held by **you**.
- 10) any claims arising from the occupation, except temporarily for the purposes of the **trip**, or ownership of any land or building.
- 11) any claim if **you** engage in any activity where this policy states that Personal Liability cover is excluded.
- 12) anything mentioned in the General Exclusions.

## **11. LEGAL EXPENSES**

#### **What you are covered for**

**We** will pay up to the amount shown in the summary of cover for legal expenses to bring a claim for damages or compensation against a third party, if **you** suffer an incident that results in **bodily injury**, death or illness caused by a third party during the **trip**.

The following words and expressions used in this section of the policy shall mean the following wherever they appear in bold:

#### **Legal Expenses:**

- a) Fees, expenses and other costs reasonably incurred (as determined by **our legal representative**) by a **legal representative** to pursue a claim or legal proceedings for damages and/or compensation against a third party who has caused **your bodily injury**, death or illness.
- b) Costs that **you** are legally liable for following an award of costs by any court or tribunal or an out-of-court settlement made in connection with any claim or legal proceedings.

#### **Legal Representative:**

The solicitor or other suitably qualified person appointed by **us** in accordance with this section of the policy.

#### **Special conditions**

- 1) Written consent must be obtained from **us** prior to incurring Legal Expenses. This consent will be given if **you** can satisfy **us** that:
  - a) there are reasonable (as determined by **our legal representative**) grounds for pursuing the claim or legal proceedings; and
  - b) in the opinion of **our legal representative** the prospects of success and of recovering damages/enforcing a judgment is at least 51%.
- 2) All claims or legal proceedings including any appeal against judgement resulting from the same original cause, event, or circumstance, will be regarded as one claim.
- 3) If **you** are successful in any action, any **legal expenses** provided by **us** must be reimbursed to **us**.
- 4) **We** may at **our** discretion assume control at any time of any claim or legal proceedings in **your** name for damages and or compensation from a third party.
- 5) **We** may at **our** discretion offer to settle a claim with **you** instead of initiating or continuing any claim or legal proceedings for damages and or compensation from a third party. Any such settlement will be full and final in respect to the claim.
- 6) **We** may at **our** discretion offer to settle a counter-claim against **you** instead of continuing any claim or legal proceedings for damages and or compensation from a third party.
- 7) Only the costs incurred by a **legal representative** approved or appointed by **us** will be covered.
- 8) **We** shall have complete control over the legal proceedings through **legal representatives** **we** nominate up to the point where proceedings are issued at which point **you** are free to nominate a suitably qualified person, although **we** do not have to accept them.
- 9) Any **legal representative** will be appointed by **us** to represent **you** according to **our** standard terms, which may include a Conditional Fee

Agreement or a Contingency Fee Agreement.

- 10) **You** must cooperate fully with **us** and the **legal representative** and follow their advice and provide any information and assistance required by them within a reasonable timescale.
- 11) **We** will have direct contact with the **legal representative** and **you** authorise them to disclose any information or documentation **we** may ask for.
- 12) If **we** ask, **you** must have any legal costs taxed, assessed or audited.

#### **What you are NOT covered for:**

- 1) the **excess** as shown in the summary of cover;
- 2) any claim **we** or **our legal representatives** believe is not likely to be successful or if **we** think the costs of taking action will be more than any award or the prospects of success and of recovering damages/enforcing a judgment is likely to be less than 51%;
- 3) any claim reported to **us** more than 3 months after the beginning of the incident which led to the claim;
- 4) **legal expenses** incurred in the defence against any civil claim or legal proceedings made or brought against **you**;
- 5) **legal expenses** incurred before receiving **our** prior written approval;
- 6) **legal expenses** incurred in connection with any criminal or wilful act committed by **you**;
- 7) **legal expenses** incurred for any claim or legal proceedings brought against:
  - a) a travel agent, tour operator, carrier, insurer or their agent;
  - b) a holiday accommodation provider;
  - c) **us**, **you**, or any company or person involved in arranging this policy;
  - d) any person named on this policy;
- 8) fines, compensation or other penalties imposed by a court or other authority;
- 9) **legal expenses** incurred after **you** have not accepted an offer from a third party to settle a claim or legal proceeding where the offer is considered by **our legal representative** to be reasonable or **you** not accepting an offer from **us** to settle a claim;
- 10) **legal expenses** which **we** consider to be unreasonable or excessive or unreasonably incurred (as determined by **Our** legal counsel);
- 11) **legal expenses** incurred in pursuing any claim for compensation against the manufacturer, distributor or supplier of any drug, medication or medicine;
- 12) any claim relating to:
  - a) an illness which gradually develops and is not caused by a specific or sudden event;
  - b) the driving of a motor vehicle for which **you** had no valid insurance;
  - c) judicial review or coroner's inquest;

- 13) defending **your** legal rights, except for the defence of any counterclaim;
- 14) any claim where **legal expenses** are based directly or indirectly on the amount of compensation awarded and specifically which is capable of being pursued under a Contingency Fee Agreement;
- 15) **legal expenses** incurred in any claim which is capable of being pursued under a Conditional Fee Agreement;
- 16) **legal expenses** incurred if an action is brought in more than one country;
- 17) anything mentioned in the General Exclusions.

## **12. NATURAL CATASTROPHE COVER**

For the purposes of this policy a natural catastrophe is considered to be a catastrophic event caused by: fire, flood, earthquake, explosion, tsunami, volcanic eruption, landslide, avalanche, hurricane, cyclone or storm which is unforeseen and unknown at the time **you** purchased this insurance or booked **your trip**.

#### **What you are covered for**

If any part of **your** outward, onward or return journeys are delayed, cancelled, cut short or extended as a result of a natural catastrophe **we** will pay up to the amount shown in summary of cover for:

- 1) the unused portion of **your** travel and accommodation costs which **you** have paid or are contracted to pay if **you** cannot get a full refund, if the **public transport** on which **you** are booked to travel is cancelled and **you** are unable to use **your** travel, accommodation or pre-booked excursions;
- 2) costs incurred for any reasonable additional accommodation (room only) and transport up to the standard of **your** original booking, to reach **your** booked destination at any stage of **your trip**, including **your** return home, if the **public transport** on which **you** are booked to travel is delayed for more than 12 hours and no reasonable alternative is offered by the transport company;
- 3) travel delay benefit if the **public transport** on which **you** are booked to travel is delayed or cancelled at any international departure point from or to **your home country**, provided **you** have checked in at the airport or, if **you** have checked in online, **you** have already travelled to the airport, and eventually continue with the **trip**.

#### **Special conditions**

If **you** fail to notify the travel agent, tour operator or provider of transport or accommodation as soon as **you** find out it is necessary to cancel the **trip**, the amount **we** will pay will be limited to the cancellation charges that would have otherwise applied.

**You** must obtain (at **your** own expense)

written confirmation from the provider of the accommodation (or their administrators), the local police or other relevant authority that **you** could not use **your** pre-booked accommodation and the reason for this.

**You** must give notice as soon as possible to **us** of any circumstances making it necessary for **you** to return **home** and before any arrangements are made for **your** repatriation.

**You** must obtain (at **your** own expense) written confirmation from the **public transport** operator (or their handling agents) of the cancellation, number of hours of delay or denied boarding and the reason for these together with details of any alternative transport offered.

**You** must comply with the terms of contract of the **public transport** operator and seek financial compensation, assistance or a refund of **your** ticket and any other expenses from them in accordance with such terms and/or (where applicable) **your** rights under EU Air Passengers Rights legislation in the event of denied boarding, cancellation or long delay of flights.

**What you are NOT covered for:**

- 1) the **excess** shown in the summary of cover;
- 2) travel tickets paid for using any airline mileage reward scheme or other reward points scheme;
- 3) accommodation costs paid for using any timeshare, holiday property bond or other reward points scheme;
- 4) any circumstance which existed and was publicly announced on or before the date **you** purchased **your** policy or at the time of booking **your trip**, whichever is later, or, if **you** are cutting short **your trip**, before **you** had started **your trip**;
- 5) any costs incurred by **you** which are recoverable from a tour operator, **public transport** operator, accommodation provider, holiday services provider or any other source, or for which **you** receive or are expected to receive compensation or other assistance;
- 6) any accommodation costs, charges and other expenses where the **public transport** operator has offered reasonable alternative travel arrangements or accommodation;
- 7) any costs for normal day-to-day living such as food and drink;
- 8) any travel or accommodation expenses **you** would normally incur;
- 9) any costs if **you** do not take the first available means of transport to get to **your** destination or **home** or any unreasonable or unnecessary costs to get **you** to **your** destination or **home**.

## 13. HIJACKING BENEFIT

**What you are covered for**

**We** will pay up to the amount shown in the summary of cover for each full 24-hour period that the aircraft or sea vessel in which **you** are travelling is hijacked on the original pre-booked outward or return journey for a period in excess of 24 hours.

**Special conditions**

It is a condition of the cover provided under this section that **you** must give **us** a written statement from an appropriate authority confirming the hijack and how long it lasted.

**What you are NOT covered for:**

- 1) any claim resulting from **you** acting in a way which could cause a claim under this section.
- 2) anything mentioned in the General Exclusions.

## 14. MUGGING BENEFIT

**What you are covered for**

**We** will pay up to the amount shown in the summary of cover if **you** suffer an injury and are admitted to hospital outside **your** normal country of residence as an in-patient due to a mugging attack.

**Special conditions**

**You** must report the incident to the police within 12 hours and obtain a police report.

**What you are NOT covered for:**

- 1) any claim resulting from business or commercial transactions, or other activities which predispose **you** to being selected as a victim or are illegal.
- 2) anything mentioned in the General Exclusions.

## SPORTS AND ACTIVITIES COVER

**You** are not covered for taking part in any sports or activities unless they are listed below.

Cover for the following activities are included for recreational, amateur purposes only. When participating in **your** activity **you** must ensure that it is adequately supervised and appropriate safety equipment is worn/used at all times.

There will be no cover under Personal Liability for anything marked with an asterisk (\*).

## ADDITIONAL COVER OPTIONS

The following sections are only applicable if **you** have paid the appropriate additional premium. Any optional additional cover will be shown on **your** schedule of insurance.

## OPTIONAL WINTER SPORTS COVER

This policy excludes certain winter sports and activities. Please ensure that the activity **you** are participating in is covered.

This policy will cover **you** when **you** are engaging in the following winter sports on a non-competitive and non-professional basis during **your trip** when **you** have paid the additional winter sports premium:

- Aerobics
- Air Boarding
- Angling
- Archery
- Badminton
- Banana Boating
- Bar work (Licensed premises only no heavy lifting)
- Baseball
- Basketball
- Beach Games
- Biathlon
- Board Sailing
- Body Boarding
- Boogie Boarding
- Bowling Bowls
- Breathing observation bubble (30m)
- Bungee Jumping - Must be adequately supervised and full safety equipment used - Maximum of 3 jumps in any one **trip**
- Canoeing (Grade 1 rivers)
- Canopy Walking on fixed structure walkways
- Catamaran sailing\*
- Clay Pigeon Shooting\*
- Clerical and office work
- Cookery courses
- Cricket - Cover provided if part of a non-professional tournament or competition
- Croquet
- Cross Country Running
- Cycling
- Darts
- Dinghy sailing\*
- Dog Sledding
- Dragon Boating\*
- Elephant Trekking\* Must be with official organisers
- Fell Walking
- Fishing
- Fruit picking (Excluding heavy items in excess of 25 KG and no cover for the use of power tools or farm machinery)
- Golf - Cover provided if part of a non-professional tournament or competition
- Gorilla Trekking - Must be with official organisers
- Handball
- Hiking, Walking, Rambling, Hill walking and Trekking (below 4,000 meters)
- Hot Air Ballooning - Organised
- Husky Sledge Ride - Organised and non-competitive with an experienced local driver. Insured can drive themselves if supervised by an experienced local driver
- Inline Skating
- Jet Boating\*
- Jet Skiing\*
- Jogging
- Kayaking (Grade 1 rivers)
- Korfball
- Motorcycling\* - General Exclusions Apply, see page 22 of the wording.
- Mountain biking\* (no racing, competition's or extreme downhill mountain biking - e.g. a very steep course which was specifically designed to be used by professional cyclists only). All protective clothing (e.g. helmet) must be worn. Height restriction of 2,500 Metres above sea level.
- Netball
- Paintballing\* Must wear eye protection
- Parasailing
- Parascending (over water)
- Pistol Shooting\* - Target shooting within a controlled environment or club only
- Pony Trekking
- Pool Rafting
- Rackets
- Racquetball
- Rambling
- Refereeing - Must be on an amateur basis
- Retail work (Excluding lifting or carrying items that exceed 25 KG)
- Reverse Bungee Jumping - Must be adequately supervised and full safety equipment used - Maximum of 3 jumps in any one **trip**
- Rifle Shooting\* - Target shooting within a controlled environment or club only
- Ringos/Doughnuts
- Roller blading
- Roller skating
- Rounders
- Rowing
- Running (not long distance)
- Safari - No guns. Must be organised by a bona fide tour operator
- Safari Trekking in a vehicle - No guns. Must be organised by a bona fide tour operator
- Safari Trekking on foot - No guns. Must be organised by a bona fide tour operator
- Sail Boarding\*
- Sailing\* Within a 12 mile limit of the coastline
- Scuba Diving to 18 metres if qualified or with an instructor
- Skateboarding
- Snooker
- Snorkelling
- Softball
- Squash
- Street Dancing
- Surfing\* Cover provided if part of a non-professional competition
- Swimming
- Swimming with Dolphins - Must be with official organisers
- Swimming with Stingrays - Must be with official organisers
- Sydney harbour bridge (walking across clipped onto safety line)
- Sydney Harbour Bridge Walk - Must be supervised and full safety equipment used.
- Table Tennis
- Ten Pin Bowling
- Tennis
- Trampolineing
- Tree-top Walking on fixed structure walkways
- Trekking up to 4000m (above sea level)
- Tug of War
- Ultimate Frisbee
- Volleyball
- Wake Boarding\*
- Walking Hill (up to 4,000 meters)
- War Games\* Must wear eye protection.
- Water Polo
- Water Skiing\* No competitions.
- Windsurfing\* No competitions.
- Yachting\* Within a 12 mile limit of the coastline
- Yoga
- Zip Lining-Must be adequately supervised and full safety equipment used



If **you** are an Annual multi-trip policy holder, **you** are entitled to winter sports cover if **you** have paid the appropriate additional premium.

This is limited to 21 days cover.

Cat skiing (with guides)
Snow blading (no jumping tricks)
Cross country skiing
Snow bobbing
Glacier skiing
Snow scooting
Ice hockey
Snow shoe walking
Langlauf (cross country skiing)
Snow shoeing
Monoskiing (not for time trials/speed skiing or racing)
Snow tubing
Skiing on piste
Snow blading
Skiing or snowboarding off piste (within local ski patrol guidelines)
Snow boarding on piste
Sledging/tobogganing

The following activities will be covered but there will be no cover in respect of any Personal Accident or Personal Liability claims:

Kite snowboarding
Snow carting
Snow go-karting
Snowmobiling
Skidoo
Snowmobile safari

Even if the appropriate winter sports premium has been paid, the following activities will remain excluded:

Air boarding
Arial skiing
Biathlon
Bobsleigh
Freestyle skiing
Heli skiing or heli boarding
Ice climbing
Ice diving
Ice fishing by snowmobile
Ice hockey
Ice holing
Ice marathon
Ice speedway

Nordic skiing
Paraskiing
Skeleton bob
Ski acrobatics/aerials Tandem skiing
Ski jumping
Ski mountaineering
Ski race training
Ski racing
Ski randonee
Ski stunting
Ski touring
Ski yawing
Skiing/snowboarding off piste (outside local ski patrol guidelines/outside recognised and authorised areas)
Snow biking
Snow cat driving
Snow kiting
Snow parascending

**You** are not covered when engaging in organised competitions or when skiing against local authoritative warning or advice.

### What you are covered for

Benefits under the sections of cover already described are extended to cover winter sports. Please note that all terms, conditions and exclusions (except where these are amended under this upgrade) continue to apply for all sections in respect of winter sports.

## WINTER SPORTS CANCELLATION OR CURTAILMENT

In addition to the Cancellation or **Curtailment** section **we** will pay up to the amount shown in the summary of cover for:

- the cost of deposits **you** cannot recover, or payments **you** have made (or contracted to pay) for unused ski pass or ski school fees.

### What you are NOT covered for

- Anything mentioned in the exclusions relating to the Cancellation or **Curtailment** section
- Anything mentioned in General Exclusions.

## SKI EQUIPMENT & SKI/LIFT PASS

### What you are covered for

In addition to the **personal possessions** and baggage section **we** will pay **you** up to the amount shown in the summary of cover:

- if **ski equipment** belonging to or hired by **you** is damaged, stolen, destroyed or lost in the course of a **trip**;
- if **your** ski/lift pass that **you** are carrying on **your** person or have left in a safety box is lost, stolen, or damaged in the course of a **trip**.

**We will** also pay **you** up to the amount shown in the summary of cover to hire replacement **ski equipment** if **your ski equipment** is damaged, stolen or lost in the course of a **trip**.

#### Special conditions

- **Ski equipment** is covered against damage or loss whilst in use, if being used correctly.
- Skis are covered when locked to a roof rack, which is itself locked to the roof of a vehicle.

**You** must take reasonable care of **your ski equipment** and ski pass and must not leave them **unattended** at any time in a place to which the public has access.

#### What you are NOT covered for

- 1) anything mentioned in the exclusions relating to the **Personal possessions** and Baggage section;
- 2) anything mentioned in the General Exclusions;

#### PISTE CLOSURE

##### What you are covered for

If during a **trip** **you** are prevented from skiing at the pre-booked resort for more than 24 consecutive hours, because adverse weather conditions cause a total closure of the lift system (other than baby drags and lifts used for transport within the resort by non-skiers) **we** will pay up to the amount shown in the summary of cover as a cash benefit payable if no suitable alternative skiing is available.

##### What you are NOT covered for

- 1) **trips** outside the period commencing 1st December and ending 31st March;
- 2) anything mentioned in the General Exclusions.

#### AVALANCHE OR LANDSLIDE

##### What you are covered for

If, following avalanches or landslides, access to and from the ski resort is blocked or scheduled **public transport** services are cancelled or **curtailed** **we** will pay up to the amount shown in the summary of cover for reasonable extra accommodation and travel expenses. Evidence of limited access will be required.

##### What you are NOT covered for

- a) anything mentioned in the General Exclusions.

#### SKI HIRE

##### What you are covered for

If **your ski equipment** is delayed on the **outward journey** of a **trip** for more than 12 hours, then

**we** will pay **you** up to the amount shown in the summary of cover for hire of equivalent replacement **ski equipment**.

##### What you are NOT covered for

- 1) the loss, damage or delay in transit of **your ski equipment** if **you** do not notify the carrier within 24 hours and obtain a Property Irregularity Report (PIR) or other report confirming the delay.
- 2) anything mentioned in the General Exclusions.

#### OPTIONAL EUROPEAN CRUISE COVER

**You** are only covered under this section if **you** have paid the extra premium to include cruise cover. If **you** have purchased this cover will be shown on **your schedule of insurance**.

#### CRUISE INTERRUPTION

##### What you are covered for

**We** will pay up to the amount shown in the summary of cover for each missed port in the event of cancellation of a scheduled port visit due to adverse weather or timetable restrictions. This must be confirmed by the cruise operator in writing confirming the reason for the missed port.

##### What you are NOT covered for

- 1) claims arising from a missed port caused by **strike or industrial action** if it was known at the time that the insurance was purchased or the **trip** was booked;
- 2) **your** ship being unable to put people ashore due to a scheduled tender operation failure;
- 3) any claim if a monetary amount (including on board credit) of compensation has been offered by the ship or tour operator;
- 4) your policy **excess** unless you have purchased an Excess Waiver optional benefit;
- 5) anything mentioned in the General Exclusions.

#### UNUSED EXCURSIONS

##### What you are covered for

**We** will pay up to the amount shown in the summary of cover for the cost of pre-booked excursions, which **you** were unable to use as a direct result of being confined to **your** cabin by the ship's medical officer for medical reasons.

##### What you are NOT covered for

- 1) any confinement to **your** cabin which has not been confirmed in writing by the ship's medical officer;
- 2) **your** failure to attend the excursion as per your itinerary;
- 3) any claim if a monetary amount (including on board credit) of compensation has been offered by the ship or tour operator;
- 4) **your** policy **excess** unless **you** have purchased an

- excess** Waiver optional benefit;  
5) anything mentioned in the General Exclusions.

## MISSED PORT

### What you are covered for

We will pay up to the amount shown in the summary of cover for necessary additional travel and accommodation (room only) expenses required to reach **your** booked cruise at the next embarkation point, if **you** are late arriving for your scheduled departure time at the first international departure point as a result of:

- 1) the vehicle **you** are travelling in to reach **your** booked departure port breaking down or being involved in an accident; or
- 2) an accident or breakdown which happens ahead of **you** on a road which causes an unexpected delay to the vehicle **you** are travelling in; or
- 3) the **public transport you** are using to reach **your** international departure point being delayed; or
- 4) **strike or industrial action** or adverse weather conditions.

### What you are NOT covered for

- 1) If **you** have not allowed enough time to reach **your** port for **your** check in time;
- 2) if **your** delay was caused by **strike**, riot or civil commotion which began or was announced before **your** policy started or **your trip** was booked, whichever is later;
- 3) the accident or breakdown of **your** vehicle unless **you** get confirmation of the delay from the authority who went to the accident or breakdown affecting the car **you** were travelling in;
- 4) breakdown of any vehicle in which **you** are travelling if the vehicle is owned by **you** and has not been serviced properly and maintained in accordance with manufacturer's instructions;
- 5) any claims arising from withdrawal from service temporarily or otherwise of the **public transport** on the orders or recommendation of the Civil Aviation Authority or a Port Authority or similar body in any country;
- 6) additional expenses where the scheduled **public transport** operator has offered alternative travel arrangements;
- 7) additional expenses where **your** planned arrival time at the port is less than 3 hours in advance of the sailing departure time if **you** are travelling independently and not part of an integrated cruise package;
- 8) an accident or breakdown which happens ahead of **you** on a road which causes an unexpected delay to the vehicle **you** are travelling unless **you** provide confirmation from police or the Highways Agency of an accident, or in the instance of a road closure that it was not notified

- in advance before it closed;  
9) **your** policy **excess** unless you have purchased an **excess** waiver optional benefit;  
10) anything mentioned in the General Exclusions.

## CABIN CONFINEMENT

### What you are covered for

We will pay up to the amount shown in the summary of cover for each 24-hour period that **you** are confined to **your** cabin for medical reasons on the advice of the ship's medical officer.

### What you are NOT covered for

- 1) any confinement to **your** cabin which has not been confirmed in writing by the ship's medical officer.
- 2) anything mentioned in the General Exclusions.

## WITHDRAWAL OF SERVICES

### We you are covered for

If a withdrawal of water, electricity or restaurant service on the ship **you** are travelling on occurs continuously for more than 48 hours during **your** cruise, **we** will pay £50 for each 24 hours thereafter, up to the amount shown in the summary of cover.

### What you are NOT covered for

If **you** do not give us **written** notice from the tour operator, accommodation provider or hotel supporting **your** claim by confirming the reason and length of the withdrawal of services;

- 1) claims arising from actual or planned **strike or industrial action** which was common knowledge at the time you booked the **trip**, or purchased this policy (whichever is later);
- 2) anything mentioned in the General Exclusions.

## EXTRA CATASTROPHE

### What you are covered for

- 1) If any part of **your** outward or onward journey is delayed or cancelled due to a natural catastrophe, **we** will pay up to the amount shown in the summary of cover for:
  - a) Cancellation, if **you** are unable to use your pre-booked and pre-paid travel and accommodation;
  - b) additional expenses to the standard of **your** original booking to reach **your** destination
- 2) If any part of **your** journey is cut short or extended as a result of a natural catastrophe **we** will pay up to the amount shown in the summary of cover for:
  - a) **Curtailement** if **you** are unable to use **your** travel or accommodation and have to return **home** if **your public transport** is delayed and

no alternative is available for more than 24 hours and **you** cannot continue with **your** booked itinerary;

- b) replacement accommodation to the standard of your original booking (room only) if **you** cannot use **your** originally booked cruise accommodation.

### What you are NOT covered for

- 1) any claim if a monetary amount (including on board credit) of compensation or alternative travel or accommodation has been offered by the ship or tour operator;
- 2) **your** policy **excess** unless you have purchased an **excess** Waiver optional benefit;
- 3) anything mentioned in the General Exclusions.

## OPTIONAL BUSINESS COVER

**PLEASE NOTE:** The following sections only apply if **you** have paid the required premium for Business Cover and this is shown on **your** schedule of insurance.

### DEFINITION RELATING TO BUSINESS COVER:

#### Business Equipment

Computer equipment, communication devices and other business-related equipment which **you** need in the course of **your** business and which is not insured on a company policy. The equipment must be owned by **your** employer or if **you** are self-employed it must be owned by **you**.

### BUSINESS EQUIPMENT

**We** will pay **you** up to the amount shown in the summary of cover for:

- 1) Business equipment which is lost, stolen or damaged during **your** trip.
- 2) Buying essential items if **your** business equipment is lost or delayed in reaching **you** on **your** outward international journey for more than 12 hours.

**PLEASE NOTE:** **You** must get written confirmation of the length of the delay from the appropriate airline or transport company and **you** must keep all receipts for the essential items **you** buy. **You** must bring any damaged business equipment back to the United Kingdom for inspection.

### BUSINESS MONEY

**We** will pay **you** up to the amount shown in the summary of cover for:

- 1) the loss or theft of business money (meaning cash or traveller's cheque) which is **your** property (if self-employed) or **your** employer's property while it is being carried with **you** or it is held in a locked safety deposit facility.

### What you are NOT covered for

- 1) The excess as shown in the table of benefits for each insured person and for each incident.
- 2) Business equipment **you** leave unattended in a public place.
- 3) Any claim for loss or theft which **you** do not report to the police within 24 hours of discovering it and which **you** do not get a written police report for.
- 4) Any claim for loss, theft, damage or delay to business equipment which **you** do not report to the relevant airline or transport company within 24 hours of discovering it and which **you** do not get a written report for.

In the case of an airline, a property irregularity report will be required from the airline. If the loss, theft or damage to **your** business equipment is only noticed after **you** have left the airport, **you** must contact the airline in writing with full details of the incident within seven days of leaving the airport and get a written report from them.

- 5) Any loss, theft or damage to photographic, audio, video, electrical and computer equipment not carried in **your** hand luggage while **you** are travelling on public transport or on an aircraft.
- 6) Claims where **you** or **your** employer are unable to provide receipts or other reasonable proof of ownership for the items being claimed.

### Claims evidence required may include:

- Loss or theft - police report.
- Loss, theft, damage by an airline - property irregularity report, flight tickets and baggage check tags.
- Delay by an airline - written confirmation of the length of delay from the airline, flight tickets, baggage check tags, receipts for the hire of business equipment.
- Proof of value and ownership.

**PLEASE NOTE:** **We** may require other evidence to support **your** claim dependent upon the circumstances, in which case **we** will contact **you**.

Please also refer to the general exclusions and conditions of the policy.

### REPLACING STAFF

**We** will pay **you** up to the amount shown in the summary of cover for if, after an accident or illness that is covered under Section 1 (Medical and repatriation expenses) **you** are prevented from going to a planned business meeting during **your** trip. **We** will pay for necessary and reasonable travel and accommodation expenses for a replacement business associate to travel from the United Kingdom to go to the meeting.

### Claims evidence required may include:

- Proof of travel (confirmation invoice, travel tickets).

- Invoices and receipts for **your** business associate's expenses.
- An official letter from the treating doctor in the resort to confirm **your** inability to take part in the planned business meeting.

## GENERAL CONDITIONS APPLICABLE TO ALL SECTIONS

- 1) All receipts must be retained and produced in the event of a claim. **Your** claim may be rejected if receipts are not produced.
- 2) If **we** require any medical certificates, information, evidence and receipts, these must be obtained by **you** at **your** expense.
- 3) In the event of a claim, if **we** require a medical examination **you** must agree to this and in the event of death **we** are entitled to a post mortem examination, both at **our** expense.
- 4) **You** must take steps to recover any lost or stolen article.
- 5) **You** must take steps to avoid or minimise any loss or damage likely to give rise to a claim under this policy. **You** must act as if **you** are not insured.
- 6) **We** will make every effort to provide all services stated in this document. Remote geographical locations or unforeseeable adverse local conditions may affect normal service.
- 7) **We** may at any time pay **our** full liability under this policy after which **we** will have no further liability.
- 8) If any claim is found to be fraudulent in any way this policy will not apply and no claims related or subsequent to the fraud will be paid.
- 9) In the event of a valid claim, **you** shall allow **us** the use of any relevant travel tickets **you** are not able to use because of the claim.
- 10) **you** must pay the appropriate premium for the full number of days for **your** planned trip. If **your** trip is planned to exceed the number of days for which **you** have purchased insurance then no cover at all shall apply in respect of that trip and **you** will need to make alternative insurance arrangements.
- 11) If at the time of any incident giving rise to a claim under this policy there is other insurance covering the same loss, **we** will not pay more than **our** proportional share apart from a personal accident claim, which will be paid in full.
- 12) **You** must follow any recommendations, laws or regulations made by any government or other authority both before and during the **period of insurance**, including government regulations that **you** must not travel and leave the United Kingdom during a **pandemic** lockdown situation. If **you** chose to travel against United Kingdom Government lockdown travel regulations, outside of Foreign, Commonwealth and Development Office travel advice, **you** will not be covered for any claim **you** make.

## GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS

**We** will not pay any claim if **you** have failed to meet the eligibility criteria of this policy. **We** will also not pay anything directly or indirectly caused by:

- 1) **your** suicide or deliberate self-harm;
- 2) **you** climbing on top of, or jumping from a vehicle or jumping from a building or balcony, or sitting, planking, balconing, owling or lying on any external part of any building, or climbing or moving from any external part of any building to another (apart from stairs, ramps or walkways) and falling regardless of the height, unless **your** life is in danger or **you** are attempting to save human life;
- 3) **you** being under the influence of alcohol or drugs (unless prescribed by a doctor). **We** do not expect **you** to abstain from alcohol whilst on **your** trip but **we** will not cover any claims arising because **you** have drunk so much alcohol that **your** judgement or health is seriously affected and **you** need to make a claim as a result.
- 4) air travel (other than as a fare-paying passenger on a regular scheduled airline or licenced charter aircraft);
- 5) bankruptcy/liquidation of any tour operator, travel agent or transportation company.
- 6) consequential loss of any kind unless specifically provided for within this policy (for example, but not limited to, loss of earnings due to being unable to return to work following injury or illness or cost of replacement lock if keys are lost);
- 7) loss or damage to any property and expense or legal liability; directly or indirectly caused by:
  - a) ionising radiations or radioactive contamination from any nuclear fuel or nuclear waste which results in burning of nuclear fuel; or
  - b) the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it;
- 8) loss or damage arising from war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion or uprising, blockade, military or usurped power;
- 9) any act of **terrorism**;
- 10) **you** riding a quad bike
- 11) **you** riding on a motorcycle with an engine capacity in excess of 250cc, or of any engine size if **you** fail to wear a crash helmet, do not have the appropriate licence;
- 12) any sports or activities not listed under the sports and activities tables;
- 13) winter sports of any kind (unless the appropriate premium has been paid);
- 14) any payment which **you** would normally have made during **your** travels, if nothing had gone wrong (for example, meals);
- 15) **your** travel to a country or specific area or event



which the travel advice unit of the Foreign, Commonwealth and Development Office or other regulatory authority has advised against all, or all but essential travel. The exception to this exclusion is for single trip policies for travel within Europe, where **you** will remain covered, other than for cancellation or **curtailment** claims, if the Travel Advice Unit of the Foreign and Commonwealth Office advice against “all but essential travel” is due to Covid-19;

- 16) the closure of UK or international airspace temporarily or otherwise on the orders or recommendation of the Civil Aviation Authority or similar body in any country;
- 17) claims arising from **your** wilful, malicious or unlawful acts;
- 18) a **pre-existing medical condition**
- 19) **you** driving, or being in charge of a vehicle where **your** blood alcohol level is above the legal limit stated in the laws of the country where the incident occurs;
- 20) any circumstances **you** are aware of at the time of taking out this cover or at the time of booking any **trip** that could reasonably be expected to give rise to a claim on this cover;
- 21) loss of enjoyment.

## COMPLAINTS

**We** are dedicated to providing **you** with a high quality service and want to ensure that this is maintained at all times. If **you** feel that **we** have not offered a first class service please write and tell **us** and **we** will do **our** best to resolve the problem.

It is **our** intention to provide an excellent service to **our** policyholders, however **we** recognise that there may be occasions when **you** believe that this may not have been achieved. If **you** are unhappy with any aspect of the customer service that **you** received in relation to the policy purchase or received documentation, please contact:

### The Customer Service Manager

Expand Travel Insurance,  
Brookwood House, 2b West Street,  
Ewell Village, Epsom, Surrey, KT17 1UU.

Email: [complaints@ehicexpand.com](mailto:complaints@ehicexpand.com)

## FOR COMPLAINTS ABOUT HOW A CLAIM OR ASSISTANCE CASE HAS BEEN HANDLED

International Medical Rescue,  
15 East Links, Tollgate, Eastleigh,  
Hampshire SO53 3TG  
Email: [complaints@im-rescue.com](mailto:complaints@im-rescue.com)

## FOR ALL COMPLAINTS

If **you** are not happy with the response **you** have the right to ask the Financial Ombudsman Service (FOS) to review **your** complaint.

Financial Ombudsman Service  
Exchange Tower, Harbour Exchange Square,  
London, E14 9SR  
Phone: 0800 023 4567  
Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

Please note that if **you** refer **your** complaint to the FOS **you** must have approached **us** first and received **our** final response. **You** must approach the FOS within 6 months of receiving **our** final response.

## FINANCIAL SERVICES COMPENSATION SCHEME

**We** are covered by the Financial Services Compensation Scheme (FSCS). In the unlikely event **we** cannot meet our liabilities to **you**, **you** may be able to claim money from the Financial Services Compensation Scheme. **Your** rights will depend on the type of policy **you** have bought and the events surrounding **your** claim. Further information about the scheme can be obtained from the Financial Services Compensation Scheme at:

Tel: 0800 678 1100 or 0207 741 4100  
E-mail: [enquiries@fscs.org.uk](mailto:enquiries@fscs.org.uk)  
Website: [www.fscs.org.uk](http://www.fscs.org.uk)



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