



WHEN YOUR CHOICE
**Travel Trust
 Association**
 IS TO BE INDEPENDENT

This travel insurance has been arranged by
 Crispin Speers & Partners on behalf of Insure for Travel Limited

This evidence of cover is to confirm that those persons who have paid the appropriate premium are insured under Master Certificate Number WHIIL/ELECT/10/2007.

This document only constitutes a valid evidence of insurance when it is issued in conjunction with a validation certificate/ booking invoice issued between 1st December 2007 and 31st October 2008, for departures up to 31st October 2009.

Your Single Trip Travel Insurance Policy

Please call 0870 730 3160 for all Medical claim form requests quoting IGCS 1793. For all other claims please call 0871 664 7995

GENERAL INFORMATION

Insurers

The Insurer for this policy is:

White Horse Insurance Ireland Ltd

Registered Office: 14 Clyde Road, Ballsbridge, Dublin 4

Health agreements

When You are travelling to a European Union Country, You should collect a form E111 or EHIC from Your local post office. If You need treatment, You should present this at the time of treatment as it may save You paying the £100 policy excess from any claim under section A (Medical and other expenses).

When You are travelling to Australia or New Zealand and You have to go to hospital, You must register for treatment under either the Medicare scheme or the reciprocal health agreement applicable in those countries. If You do not do this, We may not be able to pay Your claim. If You are in any doubt as to how to collect a form E111, EHIC or register for the Medicare scheme, please contact Inter Group Assistance Services who will be able to help You.

Your travel insurance

All insurance policies contain restrictions and exclusions which You should know about. Please make sure that the cover meets Your needs and remember to sign the declaration on the inside back cover to confirm that You accept the terms of cover shown in this booklet. If You need more advice, please call Insure For Travel Limited on 01243 373123.

IMPORTANT INFORMATION

EVIDENCE OF COVER

You should read this document carefully. It gives you full details of what is and is not covered and the conditions of the cover. Cover will vary from policy to policy and Insurer to Insurer.

CONDITIONS, EXCLUSIONS AND WARRANTIES

Conditions and exclusions will apply to individual sections of your evidence of cover while general exclusions and conditions will apply to the whole of your evidence of cover. It is a condition of this evidence of cover that all material facts must be disclosed to the Insurer at the time of taking out this insurance. Failure to do so may result in the Insurer's non-liability for claims.

DANGEROUS SPORTS OR PASTIMES

You are only covered under the evidence of cover for claims arising from certain hazardous activities. If you require cover for activities not listed within this booklet please contact your issuing agent.

PROPERTY CLAIMS

These claims are paid based on the value of the goods at the time you lose them and not on a 'new for old' or replacement cost basis. An allowance for wear, tear and depreciation will be deducted. Certain items of personal property are not covered.

PERSONAL LIABILITY

There is no cover for Personal Liability claims arising directly or indirectly from, happening through or in consequence of ownership, possession or use of any vehicle, automobile, aircraft or any mechanically propelled conveyance.

POLICY LIMITS

All sections of your policy have limits on the amount the Insurer will pay under that section. There are also specific limits under the personal possessions section for: any single item; valuables, items for which an original receipt, proof of purchase or an insurance valuation prior to loss, is not supplied; loss, theft or damage occurring on a beach or in or around a swimming pool.

THIS WORDING CONSTITUTES A VALID CERTIFICATE OF INSURANCE ONLY WHEN ATTACHED TO THE APPROPRIATE, DULY VALIDATED, CERTIFICATE ENDORSEMENT SLIP COVERING THE RELEVANT TRAVEL OR JOURNEY

Types and overall limits of cover

This is to certify that the Insurer, in consideration of the premium specified on Your Schedule, agrees to indemnify the Insured Person (s) on this Certificate of Insurance in respect of

The insurance		Silver	Gold	Platinum	Excess
A	Medical Expenses	£2,000,000	£5,000,000	£10,000,000	£100
	Emergency Dental Expenses	£200	£200	£200	£100
	Emergency Assistance	Unlimited	Unlimited	Unlimited	Nil
	Sending You home in an emergency	£500,000	£500,000	£2,000,000	£100
B	Personal Accident Up to	£10,000	£10,000	£25,000	Nil
	Death	£5,000	£5,000	£5,000	Nil
	Death (Insureds under 16)	£1,000	£1,000	£1,000	Nil
C	Personal Liability	£500,000	£1,000,000	£2,000,000	£250
D	Legal Expenses	No Cover	£15,000	£15,000	Nil
E	Missed Departure	No Cover	£500	£1,000	£50
F	Personal Possessions	No Cover	£500	£2,000	£50
	Single Article Limit *No cover for valuable items	No Cover	*£100	£150	£50
	Valuables Limit	No Cover	No Cover	£200	£50
	Personal Money	No Cover	£100	£150	£50
	Travel Documents	No Cover	£100	£300	£50
	Baggage Delay	No Cover	No Cover	£150	£50
G	Cancellation and Curtailment	No Cover	£750	£3000	£50
H	Travel Delay	No Cover	No Cover	£20 for each full 12hr delay up to £300	Nil
	Abandonment	No Cover	£750	£3000	£50
I	Hospital Benefit	No Cover	£25 for each complete 24hr period up to £500	£2,000	Nil
Wintersports cover - additional benefits (applicable only where the additional premium has been paid)					
J	Piste closure	No Cover	No Cover	£20 for each complete 24hr period up to £200	Nil
K	Avalanche	No Cover	No Cover	£100 after full 12hr delay	Nil
L	Ski hire	No Cover	No Cover	£20 for each complete 24hr period up to £500	Nil
Business cover - additional benefits (applicable only where the additional premium has been paid)					
M	Business Equipment Single Article Limit	No Cover	No Cover	£2,000 £500	£50
N	Delayed Business Equipment	No Cover	No Cover	£500 £150 per day max £500 hire alternative equipment	Nil
O	Business Money	No Cover	No Cover	£250	£50
P	Replacement Employee	No Cover	No Cover	£3,000	£50

POLICY EXCESSES

Under most sections of the **policy**, claims will be subject to an **excess** per person. This means that you will be responsible for the first part of the claim. If **you** claim under more than one section of the **policy**, **you** will have to pay an excess for each section. Excesses apply to every claim for every incident for each person named on the confirmation.

REASONABLE CARE / UNATTENDED PROPERTY

You must exercise reasonable care to prevent illness, injury or loss or damage to **your** property, as if uninsured. There is no cover for property left unattended in a place to which the general public has access. There is no cover for loss of **money** which was not carried on the Insured's person unless placed in a safety deposit box or similar locked, fixed receptacle.

COMPLAINTS PROCEDURE

If **you** have any cause for complaint regarding this insurance, please refer to the relevant section of this document for the complaints procedure to follow.

CANCELLATION PERIOD

If, after reading this **policy you** are not satisfied with it for any reason, **you** must return the **certificate** to the Issuing Agent within 14 days of issue in order to receive a full refund of premium, provided that a claim does not exist and that travel has not taken place.

MATERIAL FACTS

You MUST disclose all material facts. A material fact is one that is likely to influence the **Insurer** in accepting your insurance. This could be the state of **your** health or that of a **relative** or person on whom **your** travel plans depend or any hazardous activities. If **you** are in any doubt as to whether a fact is 'material', **you** should tell **your** issuing agent. If the fact is considered to be 'material', **you** should seek written confirmation from the **Insurer**. If **you** do not disclose material facts, it may result in **your** claims being invalid.

PRE-EXISTING MEDICAL CONDITIONS

If **you** are aware that **you** or any other person (including a **relative**, traveling companion or **close business associate**) have:

- a **pre-existing medical condition** that could force **you** to cancel or cut short **your** trip or
 - been admitted as an inpatient in hospital in the last 24 months or
 - at any time suffered from, or received any form of medical advice, treatment or medication for any of the following
1. **Any Heart or Circulatory related condition (Including Hypertension, Angina, Stroke)**
 2. **Any Lung or Breathing related condition (Other than inhaler controlled, mild Asthma, suffered in isolation)**
 3. **Any Cancerous condition**
 4. **Any Kidney Related Disorder**

Then **you** must contact the Medical Pre-screening company in order to arrange cover for that condition. Failure to advise the Medical Pre-screening company of a **pre-existing medical condition** will result in claims for those undisclosed conditions not being paid.

Contact the Medical Pre-screening company on **08712 085 544**.

Please note that cover cannot be offered for any Pre-Existing Medical Condition if you, or the person you are traveling with:

- are awaiting the results of medical tests or investigations
- are traveling against the advice of a medical practitioner
- are traveling for the purpose of obtaining medical treatment
- are on a hospital waiting list
- are receiving ongoing dialysis treatment
- have been given a terminal prognosis
- have a psychological condition (including anxiety, stress, depression, psychiatric or eating disorders, phobias)
- are due to give birth within ten weeks of the booked start or return date of **your** trip.

What will happen when you call Medical Pre-Screening

Our trained operators will ask **you** a few simple questions about your intended holiday and the medical condition. **You** will be advised as to whether your **Pre-existing Medical Condition** can be covered, whether there will be an additional premium to pay or whether there are any changes to be made to the policy terms and conditions.

If cover can be provided, **you** will be given an acceptance code and a letter will be sent to **you** upon receipt of payment, detailing the extension of cover where applicable. Please read this letter carefully and keep it with **your** insurance documents as it confirms the terms of the cover. Please note that cover is not effective until **you** are in receipt of this letter.

Please note that if there is a significant change in **your** medical condition or if **you** develop a new condition after **you** have taken out this insurance, but before **you** travel, **you** must declare this to **your** Insurers.

Any subsequent policies, whether "Single Trip", "Annual Multi-Trip" or "Extended Stay", will require you to contact the medical pre-screening company again.

What will happen if you do not contact Medical Pre-Screening

If **you** do not contact Medical Pre-Screening **you** will not be covered in the event of a claim arising out of **your Pre-existing Medical Condition**.

Definitions

Any word defined below will have the same meaning wherever it is shown in **your policy** in bold print. These definitions have been listed in alphabetical order.

Accident, accidental

A sudden, unexpected event caused by something external and visible, which results directly and solely in loss, damage or physical bodily injury.

Act of terrorism

An act, including but not limited to the use/or planned use of force or violence and/ or the threat of any person or group of persons whether acting alone, or on behalf of, or in connection with any organisation, or government, committed for political, religious, ideological or similar purposes including the intention to influence any government and/ or the public, or to put any section of the public in fear.

Assistance Company

Inter Group Assistance Services

Business Equipment

Computer equipment, communication devices and other business related equipment that is carried by **you** in the course of **your** business.

Cancellation costs

Travel and accommodation expenses paid or contracted to be paid by **you** in respect of **your** trip.

Certificate

An insurance validation **certificate** or booking invoice issued by the issuing agent which describes you and the Insured person(s) who are covered under this **policy**.

Claims Handler

For Medical Assistance Claims:

Inter Group Claims Services, Waverley House, Farnham Business Park, Weydon Lane, Farnham, Surrey, GU9 8QT

For All Other Claims:

White Horse Insurance Ireland Claims Department, PO Box 258, Wavell House, Rossendale, BB4 0BQ

Close business associate

A person in the same employment as **you** in **your** country of residence, whose absence from work or place of employment for one or more complete days at the same time as **you**, prevents the effective continuation of that business.

Common-law partner(s)

Any couple (including same sex) in a common law relationship or who have co-habitated for at least 6 months.

Country of residence

The country of permanent residence in which **you** live, for no less than 6 months of the year.

Couples

Any two adults (including same sex) who have co-habitated for at least 6 months at the same residential address in the United Kingdom.

Curtailment Costs

Travel costs necessary to return **you** home before the booked return date and a pro-rata amount representing the total pre-paid or contracted costs of accommodation, car hire and excursions attributable to each complete day which is not spent overseas.

The following are not included in the definition:

- all costs attributable to the outward and return travel tickets, whether used or unused.

Excess

The first amount you and each person named under the insurance **certificate** have agreed to pay towards a claim under each section of this **policy**, as outlined within the **Schedule of Benefits**.

Family

Two (2) adults and 4 dependant children under the age of 18 in full time education.

Golf Equipment

Golf Clubs, Golf Bags, Golf Shoes.

Hazardous Sports & Activities

Any sport or leisure activity other than those listed below, and then only when participating on an amateur basis: Archery, Badminton, Baseball, Basketball, Beach Games, Black Water Rafting (Grade 1-4), Bowls, Bungee Jumping (Max of 2 jumps), Canoeing (excluding white water canoeing of any grade), Clay Pigeon Shooting, Cricket, Cycling (excluding BMX or mountain biking), Dinghy Sailing, Dry Skiing, Fell Walking, Fell Running, Fencing, Fishing (excluding wade fishing), Football, Golf, Hiking (under 2,000m altitude), Horse Riding (excluding jumping, hunting, polo and racing), Hot Air Ballooning which has been booked in the UK prior to departure, Ice Skating, Jet Boating, Jet Skiing, Jogging, Marathon Running, Motorcycling up to 125cc (provided rider holds a full driving license and is wearing crash helmet), Netball, Orienteering, Paintballing (providing protective eye-wear and clothing are worn), Parascending (over water), Pony Trekking, Racquetball, Rambling (under 2,000m altitude), River Canoeing, Roller Skating, Roller Blading, Rounders, Rowing, Safari (if pre-booked through UK

Operator, excluding the use of firearms), Sail Boarding, Sailing (within territorial limits), Scuba Diving up to 15m (excluding solo dives and no dives less than 24 hours before departure to your home), Skate Boarding, Snorkelling, Squash, Surfing, Tennis, Track Events, Trekking (under 2,000m altitude), Triathlon, Volleyball, Water Polo, Water Skiing, White Water Rafting (up to grade 4), Windsurfing, Yachting (inside territorial waters). If You are participating in an activity that is not listed above please call Insure For Travel Limited on 01243 373123 and they may be able to arrange cover.

Home

Your usual place of residence in the United Kingdom or Republic of Ireland for no less than 6 months of the year.

Insurance Premium Tax (IPT or IGL)

A Government tax which must be paid by **you** in addition to the insurance premium. Only residents of the Channel Islands and Isle of Man are exempt from taxation.

Money

Bank currency notes and coins.

Medical Screening Company

Bishops court

One-way trip

A journey where **you** are emigrating or returning to **your** usual **country of residence**, where **you** have no intention of returning to **your** departure country. The cover will begin when **you** leave **your** international point of departure and ends no later than 72 hours after the time **you** first leave the immigration control of **your** final destination country.

Pair or set

Two or more items of personal possessions which are complimentary or used or worn together.

Personal Possessions

Luggage, clothing, valuables and personal items which are owned by **you** and have been either taken or purchased on the **trip**.

The following are not included in the definition: Animal skins, Antiques, bicycles, binoculars, bonds, coupons, documents of any kind, **Money**, securities, stamps, travellers cheques, mobile phones, computer or telecommunications equipment of any kind, computer games and computer games consoles, iPods, MP3 players, contact or corneal lenses, diving equipment, furs, musical instruments, radios, tape recorders, television sets, video equipment or DVD equipment of any kind.

Policy

Your certificate, this policy and endorsements.

Policy Age Limits

Single trip = 79 years • Annual Multi trip = 74 years • Extended Stay = 39 years

Pre-Existing Medical Conditions

A pre-existing medical condition is any medical condition which has been suffered, or for which medical advice, treatment or medication has been received in the last 24 months prior to the date of issue of the **policy**.

Public Transport

A train, bus, coach, ferry service or scheduled airline flight operating to a published timetable to join the booked travel itinerary.

Redundancy, redundant

You becoming unemployed under the Employment Protection Act. **You** must have been given a Notice of **Redundancy** and be receiving payment under the current redundancy payments legislation.

The following are not included in the definition:

- Any employment which has not been continuous and with the same employer
- Any employment which is not a permanent basis
- Any employment which is on a short term fixed contract
- Any instance where **you** had reason to believe that **you** would be made **Redundant** at the time of booking **your trip**.
- Any self-employment

Relative

Brother, brother-in-law, **common law partner**, daughter, daughter-in-law, fianc_(e), grandchild, grand parents, legal guardian, parent, parent-in-law, sister, sister-in-law, son, son-in-law, or spouse who live in the United Kingdom or Republic of Ireland.

Serious Illness or Serious Injury

Any illness or injury which in the opinion of the doctor in attendance and the **Underwriters** medical advisors:

- restricts **your** mobility; or
- results in **you** being a patient in hospital for more than 48 hours.

Single Item

Any one article, pair, set or collection.

Sports Equipment

Those items that are usually worn, carried, used or held during the participation in a sporting activity.

The following are not included in the definition:

- ski equipment
- golf equipment

Ski Equipment

Skis, ski bindings, ski boots, ski poles, snowboard, snowboard bindings and snowboard boots.

Territorial Limits

Area 1 The Continent of Europe west of the Ural Mountains, Madeira, Canary Islands, Iceland, the Azores, Mediterranean Islands and Non-European countries bordering the Mediterranean (except Algeria, Lebanon, Libya and Israel)

Area 2 Australia/New Zealand

Area 3 Worldwide (Including USA and Canada)

Total disablement

Means **you** are prevented from engaging in paid employment or paid occupation of any and every kind, except any occupation normally reserved for the disabled.

Trip, trip duration

A journey which begins when **you** leave **your home to travel within the United Kingdom or Republic of Ireland for a min of 2 no of nights or to travel abroad** and ends on **your** return during the period of insurance, to either

- Your home** in the UK or Republic of Ireland; or
- to a hospital in the United Kingdom or Republic of Ireland, following **your** repatriation.

Valuables

Articles made of or containing gold, silver or other precious metals, jewellery, leather goods, camcorders, photographic equipment, precious or semi-precious stones, silks, telescopes, watches, computer equipment, cameras, compact disc players, MP3 players & iPods, sunglasses (up to maximum £50), spectacles, Mini-Disc players, CD's .

Wintersports

Guided cross country skiing (Nordic Skiing), mono skiing, off-piste skiing or snow boarding (in areas designated safe by resort management), recreational racing, skiing, snowboarding and snow sledging.

The following are not included in the definition, but not limited to:

Freestyle skiing, hell-skiing, ice hockey, luge, off-piste skiing or snow boarding in areas designated as unsafe by resort management, off-piste skiing or snowboarding where there is an avalanche warning in place, parapenting, ski acrobatics and stunting, ski bob racing, ski-doing, ski flying, ski jumping, ski racing or training, the use of skeletons or bobsleighs, snow mobiling, tobogganing.

We/ Us/ Insurer

White Horse Insurance Ireland Ltd

You/ yours/ Insured

Any person named on the **certificate**.

POLICY CONTRACT PERIOD

Contract Period - Single trip

A single return **trip**, as defined in the Period of Insurance, beginning and ending in the United Kingdom or Republic of Ireland.

*Maximum **trip** duration: 122 days (74 - 79 year olds 38 days)*

Contract Period - One way trip

A single outward **trip**, as defined in the Period of Insurance, beginning in the United Kingdom or Republic of Ireland. The Period of Insurance shall expire normally or in any event no later than 72 hours after the time the Insured first leaves the immigration control of their final destination country.

- cover for overnight **trips** within **your country of residence** applies when accommodation is pre-paid & pre-booked for a minimum of 2 consecutive nights.

PERIOD OF INSURANCE FOR SINGLE TRIP ONLY

The **trip** duration as shown in **your certificate**.

Cover under the cancellation section of **your policy**, starts from the date the **certificate** is issued and ends at the start of **your trip**.

The cover under all other sections of **your policy**, starts when **you** leave **your home** and ends on **your return home** / place of business or on the expiry of the **policy**, whichever is first.

The **Insurer** will not cover:

- Any person over the maximum **policy** Age Limits.
- Any subsequent trip that starts after **you** have returned to **your home**, to a hospital or to a nursing home in the United Kingdom or Republic of Ireland
- Any trip that exceeds the expiry of the **policy**

Cover will automatically be extended day by day up to a maximum of 30 days after the expiry of the period stated on the **policy** when the return is necessarily delayed as a result of the ill health of **you** or failure of public transport provided that the Assistance Company have been notified.

In respect of one way **trips** only, the Period of Insurance shall cease whichever occurs first of the following: the expiry of the **policy** Contract Period or 72 hours after the time **you** first leave the immigration control of **your** final destination country.

The Insurer hereby agrees to the extent and in the manner hereinafter provided, to indemnify the Insured against loss or damage sustained or legal liability for accidents happening during the period stated in the certificate, after such loss, damage or liability are proved. PROVIDED always that the liability of the Insurer shall not exceed the limits of liability as expressed in the attached terms and conditions or such other limits of liability as may be substituted therefore by memorandum hereon or attached hereto signed on behalf of the Insurer.

Sections of insurance

SECTION A - EMERGENCY MEDICAL EXPENSES AND REPATRIATION

SPECIAL CONDITION:

In the event of your death, incurring medical expenses in excess of £250, or your being involved in an accident, being admitted to hospital, or curtailing for medical reasons, the Assistance Company must be advised as soon as possible and liability shall only attach for expenses agreed by them. Failure to notify the Assistance Company will prejudice the Insurer and will result in the Insurer's non-acceptance of liability of such claims.

What You Are Covered For:

The Insurer will reimburse you up to the amount shown in the Schedule of Benefits in respect of the following expenses necessarily incurred as a result of you sustaining accidental bodily injury, becoming ill or your death:

Emergency Medical Expenses

- cost of medical, surgical or hospital treatment (including emergency dental treatment up to £200 for the immediate relief of pain only). The Insurer reserves the right to repatriate when, in the opinion of the doctor in attendance and the Insurers medical advisors, the Insured is fit to travel.
- cost of transporting your remains to the UK or the Republic of Ireland, or the reasonable cost of a funeral in the country where death occurs, if other than your usual country of residence, up to £2,500
- reasonable additional transportation and accommodation costs incurred by you and any one of your travelling companions, as a result of you receiving medical advice from the doctor in attendance and the Insurers medical advisors that your originally planned return journey to the UK or the Republic of Ireland is impossible due to medical reasons. (Payment shall be based upon the average cost of transportation and accommodation incurred prior to the originally planned return date, at the Insurers discretion).

Emergency Repatriation

- the cost of return to the UK or the Republic of Ireland of an injured or sick Insured by medically appropriate means where, in the opinion of the Insurers medical advisors, such return is medically necessary.

What You Are Not Covered For:

In addition to the General Exclusions of the policy, the Insurer shall not be responsible for:

- the excess (unless you use an EHIC Card which successfully reduces the amount of the claim) as shown in the Schedule of Benefits;
- claims arising directly or indirectly as a result of a pre-existing medical condition of you or your travelling companion, unless declared to and agreed by the Medical Screening Company in writing, with any required additional premium paid and/or amendments to policy conditions;
- claims arising if you:
 - are travelling against the advice of a medical practitioner or for the purpose of obtaining medical treatment; or
 - are on a hospital waiting list or awaiting the results of medical investigations; or
 - have received a terminal prognosis at the date of application;
 - are undergoing dialysis treatment;
 - are suffering from any psychological or mental disorder.
- claims arising for treatment or surgery which, in the opinion of the Insurers medical advisors, is not essential or can reasonably be delayed until your return home;
- claims arising from the additional costs of single or private hospital room accommodation;
- claims arising from medical treatment of any kind received after you have returned to or have been repatriated to the UK or the Republic of Ireland;
- claims arising from medical treatment of any kind if you are a resident of & travelling within the UK;
- claims arising from medical treatment of any kind if you are a resident of & travelling within the Republic of Ireland;
- claims arising directly or indirectly from pregnancy, other than complications of pregnancy occurring prior to the thirtieth week;
- claims arising from medical treatment of any kind not authorised at the time by a recognised registered medical practitioner.
- claims arising from medical treatment of any kind occurring after you have refused the offer of repatriation when, in the opinion of the doctor in attendance and the Insurers medical advisors, you are fit to travel;
- claims arising in respect of elective medical treatment, physiotherapy treatment and other associated therapies.
- claims arising out of your failure to contact the Assistance Company.

CONDITION: Should you require medical treatment in Australia, you should enrol with MEDICARE. It is not necessary to enrol on arrival. You can simply do this at the first occasion on which you receive treatment.

In-patient and out-patient treatment at a public hospital is then available free of charge. Should you be admitted to hospital then immediate contact must be made with the Assistance Company and their authority obtained in respect of any treatment NOT available under MEDICARE before such treatment is provided.

SECTION B - PERSONAL ACCIDENT

What You Are Covered For:

The Insurer will pay you or your estate the sum insured as shown in the Schedule of Benefits for one of the following Losses resulting from an external accident sustained by you: death, loss of limb(s), loss of sight or permanent total disablement. Loss must occur within 180 days of the date of accident. No benefits shall be paid for more than one Loss suffered.

What You Are Not Covered For:

In addition to the General Exclusions of the policy, the Insurer shall not be responsible for:

- Any benefit where your death, injury or loss does not occur within 180 days of the accident
- Any benefit as a result of participating in a hazardous sport or leisure activity, unless you have paid the additional premium prior to travel, for that specific hazardous activity and cover is confirmed on your certificate
- Any benefit if you cannot prove to the Insurer that the permanent total disablement has continued for 12 months from the date of the injury and in all probability will continue for the remainder of your life
- More than one lump sum under this section.
- The contracting of any disease, illness and/or medical condition, the injection or ingestion of any substance, or any event which directly or indirectly exacerbates a previously existing physical bodily injury

SECTION C - PERSONAL LIABILITY

What You Are Covered For:

The Insurer will indemnify you up to the amount as shown in the Schedule of Benefits for the legal liability of the Insured for accidental injury to third parties and/or accidental damage to their property within the territorial limits of their policy. This cover is applicable only in respect of liability under the law of the country in which the event giving rise to the claim occurred, or under Irish or UK law, (Which ever is applicable to the case in point).

What You Are Not Covered For:

In addition to the General Exclusions of the policy, the Insurer shall not be responsible for:

- the excess for damage to property as shown in the Schedule of Benefits;
- claims arising directly or indirectly from, happening through or in consequence of:
 - employer's liability, contractual liability, or liability to a member of your family or your travelling companion;
 - animals belonging to, or in the care, custody or control of the Insured;
 - wilful, malicious or unlawful acts or the use of firearms;
 - the pursuit of trade, business or profession;
 - ownership or occupation of land or buildings (other than your temporary trip accommodation); or
 - the influence of intoxicating liquor or drugs;
- claims arising directly or indirectly from, happening through or in consequence of ownership, possession or use of any vehicle, automobile, aircraft, watercraft, or any mechanically propelled conveyance;
- claims for legal fees and costs resulting from any criminal proceedings.
- any claim where you have cover under another insurance policy.

SPECIAL NOTE:

No liability shall be admitted and no admission, arrangement, offer, promise or payment shall be made by the Insured without the written consent of the Insurer, who shall be entitled, if they so desire, to take over and conduct, in the name of the Insured, their defence of any claim or to prosecute for their own benefit any claims for indemnity, damages or otherwise against any third party. The Insurer shall have full discretion in the conduct of any negotiations, proceedings, or the settlement of any claims and the Insured shall, wherever possible, give all such information and assistance as the Insurer may require.

SECTION D - LEGAL EXPENSES

What You Are Covered For:

The Insurer will reimburse you up to the amount as shown in the Schedule of Benefits, for legal costs incurred by you in pursuit of legal proceedings against third parties (excluding any member of your or your travelling companions family, your travelling companion, business partner or employer) for any compensation owed to you arising directly from death, serious illness and/or personal accident injury to you or your death during the period of insurance.

What You Are Not Covered For:

In addition to the General Exclusions of the policy, the Insurer shall not be responsible for:

- the excess as shown in the Schedule of Benefits;
- claims arising for any legal expenses incurred without prior authorisation by the Insurer;
- claims arising where the Insurer considers your prospects of success in achieving a reasonable benefit to be insufficient;
- claims arising pursuant to a contingent fee agreement between you and your counsel/ lawyer;
- claims arising for travel and accommodation expenses over £1,000, whilst in pursuit of a legal action;
- claims arising from your pursuing legal proceedings as part of and/or on behalf of a group or organisation.
- claims incurred for any legal costs pursuant to a legal action against a travel agent, tour operator, carrier, the Insurer, the claims handler, the assistance company, the placing broker or the insurance company
- claims occurring under criminal law.
- claims occurring or where the case is brought to court in more than one country.

SPECIAL CONDITION:

The Insured must comply with the following procedures:

- the Insurer shall have complete control over the appointment of any solicitor(s) acting on your behalf and of any legal proceedings
- the Insured shall apply to the Insurer for a written acknowledgment by the Insurer of the existence of a potentially viable claim.
- if an acknowledgment in (a) is granted, the Insurer shall initially pay up to 5% of the amount shown in the Schedule of Benefits for legal costs incurred by the insured to determine the probability of success in achieving a reasonable benefit. This shall include an assessment of the legal liability of the potential defendant and the ability to collect damages from the potential defendant.
- the Insurer shall not be responsible for any legal expenses incurred prior to its issuing the Insured with a written acknowledgment of the existence of a potentially viable claim.
- in the event that the Insured is awarded compensation (by judgment or settlement), the Insurer shall be entitled to recover from the Insured or on behalf of the Insured any sum paid to the Insured under any section of this policy on account of the same incident for which compensation is received.

SECTION E - MISSED DEPARTURE

What You Are Covered For:

The Insurer will indemnify you up to the amount shown in the Schedule of Benefits, in respect of reasonable additional costs of travel and accommodation necessarily incurred if you are unable to reach the International point of departure of the booked travel itinerary on the initial outward or final return journey as a consequence of the failure of public transport services or the accident/ breakdown of a motor vehicle in which you are travelling.

What You Are Not Covered For:

In addition to the General Exclusions of the policy, the Insurer shall not be responsible for:

- the excess as shown in the Schedule of Benefits;
- claims arising as a result of your not having taken reasonable steps to complete the journey to the departure point on time;
- claims arising from the failure of public transport services caused by strike, riot or civil commotion for which warning has been given prior to the commencement of departure to the departure point;
- claims arising from the vehicle not having been properly serviced and maintained, in the event of vehicle breakdown.
- claims arising from an accident/ breakdown of a motor vehicle, where no written evidence of such accident/ breakdown has been supplied.

SECTION F - PERSONAL POSSESSIONS

What You Are Covered For:

Lost, Stolen or Damaged

The **Insurer** will reimburse **you** up to the amount as shown in the Schedule of Benefits, for the value of **personal possessions** taken or purchased on the trip by **you** which is accidentally lost, stolen or damaged.

The maximum payment for any **single item** is shown in the Schedule of Benefits. The maximum payment for **valuables** is shown in the Schedule of Benefits. The maximum payment for any **single item** for which an original receipt, proof of purchase or insurance valuation (obtained prior to the loss) is not supplied is £60, subject to a maximum of £300 for all such items.

Travel Documents

The **Insurer** will reimburse **you** up to the maximum as shown in the Schedule of Benefits for the value of travel documents (passport, green cards, travel tickets and accommodation vouchers) held by **you** which are lost or stolen (and reasonable expenses directly consequential upon any such loss whilst abroad).

Baggage Delay

The **Insurer** will reimburse **you** for the cost of purchase of necessities, up to the maximum as shown in the Schedule of Benefits should **personal possessions** be delayed or lost in transit on the outward journey for more than 24 hours. Payment made under this heading will be set against the amount of any claim arising if the **personal possessions** are permanently lost. **You** must supply receipts for the items purchased and confirmation from the carrier of the length of delay.

What You Are Not Covered For:

In addition to the General Exclusions of the policy, the **Insurer** shall not be responsible for:

1. the **Excess** as shown in the Schedule of Benefits;
2. wear, tear and depreciation of the article(s);
3. claims arising from breakage of fragile articles unless caused by fire or accident to a vehicle;
4. claims arising for loss, theft or damage to prams, buggies, wheelchairs, pedal cycles, motor vehicles, motor cycles, marine or diving equipment and craft, surfboards, sailboards or related equipment or fittings of any kind;
5. claims arising from damage caused by leakage of powder or liquid carried within personal effects or baggage;
6. claims arising for **money**, cheques, contact lenses, antiques, computer equipment of any kind, mobile telephones, TV sets;
7. claims arising for theft which is not reported to any appropriate police authority within 24 hours of discovery and an official report obtained;
8. claims arising for loss or damage which is not reported to any appropriate authority within 24 hours of discovery and an official report obtained. For claims arising against or in connection with common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery and an official report obtained, will not be covered. In the case of an airline, a Property Irregularity Report will be required;
9. claims arising for breakage of **sports equipment** whilst in use (unless **ski equipment** and the appropriate **Wintersports** cover has been effected);
10. claims arising from delay, detention, seizure or confiscation by customs or other officials;
11. claims arising for loss, theft or damage to household goods or anything shipped as freight or under a Bill of Lading;
12. claims arising for loss or damage of dentures or bridgework, artificial limbs or hearing aids of any kind;
13. claims arising for **personal possessions** left unattended in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property. Including, theft or damage occurring on a beach or in or around a swimming pool;
14. claims arising for loss, theft or damage of items from an unattended motor vehicle, unless taken from a locked boot, glove box or locked & secured roof box between 8am and 8pm local time and there is evidence of forced entry which is confirmed by a police report;
15. claims arising for loss or damage to items carried on a vehicle roof rack;
16. claims arising for loss, theft or damage to **valuables** which at the time of such loss, theft or damage were located in checked-in luggage or a motor vehicle;

Personal Money

What You Are Covered For:

The **Insurer** will indemnify **you** up to the amount as shown in the Schedule of Benefits in respect of loss of **money** which is the property of **you** and carried on **your** person (a reduced limit applies as shown in the Schedule of Benefits for children under 18 unless an adult premium has been paid for that person) or placed in a safety deposit box or similar locked, fixed receptacle. Cover for **money** is limited to the **money** limit as shown in the Schedule of Benefits.

What You Are Not Covered For:

In addition to the General Exclusions of the policy, the **Insurer** shall not be responsible for:

1. the **excess** as shown in the Schedule of Benefits;
2. claims arising for theft which has not been reported to any appropriate police authority within 24 hours of discovery and an official report obtained;
3. claims for loss which has not been reported to any appropriate authority within 24 hours of discovery and an official report obtained (and specifically for claims arising against common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery, and an official report obtained).
4. claims arising from delay, detention, seizure or confiscation by Customs or other officials;
5. claims arising from shortages due to error, omission or depreciation in value;
6. claims arising for loss or theft of **personal money** which at the time of such loss or theft was located in checked-in luggage or an unattended motor vehicle at any time;
7. claims arising for **personal money** left unattended in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property. Including loss or theft occurring on a beach or in or around a swimming pool.

SECTION G - CANCELLATION AND CURTAILMENT CHARGES

What You Are Covered For:

If **your trip** is cancelled or curtailed due to any one of the reasons listed below occurring to **you**, **your** travelling companion or someone on whom **your** trip depends, during the Period of Insurance, the **insurer** will indemnify **you** up to the amount shown in the Schedule of Benefits:

Cancellation

for travel and accommodation expenses paid or contracted to be paid by **you** in respect of **your own trip** (prior to any occurrence giving rise to a claim under this section) which are not recoverable.

Curtailment

for travel expenses to **your home** and pro-rata amount of the total pre-paid or contracted cost for each complete day of the **trip** which is foregone and which are not recoverable (excluding pre-paid or contracted costs for transportation to return **home** and used travel ticket costs).

Reasons for Cancellation and Curtailment:

- (a) Death, serious injury or serious illness, occurring during the period of insurance, to **you**, **your** travelling companion, a **relative** or **close business associate** of **you** or **your** travelling companion, or the person with whom **you** have arranged to stay whilst on the **trip**;
- (b) **you** being called for jury service, witness call or compulsory quarantine;
- (c) accident involving **your** vehicle within 7 days prior to intended date of departure (applicable to self-drive holidays only);
- (d) **your** posting overseas or emergency and unavoidable requirements of duty in the Armed Forces, Police, Fire, Nursing or Ambulance Services;
- (e) **your** redundancy notified during the **period of insurance** which qualifies for payment under the redundancy payments act;
- (f) fire, flood or burglary at **your home** or place of business occurring or becoming apparent within 5 days prior to the commencement of the journey or holiday or during the course of your holiday;
- (g) **your** presence being required by the police following burglary at **home** or your place of business; or
- (h) **your** pregnancy where birth is expected before or within 10 weeks of the booked return date or complications of pregnancy occurring prior to the thirtieth week if there have not been complications in any previous pregnancy.

What You Are Not Covered For:

In addition to the General Exclusions of the policy, the **Insurer** shall not be responsible for:

1. the **Excess** as shown in the Schedule of Benefits;
2. claims arising directly or indirectly as a result of a **Pre-existing Medical Condition** to **you**, **your** travelling companion, a **Relative** or **Close Business Associate** of the **Insured** or **your** travelling companion, or the person with whom **you** have arranged to stay whilst on the **trip**, unless declared to and agreed by the **Insurer** in writing, with any required additional premium paid and/or amendments to policy conditions;
3. claims arising if **you**:
 - (i) are travelling against the advice of a medical practitioner or for the purpose of obtaining medical treatment; or
 - (ii) are on a hospital waiting list or awaiting the results of medical investigations; or
 - (iii) have received a terminal prognosis at the date of application;
4. claims arising which are not supported by written medical confirmation and clinical reports from medical service providers, as well as all other proof of the happening of an event causing Cancellation or Curtailment;
5. claims for any costs associated with unused timeshare property;
6. claims arising where **you** have not received the necessary inoculations or vaccinations or obtain necessary visas.
7. claims arising from any loss resulting from the cancellation or delay of a flight, subsequent to **your** initial International departure or return from or to **your country of residence**.
8. claims arising from where **you** will not and / or cannot travel to an area subject to disease of epidemic or pandemic proportions.

SPECIAL CONDITION:

It is a condition of this section that any claim for Cancellation be advised verbally to your issuing agent within 48 hours and confirmed in writing to the Claims Handler. Curtailment must be authorised by the Assistance company if the cost of your trip home is more than €250 (£250), following confirmation from the treating doctor that IT IS MEDICALLY NECESSARY THAT THE INSURED CURTAILS THEIR TRIP.

If you curtail your trip due to an illness/death of a third party, family member or relative then you must also contact the Assistance Company, otherwise your claim may be declined. You must always mitigate your costs.

SECTION H - ABANDONING YOUR HOLIDAY AND TRAVEL DELAY

TRAVEL DELAY

What You Are Covered For:

In the event of a delay of **your** outward flight or sea **trip** from the United Kingdom or Republic of Ireland or planned inbound flight, international rail journey or sea **trip** to the United Kingdom or Republic of Ireland, the **Insurer** will compensate **you** as follows:

The amount shown in the Schedule of Benefits for the first full 12 hour period of delay and an additional amount for each full 12 hour period of delay thereafter, up to the maximum amount shown in the Schedule of Benefits, provided always that **you** obtain in writing from the carrier a statement confirming the length and exact nature of the delay.

What You Are Not Covered For:

In addition to the General Exclusions of the policy, the **Insurer** shall not be responsible for:

1. the **Excess** as shown in the Schedule of Benefits for Abandonment;
2. claims arising from delay caused by strike if strike or industrial action was notified at the time the insurance was purchased
3. **your** failure to check in as per **your** original itinerary.
4. any claim payable that can be paid under the section missed departure

NOTE: Both travel delay and abandonment are restricted to the following causes:

- i) **Strike or industrial action**
- ii) **Adverse weather conditions**
- iii) **Mechanical breakdown**

ABANDONMENT

What You Are Covered For:

In the event of a delay of **your** outward flight or sea **trip** from the United Kingdom or Republic of Ireland or planned inbound flight, international rail journey or sea **trip** to the United Kingdom or Republic of Ireland, the **Insurer** will compensate **you** as follows:

If the holiday or journey is necessarily cancelled following a delay of not less than 24 hours beyond the scheduled departure time (and written confirmation obtained from the carrier), the **Insurer** will indemnify **you** up to the amount shown in the Schedule of Benefits for travel and accommodation expenses paid or contracted to be paid by **you** in respect of his own trip (prior to any occurrence giving rise to a claim under this section) and which are not recoverable.

What You Are Not Covered For:

In addition to the General Exclusions of the policy, the **Insurer** shall not be responsible for:

1. the **Excess** as shown in the Schedule of Benefits for Abandonment;
2. claims arising from delay caused by strike if strike or industrial action was notified at the time the insurance was purchased.
3. **your** failure to check in as per **your** original itinerary.
4. any claim payable that can be paid under the section missed departure

NOTE: Both travel delay and abandonment are restricted to the following causes:

- iv) **Strike or industrial action**
- v) **Adverse weather conditions**
- vi) **Mechanical breakdown**

SECTION I - HOSPITAL BENEFIT

What You Are Covered For:

The **Insurer** will pay **you** the amount shown in the Schedule of Benefits for each and every completed period of 24 hours for which **you** are an inpatient in a hospital abroad, as a direct result of an **accidental injury or illness** which is covered under Emergency Medical Expenses and Repatriation section.

What You Are Not Covered For:

In addition to the General Exclusions of the policy, the **Insurer** shall not be responsible for:

1. claims where the **Assistance Company** has not been contacted and a recommended hospital has been appointed.

SECTION J - PISTE CLOSURE

Subject to additional premium being paid

What You Are Covered For:

The **Insurer** will indemnify **you** in the event that, due to lack of snow fall or adverse weather in the pre-booked **wintersports** resort between the months of December to March and no alternative being available, **you** are not allowed to ski for a period in excess of 24 hours, the **Insurer** will pay the benefit as shown in the Schedule of Benefits for each full 24 hour period in which **you** are unable to ski, up to the maximum as shown in the Schedule of Benefits.

What You Are Not Covered For:

In addition to the General Exclusions of the policy, the **Insurer** shall not be responsible for:

1. claims arising which are not substantiated by a report from the resort management.
2. claims arising due to lack of snow fall in a **Wintersports** resort which does not possess skiing facilities above 1,000 metres.

SECTION K - DELAY DUE TO AVALANCHE

Subject to additional premium being paid

What You Are Covered For:

The **Insurer** will pay **you** up to the amount as shown in the Schedule of Benefits for additional travel and accommodation expenses in the event that **your** outward or return journey is delayed for at least 12 hours beyond the scheduled departure time as a direct result of avalanche.

What You Are Not Covered For:

In addition to the General Exclusions of the policy, the **Insurer** shall not be responsible for:

1. the **Excess** as shown in the Schedule of Benefits;
2. claims arising which are not substantiated by a report from the resort management.

SECTION L - SKI HIRE

Subject to additional premium being paid

What You Are Covered For:

The **Insurer** will indemnify **you** up to the amount as shown in the Schedule of Benefits for each 24-hour period for the cost of necessary hire of **ski equipment** following:

- (a) loss or breakage of the **your ski equipment**; or
- (b) the misdirection or delay in transit of the **your ski equipment**.

What You Are Not Covered For:

In addition to the General Exclusions of the policy, the **Insurer** shall not be responsible for:

1. the **excess** as shown in the Schedule of Benefits;
2. claims arising for theft which is not reported to the appropriate police authority within 24 hours of discovery and an official report obtained;
3. claims arising for loss or damage which is not reported to any appropriate authority within 24 hours of discovery and an official report obtained. For claims arising against or in connection with common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery and an official report obtained, will not be covered. In the case of an airline, a Property Irregularity Report will be required;
4. claims arising for loss, theft or damage to anything shipped as freight or under a Bill of Lading;
5. claims arising for property left unattended in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property;
6. claims arising for loss, theft or damage of items from an unattended motor vehicle, unless taken from a locked boot or lockable roof rack between 8am and 8pm local time and there is evidence of forced entry which is confirmed by a written police report;
7. claims arising from delay, detention, seizure or confiscation by Customs or other officials.

SECTION M - BUSINESS EQUIPMENT COVER

Subject to an additional premium being paid

What You Are Covered For:

(a) Business equipment

The **Insurer** will pay, up to the amount shown in the Schedule of Benefits, for accidental loss, theft or damage to **your business equipment**. Following this accidental loss, theft or damage to **your business equipment**, the **Insurer** will also pay for any emergency courier expenses **you** have incurred (up to a maximum of £250), in obtaining any **business equipment**, which is essential to **your** intended business itinerary, up to the amount shown in the Schedule of Benefits of the policy document.

The maximum payment for any **single item** for which an original receipt, proof of purchase or insurance valuation (obtained prior to the loss) is not supplied is £60, subject to a maximum of £300 for all such items.

What You Are Not Covered For

In addition to the General Exclusions of the policy, the **Insurer** shall not be responsible for:

1. The excess as shown in the Schedule of Benefits and Excesses
2. Claims for theft of **your business equipment**, if **you** have not notified the police within 24 hours of its discovery and obtained a written report, which includes the crime reference number.
3. Any claim if the loss, damage or theft to **business equipment** occurs during a trip or whilst in the custody of an airline or other carrier, and **you** have not notified the carrier or their handling agent of the incident and obtained an official report or a Property Irregularity Report (PIR).
4. Wear, tear or depreciation.
5. Mobile phones and telecommunication equipment.
6. Loss, theft or damage arising from the delay, detention, seizure or confiscation by Customs or other officials.
7. Damage caused by the leakage of powder or liquid carried within **your business equipment**.
8. Any breakage of fragile articles, unless the breakage is caused by fire or an accident involving the vehicle in which **you** are being carried.
9. Damage to, or loss or theft of **your business equipment**, if it has been left:
 - a. Unattended, in a public place.
 - b. In the custody of a person who does not have an official responsibility for the safekeeping of the property.
 - c. In an unattended motor vehicle, unless they have been taken from a locked boot between 8am – 8pm, local time and there is evidence of forced entry, which is confirmed by a written police report.
10. Loss, theft or damage to anything being shipped as freight or under a Bill of Lading.

SECTION N - DELAYED BUSINESS EQUIPMENT

This applies to platinum cover only, and only after the additional business premium has been paid.

What you are covered for:

Hiring expenses

The Underwriter will reimburse you for the cost of hiring of necessities, up to the maximum as shown in the Schedule of Benefits, should Business Equipment be delayed or lost in transition the outward journey for more than 24 hours. This is limited to a maximum of £150 for each full 24 hour period of hire.

Payment made under this heading will be set against the amount of any claim arising if the Business Equipment is permanently lost, you must supply receipts for the items purchased and confirmation from the carrier of the length of delay.

What you are not covered for:

In addition to the General Exclusions of the policy, the Underwriter shall not be responsible for:

1. claims arising for theft which are not reported to any appropriate police authority within 24 hours of discovery and an official report obtained;
2. claims arising for loss, theft or damage which are not reported to any appropriate authority within 24 hours of discovery and an official report obtained (and specifically for claims against or in common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery and an official report obtained). In the case of an airline, a Property Irregularity Report will be required;
3. claims arising for loss, theft or damage to Business Equipment shipped as freight or under a Bill of Lading;
4. claims arising for Business Equipment left unattended in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the Business Equipment;
5. claims arising for loss, theft or damage of Business Equipment from an unattended motor vehicle, unless taken from a locked boot between 8am and 8pm local time and there is evidence of forced entry which is confirmed by a police report;
6. claims arising for loss, theft or damage to Business Equipment carried on a vehicle roof rack.
7. compensation under both 'hiring expenses' and 'courier expenses'.

SECTION O - BUSINESS MONEY

This applies to platinum cover only, and only after the additional business premium has been paid.

What you are covered for:

The Underwriter will indemnify you up to the amount as shown in the Schedule of Benefits in respect of loss of cash or traveller's cheques (unless the issuer provides a replacement service) which is the property of your employer or you, if you are self employed, and carried on your person unless placed in a safety deposit box or similar locked, fixed receptacle.

Cover for cash is limited to the cash limit as shown in the Schedule of Benefits.

You must provide Us with evidence that you were in possession of any amounts cash claimed and their value.

What you are not covered for:

In addition to the General Exclusions of the policy, the Underwriter shall not be responsible for:

1. The first £50 of each claim.
2. claims arising for theft which are not reported to any appropriate police authority within 24 hours of discovery and an official report obtained;
3. claims arising for loss, theft or damage which are not reported to any appropriate authority within 24 hours of discovery and an official report obtained (and specifically for claims against or in common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery and an official report obtained). In the case of an airline, a Property Irregularity Report will be required;
4. claims arising from delay, detention, seizure or confiscation by Customs or other officials;
5. claims arising from shortages due to error omission or depreciation in value;
6. claims arising for loss or theft to cash which at the time of such loss or theft was located in checked-in luggage or an unattended motor vehicle.

SECTION P - REPLACEMENT EMPLOYEE

This applies to platinum cover only, and only after the additional business premium has been paid.

What you are covered for:

The Underwriter will indemnify you up to the amount as shown in the Schedule of Benefits in respect of the cost of economy class return air fare for reasonable and necessary expenses incurred by you in sending a substitute person to complete a trip following the disablement of you as a result of bodily injury or illness, where such disablement is likely to last for at least seven days.

What you are not covered for:

In addition to the General Exclusions of the policy, the Underwriter shall not be responsible for:

1. The first £50 of each claim.
2. The Cost of air travel other than for an economy class scheduled return air fare.
3. Any losses not confirmed by a qualified medical practitioner.
4. Any claim arising from or resulting from, a trip that you take or, any person who your travel depends on, if:
 - a. the claim relates to a medical condition or any illness related to a medical condition which you or they knew, or could have reasonably been expected to have known about before you bought this insurance;
 - b. You are travelling against medical advice;
 - c. You are travelling to receive medical advice or treatment;
 - d. You are on a hospital waiting list waiting for treatment; or
 - e. You have been given a terminal diagnosis.

EXCLUSIONS APPLICABLE TO ALL SECTIONS OF THE INSURANCE

In addition to the General Exclusions of the policy, the Insurer shall not be responsible claims arising:

1. which are directly or indirectly caused by, occasioned by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the claim:
 - i). **act of terrorism**
 - ii). war, invasion or warlike operations (whether war be declared or not), hostile of sovereign or government entities, civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, or usurped power or martial law or confiscation by order of any government public authority; or
 - iii). seizure or illegal occupation; or
 - iv). confiscation, requisition, detention, legal or illegal occupation, embargo, quarantine or any result of any order of public or government authority which deprives **you** of the use or value of **your** property, nor for loss or damage from acts of contraband or illegal transportation or illegal trade; or
 - v). discharge of pollutants or contaminants, which pollutants and contaminants include but are not limited to any solid, liquid, gaseous or thermal irritant, contaminant or toxic or hazardous substance or any substance the presence, existence or release of which endangers or threatens to endanger the health, safety or welfare of persons or the environment; or
 - vi). chemical or biological release or exposure of any kind: or
 - vii). attacks by electronic means including computer hacking or the introduction form of computer virus; or
 - viii). threat or hoax, in the absence of physical damage due to an act of terrorism;
 - viii). any action taken in controlling, preventing, suppressing or in any way relating any act of terrorism
2. from loss or destruction of, or damage to any property whatsoever, or any loss expense whatsoever resulting in or arising therefrom, or any consequential loss legal liability of whatsoever nature, directly or indirectly caused by or contributed arising from:
 - (a) ionising radiation or contamination by radioactivity from any nuclear fuel any nuclear waste from the combustion of nuclear fuel; or
 - (b) the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof;
3. from **you** engaging in any illegal or criminal act;

4. from any consequential loss whatsoever. Claims shall only be paid for those losses which are specifically stated under the terms of this insurance;
5. directly or indirectly out of **your** financial incapacity, except in the circumstance **redundancy**;
6. which but for the existence of this insurance, would be covered under any other insurance policy(ies), including any amounts recovered by **you** from private health insurance, EHIC Card payments, any reciprocal health agreements, airlines, hotels, **home** contents **Insurers** or any other recovery by **you** which is the basis of a claim;
7. from the tour operator, airline or any other company, firm or person either becoming insolvent or being unable or unwilling to fulfil any part of their obligation.
8. from any **hazardous activity** including but not limited to all **wintersports** (except an appropriate premium has been paid)
9. from Suicide or attempted suicide or wilful exposure to danger (except in an attempt save human life), psychological and/or mental disorder, anxiety, stress or depression, venereal infection or the influence of or in connection with the use of alcohol unless as prescribed by a treating doctor;
10. from **you** being in or entering or descending from an aircraft other than a fully passenger carrying aircraft **you** are travelling as a passenger other than as a of the crew and not for the purpose of undertaking any trade or technical operation therein or thereon;
11. from **your** wilful exposure to a peril. **you** must exercise reasonable care to prevent illness, injury or loss or damage of his property as if uninsured;
12. directly or indirectly from **you** being engaged in any manual employment after commencement of the trip;
13. which have not been proven and the amount thereof substantiated.
14. wilful exposure to areas known to be infected with:
 - a) Severe Acute Respiratory Syndrome (S.A.R.S)
 - b) Avian Influenza, Asian Bird Flu, and /or H5N1
 - c) Or any other Influenza A virusof epidemic or pandemic proportions.

CONDITIONS APPLICABLE TO ALL SECTIONS OF THE INSURANCE

1. **All material facts must be disclosed to the Insurer at the time of taking out this Insurance. Failure to do so may result in the Insurers non-liability for claims. A material fact is any fact known to you which is likely to influence the Insurers in the acceptance or assessment of the insurance. If you are in any doubt as to whether a fact is 'material' then for your own protection it should be disclosed. All information provided in purchasing this insurance shall form the basis of the contract. The Insured should keep a record (including copies of letters) of all information provided by the Issuing Agent for the purpose of entering into this contract.**
2. All **Certificates**, information and evidence required by the **Insurer** shall be furnished at **your** expense or **your** legal personal representatives and shall be in such form and of such nature as the **Insurer** may prescribe.
3. **You** shall as often as required submit to a medical examination on behalf of the **Insurer** at the **Insurers** expense.
4. In the event of **your** death, the **Insurer** shall be entitled to have a post-mortem examination at our own expense.
5. Any items which become the subject of a claim for loss or damage shall be retained for **Insurer** inspection and shall be forwarded to their agents upon request at the expense of **you** or **your** legal personal representatives. All such items shall become the property of the **Insurer** following final settlement of the claim.
6. In the event of any occurrence which may give rise to a claim under this insurance, **you** shall take all reasonable steps to minimise any loss arising out of such claim.
7. This insurance is non-transferable. Should the **trip** be cancelled prior to departure for any reason whatsoever other than those set out in the Cancellation section of the **policy** then the insurance cover terminates immediately and the premium is neither apportionable nor refundable.
8. The **Insurer** and the Insured are entitled to choose the law applicable to the insurance contract. The **Insurer** chooses English law and, in the absence of any agreement to the contrary, English law shall apply.
9. The **Insurer**, at its own expense, take proceedings in **your** name to recover compensation or secure an indemnity from any third party in respect of any loss or damage covered by this insurance and any amount so recovered shall belong to the **Insurer**.
10. In the event that the **you** recover by any means, damages from any third party in respect of personal accident, all benefits paid to **you** shall be repaid to the **Insurer**.
11. If any fraudulent claim is made or if any fraudulent means or devices are used to obtain any benefit under this **policy**, all benefits thereunder shall be forfeited as well as all premiums paid.

DATA PROTECTION

Please note that any information provided to us will be processed by **us** and our agents in compliance with the provisions of the Data Protection Act 1998 as amended, for the purpose of providing insurance and handling claims, if any, which may necessitate such information being provided to third parties.

COMPENSATION SCHEME

White Horse Insurance Ireland Limited is covered by the Financial Services Compensation Fund in the United Kingdom. **you** may be entitled to compensation from the fund if White Horse Insurance Ireland Limited cannot meet their obligations. The Financial Services Compensation Fund provides funds for liquidators so that they may pay the valid claims of insolvent **Insurers**. The fund will provide an amount up to a maximum of £2,000 plus 90% of the remainder of the claim. **you** can get more information about compensation fund arrangements from the Financial Services Authority.

COMPLAINTS PROCEDURE

Should **you** have any queries or complaints regarding this insurance or in the way **your** claim has been dealt with, in the first instance please write to:

**The Claims Manager, White Horse Insurance Ireland Ltd,
PO BOX 258, Wavell House, Rossendale, BB4 0BQ, UK**

Please always quote **your** insurance reference number and claim number. Also, please enclose any copies of the relevant documentation. This procedure is intended to provide **you** with a prompt and practical service with any complaints, but does not effect **your** legal rights.

If **you** are still not satisfied with **your** decision, please write to:

Financial Services Ombudsman's Bureau

Third Floor, Lincoln House, Lincoln Place, Dublin 2, Republic of Ireland

LoCall : 1890 882090

Telephone : 00353 (1) 6620 899

Fax : 00353 (1) 6620 890

Please note that the Ombudsman will not consider **your** case until **you** have followed the internal complaints procedure by writing to our Claims Manager, as outlined above.

Please quote **your** insurance reference number and / or **your** claim number in all **your** correspondence to all parties involved with this procedure. This procedure is intended to provide **you** with a prompt and practical service with any complaint that **you** may have, and does not affect **your** legal rights.

FOR 24 HOUR EMERGENCY MEDICAL ASSISTANCE:

Please telephone Inter Group Assistance Services on

Tel: 0044 1252 740100

24 hours a day quoting reference **WHIIL/ELECT/10/2007**

FOR ALL OTHER CLAIMS:

Please telephone the White Horse Insurance Ireland Claims Department on **Tel: 0871 664 7995** or write to:

White Horse Insurance Ireland Ltd,

PO BOX 258, Wavell House, Rossendale, BB4 0BQ, UK

When contacting the claims handler, please have the following information to hand:

- Name of **your policy** and where it was purchased
- Master policy Certificate Number WHIIL/ELECT/10/2007
- **Policy** number
- Resort and country visited
- Value of the claim
- Brief circumstances
- Travel dates
- Incident date

Condition: Failure to have the above information at hand, may result in **your** claim being delayed.

Safe Seat Plan

This is a separate coverage provide by New Hampshire Insurance Company Inc which is provided to You when purchasing the Travel Protection Plan from a TTA Member. Please read this carefully for details and contact your TTA Member if you have any queries regarding this coverage.

Insuring Clause

This policy indemnifies against direct financial loss suffered by You, as a result of a fraud or dishonesty, sustained by You in connection with any sums paid to a member of the Travel Trust Association to purchase any component services (as defined by SI3288 the Package Travel, Package Holidays and Package Tour Regulations 1992) arranged by the member of the Travel Trust Association on Your behalf.

Insurers

This insurance has been arranged by the Travel Trust Association Ltd and your TTA Member, who are independent intermediaries for selling general insurance. The insurance is provided by AIG Europe (UK) Ltd., general agents for New Hampshire Insurance Company, who are members of the Association of British Insurers and the Insurance Ombudsman Bureau. AIG Europe is one of the largest insurance companies in the United Kingdom.

DEFINITIONS

Fraud or Dishonesty

Any act of fraud or dishonesty must be committed with the manifest intent to cause You to sustain a loss or to result in an improper personal gain by any other person or organisation for whom such improper personal gain was intended.

Member of Travel Trust Association

Any company, partnership or entity that has satisfied the requirements of both SI3288 the Package Travel, Package Holidays and Package Tours Regulations 1992 and the Travel Trust Association Limited and as such is both an appointed travel agent carrying the applicable practicing certificate and is a fully paid up member of the Travel Trust Association Limited.

Insured

The purchaser of any component services defined by SI3288 the Package Travel, Package Holidays and Package Tours Regulations 1992, arranged by a member of the Travel Trust Association Limited.

Special Conditions which Apply to the Safe Seat Plan

1. The Terms, Conditions and Exclusions of this policy shall be determined in accordance with English Law.
2. This policy will only cover against loss due to insolvency of any member of the Travel Trust Association Limited where such insolvency is caused wholly or partially by any act of fraud or dishonesty as defined.
3. Knowledge or discovery occurs when You become aware of facts which would cause a reasonable person to believe that a loss covered by this policy has been or will be incurred, even though the exact amount of details of the loss may not then be known,4. Upon knowledge or discovery of a loss or of an occurrence which may give rise to a claim for loss, You shall;
 - a. Give notice thereof as soon as practicable to: Travel Trust Association, Albion House, High Street, Woking GU21 6BD or phone 0870 889 0577
 - b. Provide details of all relevant payment(s) made to the member of Travel Trust Association Limited to the Insurers within six (6) months after the knowledge or discovery or loss, or within such further period as agreed to in writing by the Insurers.
5. Upon request, You shall produce for the Insurers all pertinent records at such reasonable times and places as the Insurers shall designate and shall co-operate with the Insurers in all matters pertaining to loss or claims with respect thereto.
6. The Loss payable hereunder shall be deemed to be no more than the original amounts paid over by You to the member of Travel Trust Association Limited, subject to a maximum limit of £11,000 less any amount otherwise recoverable.
7. The payment of any loss under this policy shall not reduce the Insurers liability for other losses; provided, however that the maximum liability of the Insurers shall not exceed the amount set forth in the schedule.
8. If any difference shall arise as to the amount to be paid under this policy (liability being otherwise admitted) such difference shall be referred to an arbitrator to be appointed by the parties in accordance with the statutory provisions in that behalf for the time being in force. Where any difference is by this condition to be referred to arbitration the making of an award shall be a conditions precedent to any right of action against the Insurers.
9. In the event of a payment of a claim hereunder to You, the Insurers shall be subrogated to all of Your rights If You make any claim knowing the same to be false or fraudulent, as regards amount or otherwise, this policy shall be void and all claims hereunder shall be forfeited.

EXCLUSIONS

The insurance provided by this policy excludes: Consequential loss or loss of potential income including, but not limited to interest not realized by You because of a loss covered by this policy, Costs, fees and other expenses incurred by You in establishing the existence of or amount of loss covered under this policy.

DECLARATION

To be entitled to cover under this insurance You must have:

1. paid the appropriate premium; and
2. read this insurance and enclosed validation slip and signed below to accept the terms of cover.

(Please note that You should keep this declaration with Your validation slip unless We request that You return it to Us).

Your signature (on behalf of all insured people):

Date: