



TRAVELLER'S CHOICE

TRAVEL INSURANCE 2011/12

Arranged by

N J HERITAGE PARTNERSHIP LTD

308-314 London Road,
Hadleigh, Benfleet,
Essex SS7 2DD

Please ensure you read this document carefully
and keep it with you when travelling

INITIAL DISCLOSURE DOCUMENT & TERMS OF BUSINESS

The Financial Service Authority

The Financial Services Authority (FSA) is an independent watchdog that regulates financial services. It requires us to give you this document. Please use the information below to confirm that the service we are offering is right for you.

Who Regulates Us?

N J Heritage Partnership Ltd, (registration No.309297) is authorised and regulated by the Financial Services Authority. You may check this on the FSA's register by visiting the FSA's website www.fsa.gov.uk or by contacting them on 0845 606 1234.

Whose Products do we offer?

We only offer insurances from UK General Insurance Ltd and a consortium Association of British Insurers member Companies & Lloyd's Syndicates.

Which Service we provide you with?

We do not recommend products after assessing your needs for Travel Insurance.

We will ask you questions to determine that the product we are offering is applicable to your circumstances. You can then choose whether you wish to proceed with this product.

What will you have to pay us for our services?

We will not charge a fee for our service. You only pay us the appropriate insurance premium.

Are we covered by Financial Services Compensation Scheme (FSCS)?

N J Heritage Partnership Ltd is covered by the Financial Services Compensation Scheme. You may be entitled to compensation from the scheme if we cannot meet our obligations, depending on the type of business and the circumstances of the claim.

Insurance advising and arranging is covered for 90% of the claim, without any upper limit. Further information about compensation scheme arrangements is available from the FSCS.

Your Duty of Disclosure

It is your responsibility to provide complete and accurate information to Insurers when you take out your insurance policy, throughout the life of the policy and when you renew it. It is important you ensure that all statements you make on any application form, claim form and other documentation are full and accurate.

Please note that if you fail to disclose any material information or change of circumstances to your Insurers, this could invalidate your insurance cover and could mean that part or all of a claim may not be paid. We strongly recommend that the information provided is checked thoroughly prior to submission and that you keep a record of all correspondence supplied in relation to the arrangement of your insurance cover.

Settlement Terms

We will be responsible for collecting payment for all new and renewal premiums and any alterations as soon as practicable but prior to inception or renewal of your policy. All premiums paid to us will be held as Agent of the Insurer in a non statutory Trust Account. All premiums are protected under Risk Transfer agreement with the Insurers. You will be responsible for paying promptly all of our payment requests for premiums, to enable us to make the necessary payments to Insurers. We accept payment by cash, cheque, selected credit/debit cards and bank transfers.

Your Policy

Should you mislay your policy a replacement will be issued upon written request. You may also request a new policy document at each renewal.

Governing Law and Language

United Kingdom Law allows the parties to choose the law applicable to the contract. The contract will be subject to the laws of England and in all communications, the contractual terms and conditions, and any information, we are required to supply to you, before and during the duration of the contract will be in the English language, unless otherwise agreed in writing.

Confidentiality and 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, for the purpose of providing insurance and handling claims, if any, which may necessitate providing such information to third parties. We may also send the information in confidence, for process to other companies acting on their instructions including those located outside the European Economic Area.

What to do if you have a complaint

Please see the complaints procedure detailed in the Policy document.

DEMANDS & NEEDS

Travellers Choice travel insurance is intended to meet the demands of travellers who require a package of insurance benefits embracing baggage, cancellation, curtailment and medical expenses further particulars of which are contained in the enclosed policy summary.

Important

This policy will have been sold to you on a non-advised basis and it is therefore for you to read this Policy Document (paying particular attention to the Terms, conditions and exclusions) and ensure that your chosen policy meets all of your requirements. If upon reading this Policy Document you find it does not meet all of your requirements, please refer to the relevant cooling off section.

SCHEME NO: 04493A

Dear Traveller

This policy confirms that those persons who have paid the required premiums are insured under the above scheme number with UK General Insurance Ltd who administer the insurance for and on behalf of Ageas Insurance Limited, Registered in England No. 354568. Registered office: Ageas House, Tollgate, Eastleigh, Hampshire, SO53 3YA.

Section L is provided by International Passenger Protection on behalf of a Panel of ABI approved Insurers & Lloyds Syndicates.

Section Q is insured by certain syndicates at Lloyds who are approved by the Financial Services Authority.

NJ Heritage Partnership Limited is authorised and regulated by the Financial Services Authority No. 309297
UK General Insurance Limited is authorised and regulated by the Financial Services Authority No. 310101
Ageas Insurance Limited is authorised and regulated by the Financial Services Authority No. 202039

International Passenger Protection Limited is authorised and regulated by the Financial Services Authority No 311958)

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

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

IMPORTANT NOTE – MEDICAL TREATMENT AND MEDICAL EMERGENCIES OVERSEAS

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

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

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

TRAVEL INSURANCE POLICY IMPORTANT DECLARATION PRE-EXISTING MEDICAL CONDITIONS

This insurance policy contains health restrictions that apply to the cover provided under the Cancellation, **Curtailment**, Medical and Personal Accident sections of this insurance (see the exclusions applying to Sections A, B and C). If **You** make a Claim for a **Pre-Existing Medical Condition** that **You** have not declared to **Us** and has not been agreed by **Us** in writing, **Your** claim will be declined.

In order to ensure that **You** are adequately insured, it is important that **You** declare all **Pre-Existing Medical Conditions** for **Yourself** and anyone insured on the policy. **Your** Insurance Schedule of Cover details how to contact the Health Check line. When **You** contact the Health Check line, **You** will be advised if **Your** condition can be covered by this insurance policy and any additional terms or premium that may apply. Please note that **We** cannot guarantee to be able to offer cover for all conditions. However, if the terms made available to **You** are unacceptable, **You** will be able to cancel this policy and obtain a refund of **Your** premium provided **You** have not already travelled or made a claim. This is also on the proviso that **You** contact **Us** within 14 days of the policy issue date or within 7 days of the change in **Your** circumstance if **You** are declaring a new condition that has arisen after **You** have purchased this policy but before **You** start **Your Outward Journey**.

1) It is a condition of this Policy that **You** will not be covered under section A - Cancellation and Curtailment, Section B – Emergency Medical and other Expenses and Section C - Personal Accident for any claims arising directly or indirectly from:

a. At the time of taking out this policy:

i) Any Medical Condition **You** have or have had for which **You** have seen a specialist or been admitted to a hospital overnight in the last 12 months;

ii) Any breathing or heart problem (including angina) or high blood pressure which has required treatment (including regular medication) in the last 12 months;

iii) Any disorder of the blood such as clotting, bleeding or anaemia, any form of stroke, any form of cancer, leukaemia or tumour, or any psychiatric illness, stress, depression, anxiety or dementia which has required treatment (including regular medication) in the last 12 months;

iv) Any transplant or dialysis treatment (including regular medication) that has been required in the last 12 months;

unless **You** have contacted Health Check and **We** have agreed, in writing, to cover **You**.

If You have only one Pre-Existing Medical Condition and this is shown in the following list, it will be covered under the standard terms of the policy and You do not have to contact Health Check.

Arthritis (Juvenile, Osteoarthritis, Rheumatoid or Psoriatic Arthritis, Reiter's Syndrome, Rheumatism):

- There must have been no hospital admissions within the last 12 months.
- Must not affect the back more than any other area of the body.
- No more than 2 medications.
- No mobility aids (other than walking stick or frame).
- There must have been no dislocations of any joint replacements.
- Must not be awaiting surgery.
- Must have no lung problems/respiratory disorders.

Asthma (Wheezing):

- There must have been no hospital admissions in the last 12 months.
- Must have been diagnosed prior to age 50.
- Must be controlled with no more than 2 medications (no nebuliser, no Home oxygen).
- Must have been a non-smoker for at least 12 months.
- Must always be able to walk 200 yards on the flat without becoming short of breath.

Diabetes Mellitus (Sugar Diabetes):

- Type 2 (Non-Insulin-Dependent Diabetes Mellitus) only.
- Controlled by diet alone or by no more than 1 medication (no Insulin).
- There must have been no hospital admissions or diabetic complications ever.
- Must have been a non-smoker for at least 12 months.

Hypercholesterolaemia (High/Raised Cholesterol):

- No more than 1 medication.
- Must not be the inherited (genetic) form.
- Must have been a non-smoker for at least 12 months.

Hypertension (High Blood Pressure, White Coat Syndrome):

- No more than 2 medications.
- There must have been no change in treatment within the last 6 months.
- Must have been a non-smoker for at least 12 months.

Hypotension (Low Blood Pressure):

- Must not be associated with any underlying condition.

Osteoporosis (Osteopaenia, Fragile Bones):

- There must have been no broken bones within the last 5 years.
- There must have been no vertebral (backbone) fractures.

The conditions falling within the criteria in i) to iv) above are deemed to be Pre-Existing Medical Conditions.

- 2) Any **Medical Condition** for which **You** or a travelling companion have received a terminal prognosis.
- 3) Any **Medical Condition** for which **You** or a travelling companion are aware of but have not had a diagnosis.
- 4) Any **Medical Condition** for which **You** or a travelling companion are on a waiting list for or have knowledge of the need for surgery, treatment or investigation at a hospital, clinic or nursing home.

You will not be covered at any time for:

- a) Any **Medical Condition** **You** have in respect of which a medical practitioner has advised **You** not to travel (or would

have done so had **You** sought his/her advice), but despite which **You** still travel.

- b) Any **Medical Condition** for which **You** are travelling to obtain treatment.
- c) Any **Medical Condition** for which **You** are not taking the recommended treatment or prescribed medication as directed by a medical practitioner.
- d) **Your** travel against any health requirements stipulated by the carrier, their handling agents or any other public transport provider.
- e) Any **Medical Condition** affecting **You**, a **Close Relative** or a travelling companion that **You** are aware of at the time of booking any **Trip** which could reasonably have been expected to lead to cancellation or **Curtailment** of the **Trip**.

ONGOING HEALTH DECLARATION

If, after taking out this insurance but before **You** travel on any **Trip**, **You** develop a new **Medical Condition** which would fall within the Medical Declaration criteria above, **You** must call Health Check immediately. **We** may in the light of such changed circumstances not be able to continue cover under Sections A, B and C of this insurance. If this is not acceptable to **You**, **You** will be entitled to claim for the cancellation of **Your Trip** and no policy **Excess** will be applied. If **You** have purchased an Annual Multi **Trip** policy, **You** may also be able to claim for a pro-rata refund of **Your** policy. Please note that **You** must contact **Us** promptly regarding the change and are responsible for all costs incurred in obtaining any medical reports required by **Us**. If **You** do not contact **Us** within 7 days of the change of circumstance, **You** will be responsible for any increased costs incurred as a result of the delay in cancelling **Your** trip and **We** will only pay the costs that would have applied had **You** cancelled **Your** trip within 7 days of the date of the change in circumstances giving rise to the claim. For advice and assistance, please contact Health Check line.

Details of Healthcheck Line

CSA Healthline

(office hours Mon – Fri: 9am – 5pm, Sat: 10am – 4pm)

Tel: 0844 826 2700

CANCELLATION AND CURTAILMENT RESTRICTIONS RELATING TO THE HEALTH OF NON-TRAVELLERS AND ANYONE NOT INSURED UNDER THIS POLICY

This insurance policy excludes cover for any claims arising directly or indirectly from a **Medical Condition** known to **You** at the date of policy purchase or **Trip** booking (whichever is later) that affects any **Close Relative** or travelling companion who is not insured under this policy, or any **Close Relative** or friend of **You** or **Your** travelling companion with whom **You** intend to stay whilst on **Your** trip if:

- i) they had received a terminal diagnosis prior to the commencement of the **Period of Insurance**; or
- ii) they were on a waiting-list for, or had knowledge of the need of any form of hospital treatment, consultation or investigation at the commencement of the **Period of Insurance**; or
- iii) they had required any form of hospital treatment, consultation or investigation during the 90 days immediately prior to the commencement of the **Period of Insurance**.
- iv) they had a medical condition for which they had not received a diagnosis prior to the commencement of the **Period of Insurance**.

You should also refer to the General Exclusions.

DEFINITIONS

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

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

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

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

Channel Isles/Isle of Man - Jersey, Guernsey, Alderney, Sark, Herm and Isle of Man.

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

Consequential Loss - Any other loss, damage or additional expense following on from the event for which **You** are claiming is not covered under this insurance. Example of such loss, damage or additional expense would be the cost of replacing locks after losing keys, costs incurred in preparing a claim or loss of earnings following bodily injury or illness.

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

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

Family - The Insured and his/her married spouse, or cohabiting couples (including same sex) in a civil partnership and all dependent children (including adopted and step-children) aged under 19 years living in the same household.

Geographical Area - The area or country shown on **Your** Validation Certificate and for which the appropriate premium has been paid and will involve **Your** return to the **United Kingdom/Channel Isles/Isle of Man** within the **Period of Insurance**.

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

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

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

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

Money - cash taken for private purposes comprising cash only.

Necessary Medical Expenses - Costs arising from unavoidable medical treatment that is required as a result of a new illness or injury that arises after **You** have started **Your Outward Journey** and which could not be reasonably

anticipated as being required during the period of **Your** trip at the time **You** started the **Outward Journey**. Necessary medical treatment must be appropriate and consistent with the diagnosis made and in accordance with accepted community standards of medical practice and as agreed by **Our** medical advisors and is not experimental or investigative and cannot be reasonably delayed until **You** are returned to the **United Kingdom/Channel Isles/Isle of Man**.

PLEASE ALSO REFER TO IMPORTANT DECLARATION PRE-EXISTING MEDICAL CONDITIONS

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

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

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

Personal Possessions - Baggage, clothing, personal effects including **Valuables** and gifts purchased outside the **United Kingdom/Channel Isles/Isle of Man**, subject to the limits and Exclusions detailed under Section E.

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

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

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

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

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

United Kingdom - England, Scotland, Wales, Northern Ireland and Eire.

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

We / Our / Us - UK General Insurance Ltd on behalf of Ageas Insurance Ltd, International Passenger Protection on behalf of a Panel of ABI approved Insurers & Lloyds Syndicates and Leisurecare Insurance Services Ltd on behalf of certain syndicates at Lloyds.

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

IMPORTANT INFORMATION AND CONDITIONS APPLYING TO ALL SECTIONS

1. LIMIT OF COVER

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

2. LOOKING AFTER YOUR BELONGINGS

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

3. HAZARDOUS PURSUITS

You are not covered for taking part in any **Hazardous Pursuit** unless it is listed in this policy. If **You** are going to take part in any activity which may be considered dangerous or hazardous that is not detailed in this policy please contact the selling agent who will contact **Us** to see if **We** can provide cover. Please note that under Section H (Personal Liability) **You** will not be covered for liability caused directly or indirectly by **Your** owning or using any firearms or weapons, animal, aircraft, motorised vehicle, boat and other watercraft, or any form of motorised leisure equipment, including jet skis and snowmobiles.

4. DATE RECOGNITION FAILURE

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

5. EXCESSES

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

6. MAKING A CLAIM

To help **Us** deal with **Your** claim quickly and efficiently, please read the claims procedure below (see **WHAT TO DO IF YOU WISH TO MAKE A CLAIM**). This explains what documents

You will need to support a claim and when **You** will need this kind of proof. **You** must collect some of the proof **You** need, for example a police report, while **You** are on **Your** trip.

7. WHAT TO DO IN A MEDICAL EMERGENCY

In a medical emergency, contact the Assistance Company shown under point 19. in this section for help. Please read the policy for details. If **You** are admitted to hospital or need to **Curtail Your trip** **You** must contact the Assistance Company for authorization before incurring any expenses or **We** may not pay **Your** claim.

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

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

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

8. INSURERS

The Insurers are UK General Insurance Ltd on behalf of Ageas Insurance Ltd, International Passenger Protection on behalf of a Panel of ABI approved Insurers & Lloyds Syndicates and Leisurecare Insurance Services Ltd on behalf of certain syndicates at Lloyds

9. COOLING OFF PERIOD

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

10. ABOUT THE COVER AND CONDITIONS

This is **Your** contract of insurance. It contains certain conditions in each section and General Exclusions to all sections. **You** must meet the conditions or **We** will not accept **Your** claim. Please read all of this policy carefully, especially the Important Declaration. When **You** book **Your** trip, **You** must declare any information **We** ask for in the declaration. If

You do not contact the selling agent or **Us** within 14 days of the date **You** receive this insurance policy **We** will assume that **You** accept the terms and conditions of this insurance policy and can make the declaration set out. This policy is only valid if **You** also have a Schedule of Cover and Validation Certificate showing all names of persons insured, their ages, the dates of cover and the correct premium has been paid. The policy describes the cover provided for **You** and the conditions which **Your** cover depends on. **You** must keep the policy, Schedule of Cover and Validation Certificate and send them to **Us** if **You** make a claim. In return for the correct premium, Insurers will pay **You** or **Your** personal representative if **You** make a valid claim. **You** must keep to the terms, conditions and declaration of this insurance.

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

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

Extension of Cover If **You** request any extension of the **Period of Insurance** after the commencement of travel **You** must advise **Us** of any circumstances which at the time of such request could reasonably be expected to cause a claim under this Policy.

11. RECIPROCAL HEALTH AGREEMENT – EU COUNTRIES

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

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

12. CLAIMS YOUR DUTIES

(a) **You** must advise **Us** of any occurrence that may give rise to a claim in writing as soon as is reasonably possible after the date of such occurrence and shall supply to **Us** all such accounts and other documents as **We** may reasonably require. Any expenses incurred because of an unreasonable delay in notifying **Us** will not be paid.

(b) **You** must give **Us** notice in writing immediately **You** or **Your** legal representatives have knowledge of any

impending prosecution, inquest or fatal injury inquiry in connection with any occurrence of which there may be liability under Section H of this Policy

(c) **You** must inform the Police of all loss or theft of property within 24 hours of discovery of such loss or theft and obtain a copy of the Police report in support of any claim.

(d) If **Personal Possessions** or **Golf** or **Ski Equipment** are lost or damaged whilst in the custody of a Carrier (i.e. Airline, Railway, Shipping Company, Bus Company. etc), **You** must notify such Carrier immediately and obtain a copy of their report.

(e) **You** must at all times act in a reasonable manner to prevent or minimize a claim.

13. CLAIMS OUR RIGHTS

(a) No admission, offer or promise of payment or indemnity will be made or given by **You** or on **Your** behalf without **Our** written consent.

(b) **We** will be entitled to take over and conduct in **Your** name the defence or settlement of any claim or to prosecute in **Your** name to **Our** own benefit in respect of any claim for indemnity or damages or otherwise, and will have full discretion in the conduct of any proceedings or in the settlement of any claim and **You** must give all such information and assistance as **We** may require.

(c) In case of illness or injury **We** may approach any doctor who may have treated **You** during the period of three years prior to the claim, and **We** may at **Our** own expense and upon reasonable notice to **You** or **Your** legal personal representative, arrange for **You** to be medically examined as often as required, or in the event of death have a post mortem examination of **Your** body.

(d) **You** must supply at **Your** own expense a Doctor's certificate in the form required by **Us** in support of any medical related claim.

14. FRAUD

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

15. OTHER INSURANCES

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

16. PRECEDENTS TO LIABILITY

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

17. JURISDICTION

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

18. DATA PROTECTION

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, for the purpose of providing insurance and handling claims, if any, which may necessitate providing such information to third parties. **We** may also send the information in confidence, for process to other companies acting on their instructions including those located outside the European Economic Area.

19. WHAT TO DO IF YOU WISH TO MAKE A CLAIM

To obtain a claims form, please contact:

Claims Settlement Agencies Ltd.

Telephone: 0844 826 2644

Fax: 0844 826 2645

Or log onto their website www.csal.co.uk

For any claims under Section L – End Supplier Failure, please contact:

International Passenger Protection Claims Office

IPP House

22-26 Station Road

West Wickham

Kent

BR4 0PR

Telephone: 0208 776 3752

Fax: 0208 776 3751

E-mail: info@ipplondon.co.uk

For any claims under Section Q – Travel Disruption Cover – please contact:

Leisurecare Insurance Services Ltd

Telephone No: 01285 640727

Please ensure **Your** policy number is quoted in all correspondence to assist a quick and efficient response.

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

Please keep this Travel Insurance Policy in a safe place and carry it with **You** when **You** go on **Your** Trip.

CANCELLATION OR CURTAILMENT

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

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

MEDICAL AND OTHER EXPENSES

The Emergency Assistance Service provides immediate help in the event of an insured person's illness or injury whilst travelling abroad – they provide a 24 hour multi-lingual emergency service 365 days a year and can be contacted by telephone or fax.

The emergency assistance provided for **You** by this insurance is operated by **Mayday Assistance** and **Healthwatch S.A.**

In the event of any illness, injury, accident or hospitalisation which requires:

1. Inpatient treatment anywhere in the world

2. Outpatient treatment in North America and the United Kingdom, Channel Isles, Isle of Man and Eire

You must contact:

Mayday Assistance

Telephone: +44(0)1133189491

Fax: +44(0)1133189490

E-mail: operations@maydayassistance.com

Outpatient treatment, anywhere in the world excluding North America and the **United Kingdom, Channel Isles, Isle of Man and Eire**

You must contact:

Healthwatch S.A.

Telephone: +44(0)113 3180 124

Fax: +44(0)113 3180 125

E-mail: newcase@healthwatch.g

Mayday Assistance or **Healthwatch S.A.** may be able to guarantee costs on **Your** behalf. When contacting **Mayday Assistance** or **Healthwatch S.A.** please state that **Your** insurance is provided by UK General Insurance Ltd and quote the appropriate scheme name and reference number:

Scheme Name: TRAVELLER'S CHOICE 2011/12

Reference number: 04493A

Note: **You** must retain receipts for medical and additional costs incurred and **You** are responsible for any policy **Excess** which should be paid by **You** at the time of treatment.

In-patient Treatment Abroad

If **You** go into hospital **You** must contact the Emergency Assistance Service as detailed above immediately. If **You** do not, this could mean that **We** will not provide cover or **We** will reduce the amount **We** pay for medical expenses.

Outpatient Treatment Abroad

If **You** require outpatient treatment please contact the appropriate Emergency Assistance provider as detailed above. If the emergency assistance is being provided by Healthwatch SA please ensure the treating Doctor or Clinic is aware of the following instructions:

OUTPATIENT INSTRUCTIONS TO DOCTORS/CLINICS

In order to have **Your** invoices paid quickly, please send **Your** treatment invoice together with a copy of the policy (clearly showing the patient name/s) and any supporting documentation related to the outpatient treatment (Medical report, cost breakdown) by email to newcase@healthwatch.g

You must include **Your** bank account details, IBAN no's and / or swift code for payment to be processed electronically

Out Patient Department tel: 00 30 2310 256454

Out Patient Department fax: 00 30 2310 256455 or 00 30 2310 254160

Email: newcase@healthwatch.gr

Returning early to the United Kingdom or Channel Islands/Isle of Man

If **You** have to return to the **United Kingdom** or **Channel Islands/Isle of Man** under section B (Medical Emergency Expenses) the Emergency Assistance Service must authorise this. If they do not, this could mean that **We** will not provide cover or **We** may reduce the amount **We** pay for **Your** return home. **We** reserve the right to repatriate **You** should **Our** medical advisors consider **You** fit to travel. **If You refuse to be repatriated all cover under this policy will cease.**

PERSONAL ACCIDENT

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

DELAY

- Obtain a letter from the Airline, Railway Company or Shipping Line, or their handling agent, confirming the reason for the delay and detailing the scheduled and actual departure times.

PERSONAL POSSESSIONS & SPORTS EQUIPMENT

- For all loss or damage in transit claims, including delayed **Personal Possessions** report to the Airline, Railway or Shipping Line, or their handling agents and obtain a written report from them before leaving the baggage reclaim area.
- For all damage claims obtain an estimate for repairs.
- In all circumstances, **You** must retain receipts or vouchers for Items lost or damaged as these will help **You** to substantiate **Your** claim.
- In the case of lost or misplaced **Personal Possessions** on the **Outward Journey**, **You** must produce receipts for the purchase of essential replacement items.
- **You** must report all theft or losses to the Police within 24 hours of discovery and obtain a written Police report. Also report to **Your** Courier or Hotel/Apartment Manager whenever it is appropriate.

MONEY, PASSPORTS, TICKETS or DOCUMENTS

- **You** must report all theft or losses to the Police within 24 hours of discovery and obtain a written Police report. Also report to **Your** Courier or Hotel Apartment Manager when ever it is appropriate.
- **You** must enclose confirmation from **Your** bank or bureau de change of the issue of foreign currency. In the case of Sterling **You** must produce documentary evidence.
- For a lost or destroyed Passport **You** need to supply **Us** with a letter from the Consulate where the loss was reported and retain all receipts that relate to the necessary costs in replacing the Passport.

PERSONAL LIABILITY

- **You** must supply full details of the circumstances giving rise to the claim plus any supporting evidence.
- **You** must give **Us** notice in writing immediately **You** or **Your** legal representatives have knowledge of any impending prosecution, inquest or fatal injury inquiry in

connection with any occurrence for which there may be liability under Section H of this Policy.

LEGAL EXPENSES

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

ALL OTHER SECTIONS

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

In respect of Section Q – Travel Disruption Cover, **You** must notify Leisurecare Insurance Services Ltd within 30 days of **Your** return.

GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

We shall not be liable for:

1. Claims directly or indirectly occasioned by, happening through or in consequence of war, invasion, acts of foreign enemy, hostilities or warlike operation (whether war be declared or not), civil war, mutiny, military rising, insurrection, rebellion, revolution, military or usurped power.
2. **Consequential loss** of any kind
3. Damage to, or loss or destruction of any property or any loss or expense whatsoever arising indirectly caused by or contributed to, by or arising from:
 - (a) ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel
 - (b) the radioactive toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component of such assembly
4. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
5. Claims arising from flying or aerial activity of any kind (other than as a fare paying passenger in a fully licensed passenger carrying aircraft).
6. Claims arising directly or indirectly from **Your** wilful, malicious or unlawful acts or whilst under the influence of alcohol or drugs.
7. Claims arising directly or indirectly from **Hazardous Pursuits** unless declared to **Us** and accepted by **Us** by written endorsement (an additional premium may be payable).
8. Any claim arising directly or indirectly from the failure of any computer equipment, integrated circuits, computer chips or computer software to correctly recognise any date change.
9. Any claim arising directly or indirectly from any injury, illness, death, loss, expense or other liability attributable to HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutual derivative or variations thereof however caused (unless declared to **Us** prior to effecting this insurance, please refer to the Medical Declaration).
10. Any **Excess** shown in the schedule.
11. Claims arising directly or indirectly from an act of **Terrorism**. This exclusion does not apply to Section B – Emergency Medical and Other Expenses except for any claims which are in any way caused or contributed by an act of **Terrorism** involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent.
12. Any claims arising directly or indirectly from **You** travelling against Foreign Office advice or where it is deemed unsafe for **You** to travel.
13. Any claims arising directly or indirectly from **You** travelling against any health requirements stipulated by the carrier, their handling agents or any other public transport provider.

14. Any claims arising directly or indirectly from the tour operator, airline or any other company, firm or person either becoming insolvent or being unable to or unwilling to fulfil any part of their obligation.

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

SECTION B – EMERGENCY MEDICAL & OTHER EXPENSES

What is covered:

If **You** sustain actual bodily injury or suffer a new illness outside the **United Kingdom/Channel Isles/Isle of Man** **We** will indemnify **You** up to the amount stated in the Schedule against the following expenses which **You** necessarily incur outside the **United Kingdom/Channel Isles/Isle of Man**:

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

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

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

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

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

UNITED KINGDOM/CHANNEL ISLES/ISLE OF MAN TRIPS ONLY:

If **You** sustain actual bodily injury or suffer a new illness inside the **United Kingdom/Channel Isles/Isle of Man** **We** will indemnify **You** up to the amount stated in the Schedule against the expenses which **You** necessarily incur inside the **United Kingdom/Channel Isles/Isle of Man**.

SPECIAL PROVISO TO SECTION B

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

SPECIFIC EXCLUSIONS APPLYING TO SECTION B

What is not covered:

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

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

3. Any in-patient hospital treatment or treatment costs or additional travelling expenses not specifically authorised by **Us** or **Our** Emergency Assistance Service.

SECTION A – CANCELLATION OR CURTAILMENT

What is covered:

We will indemnify **You** for:

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

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

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

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

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

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

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

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

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

SPECIFIC EXCLUSIONS APPLYING TO SECTION A

What is not covered:

1. Any expense following **Your** disinclination to travel or to continue with **Your** trip or loss of enjoyment on **Your** trip.

2. Any expense arising from circumstances which could reasonably have been anticipated at the time **You** booked **Your** trip.

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

4. Any expense which **You** incur more than twelve months after the occurrence of the injury or illness to which the claim refers.
5. Any expense which is not usual, reasonable or customary for the medical services and/or supply.
6. Any expense for non-essential or ongoing treatment or where treatment can be reasonably delayed until **You** are returned to the **United Kingdom/Channel Isles/Isle of Man** or for the cost of a single bed ward unless authorised by the Assistance Service detailed below for medical reasons only or for the service of a chiropractor, chiropodist or osteopath or for non-medical costs.
7. Any private medical treatment carried out in countries operating a reciprocal health care agreement with the UK unless specifically authorised by **Our** 24 Hour Medical Assistance Service and only in circumstances where a transfer to a public hospital is impossible.
(see also the **Exclusions applying to Sections A, B and C**)

SECTION C – PERSONAL ACCIDENT

What is covered:

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

Item 1 – Death

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

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

Provided that:

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

SPECIFIC EXCLUSIONS APPLYING TO SECTION C

What is not covered:

No compensation will be payable:

1. Under more than one of items 1, 2 or 3 and on payment of a claim under any one of these items all liability under this Section will cease in so far as **You** are concerned.
2. In respect of claims arising from any medical condition or treatment or illness or disease.

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

EXCLUSIONS APPLYING TO SECTION A, B & C

What is not covered:

Claims arising from:

1. **You** not complying with the Important Declaration regarding **Pre-Existing Medical Conditions** and Ongoing Health Declaration on page 1 and 2 of this policy.
2. The health of non travellers and anyone not insured under this policy which are detailed as excluded on page 2 of this policy.
3. Travel arrangements made or undertaken:
 - (i) against the advice of any Registered Medical Practitioner
 - (ii) for the purpose of obtaining medical treatment abroad

4. **Your** intentional self-injury or suicide or attempted suicide or wilful exposure to needless risk (except in the attempt to save a human life).
5. The influence of intoxicating liquor or of a drug or drugs (unless prescribed by a Registered Medical Practitioner), or substance or solvent abuse or venereal disease.
6. Emotional, psychological or psychiatric disorder, or whilst suffering from any condition of anxiety, stress or depression unless same results in admission to a hospital as an in-patient and is not a pre-existing condition (please refer to the Medical Declaration)
7. **You** engaging in any **Hazardous Pursuits** (unless declared to and accepted by **Us**).
8. Claims arising from elective and invasive procedures including cosmetic surgery and body piercing and tattoos.
9. Claims arising from any loss associated with **You** being denied boarding or right of passage by any airline or other carrier.

SECTION D – TRAVEL DELAY & MISSED DEPARTURE

What is covered:

1. If as a direct result of the outbreak of **Strike** or **Industrial Action** or weather conditions affecting scheduled public transport which has been the subject of **Advanced Booking** by **You**, or mechanical or electrical breakdown of motor transport or train or aircraft or watercraft which has been the subject of **Advanced Booking** by **You** occurring after the date of commencement of cover, the departure time of the **Outward Journey** or **Return Journey** takes place more than 12 hours after the departure time appearing on **Your** ticket, **We** will indemnify **You** as shown below:

- (i) Delay Compensation – An amount as stated in the Schedule
- (ii) Cancellation Compensation – If **You** elect to cancel the **Outward Journey** after a delay exceeding 24 hours as described above **We** will indemnify **You** in respect of irrecoverable travel or **Accommodation** deposits or charges paid or contracted to be paid under Section A.

OR

- (iii) after 24 hours a maximum amount as detailed in the Schedule for additional Travel and/or **Accommodation** costs and/or proportionate irrecoverable loss of unused pre-paid holiday costs if **You** still wish to continue with **Your** holiday, subject to this amount not being higher than the actual cancellation amount.

2. If **You** miss **Your** booked departure due to late arrival at the point of international departure caused by accident or electrical or mechanical breakdown to the conveyance in which **You** are travelling, or to exceptional and unforeseeable traffic conditions, in the course of:-

- (a) **Your** direct journey to the point of international departure immediately prior to commencement of the **Outward Journey** from the **United Kingdom**, or
- (b) **Your** direct journey to the point of international departure immediately prior to commencement of the **Return Journey** to the **United Kingdom**, or
- (c) if **You** are a resident of the **Channel Isles/Isle of Man** the **Outward Journey** or **Return Journey** of the connection to the International point of departure by either aircraft or watercraft due to adverse weather conditions

We will pay up to the limit stated in the Schedule for additional travel charges which **You** necessarily and reasonably incur in the purchase of a ticket for an alternative journey

Provided that:

1. Any payment **We** make in respect of 1. (i) above for delays in the **Outward Journey** will be deducted from any subsequent payment made under 1 (ii).
2. Any payments **We** make under iii above will be deducted from any further claim should **You** then subsequently abandon **Your** trip under ii above.
3. In respect of 1 above **You** must check-in according to the itinerary provided by the Tour Operator or Carrier, and obtain written confirmation of the delay from such Tour Operator or Carrier.
4. Compensation as described in 1. (ii) above is only payable in respect of delays on the **Outward Journey** or **Return Journey** from the **United Kingdom/Channel Isles/Isle of Man**.
5. **You** must produce independent evidence in writing to support any claim.
6. **Our** limit of liability under 1 (ii) will not exceed the amount stated in the Schedule for Section A Cancellation.
7. In respect of 2. above **You** must take all reasonable steps to arrive at the departure point at or before the recommended check in time and have allowed sufficient time for **Your** journey.

SPECIFIC EXCLUSIONS APPLYING TO SECTION D

What is not covered:

1. circumstances which could reasonably have been anticipated at the date this insurance was effected.
2. Withdrawal from service (temporary or otherwise) of an aircraft or watercraft on the recommendation of the Civil Aviation Authority or a Port Authority or any similar body in any country.
3. Any **Excess** shown in the Schedule for item 1 (ii).

SECTION E – PERSONAL POSSESSIONS

What is covered:

We will indemnify **You**

1. For loss of or theft of or damage to **Personal Possessions** belonging to **You** up to the amount stated in the Schedule (no single article being insured for more than the limit shown in the Schedule. A camera or camcorder with all accessories, a bracelet or necklet with any attachment and any similar set or pair of items will be considered as one article) subject to the following depreciation scale:
 - 80% under six months old
 - 60% over six months old and less than one year old
 - 50% over one year old and less than two years old
 - 40% over two years old and less than three years old
 - 30% over three years old and less than four years old
 - 20% over four years old and less than five years old
 - 10% if over five years old
2. For loss of or theft of or damage to **Sports Equipment** belonging to **You** up to the amount stated in the Schedule (no single article being insured for more than the limit shown).
3. The cost of necessary purchase of replacement clothing and toiletries if **You** are temporarily deprived of **Your Personal Possessions** on the **Outward Journey** for a period of more than 12 hours from the time of arrival at **Your** destination due to their delay or misdirection in delivery up to the amount stated in the Schedule under Delayed Baggage.

Provided that:

1. **You** take all reasonable precautions for the safety of the property insured.
2. **Our** liability in respect of **Valuables** is limited to a total amount shown in the schedule.

3. Any claims payment made in respect of temporary deprivation of **Personal Possessions** will be deducted from any subsequent claim where the property insured proves to be permanently lost. **You** must keep receipts for all replacement purchases.
4. **You** must supply at **Your** own expense a Statutory Declaration regarding any claim arising under this section of the Policy if **We** so require.

SPECIFIC EXCLUSIONS APPLYING TO SECTION E

What is not covered:

1. Loss or damage arising from wear and tear or depreciation or deterioration or any process of cleaning or repairing or restoring or atmospheric or climatic conditions or moth or vermin or electrical or mechanical breakdown or derangement.
2. Loss of or theft of or damage to contact or corneal lenses, dentures, hearing aids, mobile telephones, samples or merchandise or property used in connection with **Your** business or trade, bonds, coupons, securities, stamps or documents of any kind, vehicles or accessories, antiques, pictures, **Sports Equipment** whilst in use, boats and/or ancillary equipment including windsurfing equipment and sailboards, caravan awnings, glass, china or any other articles of a brittle or fragile nature.
3. Loss of or damage to property shipped as freight or under a bill of lading.

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

SECTION F – MONEY

What is covered:

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

Provided that:

1. **You** take all reasonable precautions for the safety of the property insured.
2. **You** must supply at **Your** own expense a Statutory Declaration regarding any claim arising under this section of the Policy if so required.
3. **Our** limit of liability in respect of cash being carried on any one person limited to the amount shown in the schedule.

SPECIFIC EXCLUSIONS APPLYING TO SECTION F

What is not covered:

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

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

SECTION G – PASSPORT, TICKETS & DOCUMENTS

What is covered:

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

- (a) the reasonable costs in obtaining a replacement passport (or travel document) to enable **You** to return to the **United Kingdom/Channel Isles/Isle of Man** following the accidental loss or theft of **Your** Passport whilst outside the **United Kingdom/Channel Isles/Isle of Man**
- (b) the irrecoverable costs of travel tickets, green card, petrol coupons, driving licence or phone cards following accidental loss or theft

EXCLUSIONS APPLYING TO SECTIONS E, F & G

What is not covered:

1. Loss due to delay, detention, confiscation, requisition or damage by Customs or other Officials or Authorities
2. Loss or theft unless:
 - (a) **You** have reported the loss or theft to the nearest Police authority within 24 hours of discovery and
 - (b) **You** have obtained a written Police report
3. Loss of or theft of:
 - (a) **Valuables, Passports or Money** from an **Unattended** vehicle at any time
 - (b) Other property insured from an **Unattended** motor vehicle unless the vehicle was securely closed and locked, and such property placed out of sight in the locked boot or in a locked compartment within the vehicle, but in any event excluding all property insured whilst left in an **Unattended** motor vehicle between 2000 hours and 0800 hours local time, other than motor homes or caravans which are being occupied by **You** as **Your** holiday **Accommodation**
4. Theft of property left **Unattended** other than as provided above or whilst in **Your** securely locked **Accommodation**.
5. Loss of or theft of **Valuables** or **Money** whilst in a suitcase or holdall or bag or similar receptacle outside **Your** immediate control.
6. Any **Excess** shown in the Schedule of Cover and Limits of Indemnity.

SECTION H – PERSONAL LIABILITY

What is covered:

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

1. Bodily injury or death to any person not being a member of **Your Family** or household or in **Your** service.
2. Damage to property not:
 - (i) Belonging to **You** or in the charge of or under the control of **You** or a member of **Your Family** or household or of a person in **Your** service **N.B.** For accidental damage to rented **Accommodation** **We** will pay up to £100,000 for a single incident which **You** are legally responsible for. The indemnity provided by this Section extends to cover costs and expenses recoverable by any claimant, provided they were incurred before the date (if any) on which **We** paid or offered to pay either the full amount of the claim or the total amount recoverable, in respect of any one occurrence and also to costs and expenses incurred by **You** with **Our** written consent. In the event of **Your** death **Your** personal representative will receive the benefit of the cover granted by this section.

SPECIFIC EXCLUSIONS APPLYING TO SECTION H

What is not covered:

1. Claims arising:
 - (i) directly or indirectly out of the ownership, possession or use (other than as a passenger having no right of control) of aircraft, model aircraft, caravans, trailers, motorised or electrically propelled water-borne craft, sailing vessels, wind surfers, mechanically or electrically propelled vehicles or conveyances or attached trailers and lifts
 - (ii) directly or indirectly out of the ownership, possession or use of animals, weapons or firearms
 - (iii) from any **Hazardous Pursuit**
 - (iv) directly or indirectly out of or incidental to **Your** business or trade or profession including voluntary work or any form of child minding

- (v) out of actions between persons insured by **Us**
 - (vi) directly or indirectly out of **Your** ownership possession or control of any land or buildings
 - (vii) out of any liability assumed under a contract unless such liability would have attached in any event in the absence of such contract
 - (viii) directly or indirectly due to an infectious disease
2. Any **Excess** shown in the Schedule for 2 above.

SECTION I – LEGAL EXPENSES

Definitions which only apply to this Section

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

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

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

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

What is Covered:

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

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

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

What is not covered:

1. Any claim reported to **Us** more than 180 days after the date **You** should have known about the **Insured Incident**.
2. Any **Legal Costs** incurred before **We** agree to pay them.
3. Any claim relating to a) any illness that develops gradually or is not caused by a specific or sudden accident; b) **You** driving a motor vehicle for which **You** do not have valid motor insurance; c) an application for Judicial Review.
4. Defending **Your** legal rights but defending a counter claim is covered.
5. Any disagreement with **Us** that is not in condition 17 of this section.
6. Any legal action **You** take which **We** or the **Appointed Lawyer** have not agreed to or where **You** do anything that hinders **Us** or the **Appointed Lawyer**.
7. Any legal action against the travel agent, tour operator, carrier, any of the Insurers listed on this policy or their agents.
8. Fines, damages or other penalties which **You** are ordered to pay.

Conditions

You must do the following:

1. Send everything **We** ask for in writing and give **Us** full details of any claim, and any information **We** need, as soon as possible.
We can take over and conduct, in **Your** name, any claim or legal proceedings at any time before an **Appointed Lawyer** is appointed. **We** can negotiate any claim on **Your** behalf.
3. If **We** agree to start legal proceedings and **You** have to be represented by a lawyer, or if there is a conflict of interest, **You** can choose an **Appointed Lawyer** by sending **Us** the lawyer's name and address. **We** may choose not to accept the choice of lawyer, but only in exceptional circumstances. If **You** and **We** disagree over the choice of **Appointed Lawyer**, another lawyer can be appointed to decide the matter (see condition 17).
4. Before **You** choose a lawyer, **We** can appoint an **Appointed Lawyer**.
5. **We** will appoint an **Appointed Lawyer** to represent **You** according to **Our** standard terms of appointment. The **Appointed Lawyer** must co-operate fully with **Us** at all times.
6. **We** will have direct contact with the **Appointed Lawyer**.
7. **You** must co-operate fully with **Us** and the **Appointed Lawyer** and must keep **Us** up-to-date with the progress of the claim.
8. **You** must give the **Appointed Lawyer** any instructions that **We** ask for.
9. **You** must tell **Us** if anyone offers to settle the claim.
10. If **You** do not accept a reasonable offer to settle a claim, **We** may refuse to pay further **Legal Costs**.
11. **You** must not negotiate or agree to settle a claim without **Our** approval.
12. **We** may decide to pay **You** the amount of damages that **You** are claiming or is being claimed against **You** instead of starting or continuing legal proceedings.
13. If **We** ask, **You** must tell the **Appointed Lawyer** to have legal costs taxed, assessed or audited.
14. **You** must take every step to recover legal costs that **We** have to pay and must pay **Us** any **Legal Costs** that **You** recover.
15. If **Your Appointed Lawyer** refuses to continue acting for **You** or if **You** dismiss **Your Appointed Lawyer**, the cover **We** provide will end at once, unless **We** agree to appoint another **Appointed Lawyer**.
16. If **You** stop a claim without **Our** agreement, or do not give suitable instructions to **Your Appointed Lawyer**, the cover **We** provide will end at once.
17. If **We** and **You** disagree about the choice of **Appointed Lawyer**, or about how a claim is handled. **We** and **You** can choose another lawyer to decide the matter. **We** and **You** must both agree to this in writing. If **We** cannot agree with **You** about the choice of second lawyer, **We** will ask the president of a relevant national law society to choose a lawyer. Whoever loses the disagreement will have to pay the costs of settling it.

SECTION J – HIJACK

What is covered

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

Provided that:

1. Compensation is only payable if no claim is made under Section A Cancellation or Section D Travel Delay.
2. **You** must produce independent evidence in writing in support of any claim.

SECTION K – CATASTROPHE

What is covered:

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

SPECIFIC EXCLUSIONS APPLYING TO SECTION K

What is not covered:

No compensation will be payable for:

1. Any expense following **Your** disinclination to travel or to continue with **Your** trip when official directives from the local or national authority state it is acceptable to do so.
2. Any cost or expense payable by or recoverable from the tour operator, airline, hotel or other provider of services.
3. Any cost or expense resulting from circumstances existing prior to **Your** arrival at **Your** pre-paid and pre-booked **Accommodation**.

SECTION L – END SUPPLIER FAILURE

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

We will pay up to the amount shown in the Schedule of Cover and Limits of Indemnity in total for each Insured Person named on the validation certificate for:

1. Irrecoverable sums paid in advance in the event of insolvency of the Travel or **Accommodation** provider not forming part of an inclusive holiday prior to departure or
2. In the event of insolvency after departure:
 - a) additional pro rata costs incurred by the Insured Person in replacing that part of the travel arrangements to a similar standard to that originally booked or
 - b) if **Curtailed** of the holiday is unavoidable – the cost of return transportation to the **United Kingdom, Channel Islands, Isle of Man** or Ireland to a similar standard to that originally booked.

We will not pay for:

- Travel or **Accommodation** not booked within the **United Kingdom, Channel Islands, Isle of Man** or Ireland prior to departure
- The Financial Failure of:
 - a) any Travel or **Accommodation** provider in Chapter 11 or any threat of insolvency being known at the date of issue of the Certificate
 - b) any Travel or **Accommodation** provider who is bonded or insured elsewhere (even if the bond is insufficient to meet the claim)
 - c) any travel agent, tour organiser, booking agent or consolidator with whom the insured has booked travel or **Accommodation**
- Any loss for which a third party is liable or which can be recovered by other legal means
- PROVIDED THAT in the case of 2(a) and (b) above where practicable the Person-Insured shall have obtained the approval of the insurer prior to incurring the relevant costs by contacting the insurer as follows:

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

International Passenger Protection Claims Office
IPP House
22-26 Station Road
West Wickham
Kent BR4 0PR
United Kingdom
Telephone: +44 (0)20 8776 3752
Facsimile: +44 (0)20 8776 3751
Email: info@ipplondon.co.uk

IPP will only accept claims submitted up to six months after the failure.
Any claims submitted after the six month period will NOT be processed.

ALL OTHER CLAIMS – REFER TO **YOUR** INSURANCE DOCUMENT AND SEE ALTERNATIVE CLAIMS PROCEDURE.

SECTION M – WINTER SPORTS EXTENSION

This cover is provided only if **You** are under 70 and have paid the premium required. Below are the details of Winter Sports cover provided by this extension:

WINTER SPORTS

- You** will be covered under all sections for the following winter sports: cross country skiing, curling, downhill skiing/snowboarding and ice-skating. Skiing and snowboarding off-piste is covered provided **You** are skiing within the boundaries of a recognised resort area designed for public use and are not skiing in areas marked out of bounds or hazardous by the piste authorities. Heli skiing is only covered as part of a pre-paid excursion led by professional guides. Tobogganing and snowmobiling are covered under sections A, B & C but **We** will not cover any claims under any other section resulting from any bodily injury or damage to property that may arise from **Your** use of sledges, skidoos or powered vehicles of any kind. No cover is provided for any form of ski racing, ski jumping, ice hockey or any other hazardous or extreme sports not specifically listed above.
- You** are not covered for winter **Sports Equipment** under section E (**Personal Possessions**) of this travel policy. Please see below for details of winter **Sports Equipment** cover.
- Ski lift passes are included in the cover provided by section F & G (**Money and Documents**) of this travel policy. The following extra cover up to the maximum limits shown in the schedule is also included in the Winter Sports Extension:-

SECTION M1 WINTER SPORTS EQUIPMENT

What is covered:

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

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

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

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

SECTION M2 – WINTER SPORTS EQUIPMENT HIRE

What is covered:

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

SPECIFIC EXCLUSIONS APPLYING TO SECTIONS M1 AND M2

What is not covered:

- You** are not covered for the following
 - Loss of, theft of or damage to **Your** winter **Sports Equipment** during **Your** **Outward or Return Journey** if **You** do not get a written 'carrier's report', or a 'Property Irregularity Report' in the case of an airline. If **You** cannot report the loss, theft or damage to the carrier straight away, **You** must do so in writing within seven days
 - Loss or theft of **Your** winter **Sports Equipment** at any other time if **You** do not report the loss or theft to the police within 24 hours of discovering it and get a police report from them
 - Loss or damage caused by delay, wear and tear, moths, vermin, weather and atmospheric conditions or mechanical failure
 - Loss of or theft of or damage to property left in or on a vehicle overnight
- You** are not covered for claims for which **You** receive compensation from someone else.
- You** are not covered for more than the limit shown in the schedule for any one snowboard or pair of skis (including bindings), boots or poles.

Conditions:

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

SECTION M3 – SKI PACK (LESSONS, HIRE, LIFT PASS)

What is covered:

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

SPECIFIC EXCLUSIONS APPLYING TO SECTION M3

What is not covered:

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

SECTION M4 – PISTE CLOSURE

What is covered:

This cover is only available for holidays starting after 1st January and ending before 1st April. If adverse weather conditions cause the total closure of all ski facilities for more than one day at the resort **You** are booked into, **You** will be covered for a daily benefit up to the limits shown in the

schedule for reasonable additional transport costs and lift hire costs to enable **You** to ski in a different resort. If it is not possible to arrange transport to a different resort, **You** will receive the daily benefit for each whole day's skiing lost.

SPECIFIC EXCLUSIONS APPLYING TO SECTION M4

What is not covered:

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

Conditions:

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

SECTION M5 – AVALANCHE CLOSURE

What is covered:

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

SPECIFIC EXCLUSIONS APPLYING SECTION M5

What is not covered:

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

SECTION N – WEDDING COVER/CIVIL PARTNERSHIP EXTENSION

SECTION N – WEDDING/CIVIL PARTNERSHIP COVER

Cover in respect of Section N only operates:

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

Special Definitions (which are shown in italics)

You/Your/Insured Person/Insured Couple

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

Wedding/Civil Partnership attire

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

What is covered

1. **We** will pay up to the amounts shown in the Schedule of Cover and Limits of Indemnity per *Insured Person* for the accidental loss of, theft of or damage to the items shown below forming part of *Your* baggage:

a) for each wedding/civil partnership ring taken or purchased on the trip for each *Insured Person*.

b) for weddings/civil partnership gifts taken or purchased on the trip for the *Insured Couple*.

c) for *Your Wedding/Civil Partnership attire* which is specifically to be worn by *You* on *Your* wedding/civil partnership day.

The maximum payment for any single item is shown in the Schedule of Cover and Limits of Indemnity per *Insured Person*.

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

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

a) the professional photographer who was booked to take the photographs/video recordings on *Your* wedding/civil partnership day is unable to fulfil such obligations due to bodily injury, illness or unavoidable and unforeseen transport problems, or

b) the photographs/video recordings of the wedding/civil partnership day taken by a professional photographer are lost, stolen or damaged within 14 days after the wedding /civil partnership day and whilst *You* are still at the holiday/honeymoon location.

Special conditions relating to claims

1. *You* must report to the local Police within 24 hours of discovery and obtain a written report of the loss, theft or attempted theft of all baggage.

2. If baggage is lost, stolen or damaged while in the care of a carrier, transport company, authority or hotel *You* must report to them, in writing, details of the loss, theft or damage and obtain written confirmation. If baggage is lost, stolen or damaged whilst in the care of an airline *You* must:

a) obtain a Property Irregularity Report from the airline.

b) give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).

c) retain all travel tickets and tags for submission if a claim is to be made under this policy.

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

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

What is not covered

1. The **Excess** as shown in the Schedule of Cover and Limits of Indemnity per Insured Person.
2. Loss, theft of or damage to **Valuables** left **Unattended** at any time.
3. Loss, theft of or damage to baggage left **Unattended** at any time or contained in an **Unattended** vehicle:
 - a) overnight between 9 p.m. and 8 a.m. (local time) or
 - b) at any time between 8 a.m. and 9 p.m. (local time) unless it is in the locked boot which is separate from the passenger compartment for those vehicles with a boot, or for those vehicles without a separate boot locked in the vehicle and covered from view and evidence of forcible and violent entry to the vehicle is confirmed by a police report.
4. Loss or damage due to delay, confiscation or detention by customs or other authority.
5. Loss, theft of or damage to unset precious stones, contact or corneal lenses, hearing aids, dental or medical fittings, antiques, musical instruments, mobile telephones or telecommunications equipment of any kind, deeds, manuscripts, securities, perishable goods, bicycles, marine equipment or craft or any related equipment or fittings of any kind, Ski Equipment and damage to suitcases (unless the suitcase is entirely unusable as a result of one single incidence of damage).
6. Loss or damage due to cracking, scratching, breakage of or damage to china, glass (other than glass in watch faces, cameras, binoculars or telescopes), porcelain or other brittle or fragile articles unless caused by fire, theft, or accident to the aircraft, watercraft, train or vehicle in which they are being carried.
7. Loss or damage due to breakage of **Sports Equipment** or damage to sports clothing whilst in use.
8. Loss, theft of or damage to business goods, samples, tools of trade, motor accessories and other items used in connection with *Your* business, trade, profession or occupation.
9. Loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning, repairing or restoring, mechanical or electrical breakdown or liquid damage.
10. Anything mentioned in the general exclusions.

SECTION O – GOLF COVER EXTENSION

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

SECTION O1 – GOLF EQUIPMENT OWNED

What is Covered:

1. If **Your Golf Equipment** is lost, destroyed or stolen, **We** will pay **You** up to the amount shown in the Schedule of Cover subject to the following depreciation scale based on the original purchase price of the equipment and the age of the item(s):
 - 80% under six months old
 - 60% over six months old and less than one year old
 - 50% over one year old and less than two years old
 - 40% over two years old and less than three years old
 - 30% over three years old and less than four years old
 - 20% over four years old and less than five years old
 - 10% if over five years old
2. **You** will be covered for the repair costs up to the values shown above if **Your Golf Equipment** is damaged in transit.
3. If **Your** hired equipment is lost, stolen or damaged **We** will pay up to £100 for replacement or repair if **You** are held responsible.

SECTION O2 – GOLF EQUIPMENT HIRE

What is Covered:

1. If **Your own Golf Equipment** is lost, stolen or damaged after commencement of **Your Outward Journey**, **You** will be covered for the reasonable cost of hiring a set of clubs during **Your** trip up to the limits shown in the Schedule of Cover and Limits of Indemnity.
2. If **Your** hired equipment is lost, stolen or damaged **We** will pay up to £100 for replacement or repair if **You** are held responsible.

SPECIFIC EXCLUSIONS APPLYING TO SECTION O1 – GOLF EQUIPMENT AND O2 – GOLF EQUIPMENT HIRE

What is not Covered:

1. **You** are not covered for the following:
 - a. Loss of, theft of or damage to **Your Golf Equipment** during **Your Outward or Return Journey** if **You** do not obtain a written 'carriers report', or a 'Property Irregularity Report' in the case of an airline. If **You** cannot report the loss, theft or damage to the carrier immediately, **You** must do so in writing within seven days of the loss, theft or damage.
 - b. Loss or theft of **Your Golf Equipment** at any other time if **You** do not report the loss or theft to the Police within 24 hours of discovering the loss or theft and a written Police report obtained.
 - c. Loss or damage caused by delay, wear and tear, moths, vermin, weather and atmospheric conditions or mechanical failure.
 - d. Loss of or theft of or damage to property left in or on a vehicle over night.
 - e. Loss of theft of or damage to property **You** have left **Unattended** in a public place.
 - f. Loss or damage to **Golf Equipment** whilst in use.
2. **You** are not covered for claims for which **You** receive compensation from someone else.
3. **You** are not covered for more than the limits shown in the Schedule of Cover and Limits of Indemnity for any one club or item of equipment.
4. Any **Excess** shown in the Schedule of Cover and Limits of Indemnity.

Conditions:

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

SECTION O3 – HOLE-IN-ONE COVER

What is Covered:

1. **We** will pay up to the limit shown in the Schedule of Cover and Limits of Indemnity for bar bills that **You** incur as a result of **You** getting a Hole-In-One.

Conditions:

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

SECTION O4 – GOLF COURSE CLOSURE

What is Covered:

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

SPECIFIC EXCLUSIONS APPLYING TO SECTION O4 – GOLF COURSE CLOSURE

What is not Covered:

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

Conditions:

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

SECTION P – BUSINESS COVER EXTENSION

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

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

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

SECTION P1 – BUSINESS EQUIPMENT

What is Covered

1. **We** will pay **You** up to the amount shown in the Schedule of Cover and Limits of Indemnity per Insured Person, for accidental loss, theft of or damage to **Your** business equipment.

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

- a) For any single item as shown in the Schedule of Cover and Limits of Indemnity per Insured Person.
- b) For computer equipment as shown in the Schedule of Cover and Limits of Indemnity per Insured Person.
- c) For business samples as shown in the Schedule of Cover and Limits of Indemnity per Insured Person.

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

2. **We** will also pay **You** up to the amount shown in the Schedule of Cover and Limits of Indemnity per Insured Person for:

- a) any emergency courier expenses **You** have incurred, in obtaining any business equipment, which is essential to **Your** intended business itinerary.

- b) the purchase of essential items, if **Your** business equipment is delayed or lost in transit on **Your Outward Journey** for more than 12 hours.

Special conditions relating to claims

1. **You** must report to the police within 24 hours of discovery and obtain a written report of the loss, theft or attempted theft of all business equipment.
2. For items damaged whilst on **Your** trip **You** must obtain an official report from an appropriate retailer.
3. If **Your** business equipment is delayed **You** must supply receipts for the essential items purchased and written confirmation from the carrier as to the exact nature and length of delay.
4. **You** must provide an original receipt or proof of ownership for items lost, stolen or damaged to help **You** to substantiate **Your** claim.

Special Note

Our liability for business equipment shall be further limited as follows:-

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

What is not covered

1. The **Excess** as shown in the Schedule of Cover and Limits of Indemnity per Insured Person.

2. Loss, theft of or damage to business equipment left at any time or contained in or stolen from an **Unattended** vehicle:

a) overnight between 9 p.m. and 8 a.m. (local time) or

b) at any time between 8 a.m. and 9 p.m. (local time) unless it is in the locked boot which is separate from the passenger compartment, or for those vehicles without a separate boot, locked in the vehicle and covered from view and evidence of forcible and violent entry to the vehicle is confirmed by a police report.

3. Claims arising from business equipment and **Valuables** whilst in the custody of a carrier.

4. Loss or damage due to delay, confiscation or detention by customs or other authority.

5. Loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning, repairing or restoring, mechanical or electrical breakdown.

6. Claims arising from damage caused by leakage of powder or liquid carried within personal effects or business equipment.

7. Anything mentioned in the general exclusions.

SECTION P2 – BUSINESS EQUIPMENT HIRE

What is covered

We will pay **You** up to the amount as shown in the Schedule of Cover and Limits of Indemnity per Insured Person for each 24 hour period, for the cost of necessary hire of business equipment following:

a) loss or damage of **Your** business equipment; or

b) the temporary loss in transit during the **Outward Journey** for at least 12 hours of **Your** business equipment.

Special conditions relating to claims

1. **You** must report to the police within 24 hours of discovery and obtain a written report of the loss, theft or attempted theft of all business equipment.

2. For items damaged whilst on **Your** trip **You** must obtain an official report from an appropriate retailer.

3. If **Your** business equipment is misdirected or delayed **You** must obtain written confirmation from the carrier as to the exact nature and length of delay or misdirection.

4. **You** must provide an original receipt or proof of ownership for items lost, stolen or damaged to help **You** to substantiate **Your** claim.

What is not covered

1. Loss, theft or damage to business equipment left **Unattended** at any time or contained in or stolen from an **Unattended** vehicle:

a) overnight between 9 p.m. and 8 a.m. (local time) or

b) at any time between 8 a.m. and 9 p.m. (local time) unless it is in the locked boot which is separate from the passenger compartment for those vehicles with a boot, or for those vehicles without a separate boot locked in the vehicle and covered from view and evidence of forcible and violent entry to the vehicle is confirmed by a police report.

2. Loss or damage due to delay, confiscation or detention by customs or other authority.

3. Loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning, repairing or restoring, mechanical or electrical breakdown.

4. Claims arising from damage caused by leakage of powder or liquid carried within personal effects or business equipment.

5. Anything mentioned in the general exclusions.

SECTION P3 – BUSINESS MONEY

What is covered

We will pay **You** up to the amount shown in the Schedule of Cover and Limits of Indemnity per Insured Person for the accidental loss of, theft of or damage to business money.

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

a) For cash (bank notes, currency notes and coins) as shown in the Schedule of Cover and Limits of Indemnity per Insured Person.

b) For all other business money as shown in the Schedule of Cover and Limits of Indemnity per Insured Person.

Special conditions relating to claims

1. **You** must report to the police within 24 hours of discovery and obtain a written report of the loss, theft or attempted theft of all business money.

2. Receipts for items lost, stolen or damaged including foreign currency exchange receipts, statement from **Your** business bank accounts showing the amounts withdrawn, these must be retained as these will be needed for **You** to substantiate **Your** claim.

What is not covered

1. The **Excess** as shown in the Schedule of Cover and Limits of Indemnity per Insured Person.

2. Loss or theft of business money left **Unattended** at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe or safety deposit box.

3. Loss, theft of or damage to travellers' cheques if **You** have not complied with the issuers conditions or where the issuer provides a replacement service.

4. Loss or damage due to delay, confiscation or detention by customs or other authority.

5. Loss or damage due to depreciation in value, variations in exchange rates or shortages due to error or omission.

6. Anything mentioned in the general exclusions.

SECTION Q – TRAVEL DISRUPTION COVER

This is to Certify that in accordance with the authorisation granted to the Issuing Agent under Contract (Number PA999AHU 2011) by certain syndicates at Lloyd's, **We** will pay each Insured Adult the following irrecoverable costs incurred, if upon **Your** scheduled return to the **United Kingdom/ Channel Isles**, **You** are delayed for more than 24 hours beyond the time of international departure shown in **Your** itinerary for reasons beyond **Your** control, subject to the conditions of this insurance contract.

PERIOD OF INSURANCE AND GEOGRAPHICAL LIMITS OF INSURANCE COVER

To cover a single trip or for annual cover, subject to the appropriate premium being paid and having a destination outside the **United Kingdom** but not to the following countries : Afghanistan, Chad, Democratic Republic of Congo, Haiti, Iraq, Ivory Coast, Libya, Nigeria, Palestinian Territories, Somalia, Sudan or to a country which the Foreign Office has advised against travel to.

Cover operates from **Your** latest overseas departure time to commence **Your** journey back to the **United Kingdom** as shown in **Your** booking confirmation/itinerary. For annual cover each trip is a separate Insurance, and is subject to the limits of cover, exclusions and conditions as set out in this document and each trip must fall entirely within the 12 month period from the commencement date of this insurance.

What is covered:

Severe weather, Natural Catastrophe*, Industrial Strike or An Act of Terrorism.

*Natural Catastrophe is defined as an event caused by the following forces of nature that has a catastrophic consequence – fire, flood, earthquake, tsunami, volcanic eruption landslide, avalanche, hurricane, cyclone, or storm which is unforeseen and unknown at the time **You** purchased the insurance.

What is not covered:

1. Any claim arising in the first 24 hours of delay, calculated from the time of international departure shown in **Your** original booking itinerary.
2. Any claim arising due to an event that has occurred within the 31 days prior to the date of booking the trip and/or commencement of this insurance.
3. Any claim not supported by original:
 - (i) receipts,
 - (ii) documentation confirming the cause and duration of the delay,
 - (iii) proof of travel.
4. Any costs incurred which are recoverable from **Your** tour operator, carrier, travel insurance or under any EU Directive irrespective if **Your** Tour Operator or Carrier denies liability as beyond their control, unforeseen or unavoidable.
5. Any claim arising from an act of **Terrorism** involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent.
6. Any claim arising directly or indirectly from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

7. Costs of travel or **Accommodation** to a higher standard than those originally booked.
8. Any claim arising for loss of wages where written confirmation is not supplied from the Insured Person's employer in respect of the amount of net wages not paid (but excluding any overtime), the period to which the loss of wages applies and that the period has not been taken as holiday. In respect of a self employed person, this insurance shall exclude any claim where written confirmation is not supplied by the Insured Person's usual accountant of the actual wages taken over the preceding 3 months together with details of confirmed orders for the period of delay claimed.
9. Any claim arising from :
 - i) withdrawal of service due to safety reasons or bankruptcy,
 - ii) withdrawal of service due to **strike or industrial action** publicly declared prior to commencement of this insurance or prior to the holiday booking,
 - iii) any incident where the Insured Person has not obtained written authority from their carrier to make alternative travel arrangements,
 - iv) any incident where a carrier and or tour operator has offered alternative arrangements,
 - v) the failure of the Insured Person to meet the scheduled dates and or times shown in their original travel documents, their negligence or their disinclination to travel.
10. In the event of the Insured Person having a separate and valid SOS— Sense of Security Essential Delay Insurance & / or TDC—Travel Disruption Cover Insurance, any claim shall be considered under one insurance only.

SUMMARY OF COVER PER INSURED PERSON

- Up to £1000 to pay for additional **Accommodation**.
- Up to £1000 to purchase additional food or meals.
- Up to £350 to make alternative travel arrangements back to the UK.
- Up to £100 to purchase essential medication originally prescribed in the UK.
- Up to £100 to purchase essential items or services.
- Up to £25 for additional resort transfer costs to get **You** to **Your** international departure point.
- Up to £100 for additional transport to collect **Your** vehicle in the UK.
- Up to £50 for additional parking fees incurred in the UK.
- Up to £1000 for loss of wages, whether employed or self-employed.
- Up to £100 for additional kennel/cattery fees incurred in the UK.

CUSTOMER SERVICE / COMPLAINTS PROCEDURE

We aim to provide insurance, cover and service of the highest standard. However, **We** accept that things can go wrong and would rather be told about any difficulties than have a dissatisfied client. If **You** feel that **We** have been unreasonable in any respect of the handling of **Your** TDC insurance **We** would encourage **You**, in the first instance to contact:-

The Compliance Officer, Leisurecare Insurance Services Ltd, PO Box 250, CIRENCESTER, GL7 9DW to make sure that appropriate representations have been made on **Your** behalf. If **You** are not satisfied with the way that a complaint has been dealt with please contact: Compliance Officer, Ark Syndicate Management Limited, St Helen's, 1 Undershaft, London EC3A 8EE. In the event that **You** remain dissatisfied and wish to take the matter further, **You** can do so at any time by referring to The Policyholder and Market Assistance Department, Lloyd's, One Lime Street, London EC3V 7HA (Tel: 020 7327 5693; Fax: 020 7327 5225);

e-mail; complaints@lloyds.com

Complaints that cannot be resolved by The Policyholder and Market Assistance Department at Lloyd's may be referred to the Financial Ombudsman Service. Further details will be provided at the appropriate stage of the complaints process. This complaint procedure is without prejudice to **Your** right to take legal proceedings.

LAW & JURISDICTION APPLICABLE TO CONTRACT

The Parties are free to choose the law applicable to this contract but unless Underwriters agree otherwise the contract will be subject to English Law and the courts of England and Wales shall have jurisdiction in any dispute arising hereunder.

COMPENSATION

Lloyd's insurers are covered by the Financial Services Authority's Compensation Scheme. **You** may be entitled to compensation from the Scheme if a Lloyd's insurer is unable to meet its obligations to **You** under this contract. If **You** were entitled to compensation under the Scheme, the level and extent of the compensation would depend on the nature of this contract. Further information about the Scheme is available from: Financial Services Compensation Scheme, 7th Floor Lloyd's Chambers, Portsoken Street, London E1 8BN or www.fscs.org.uk

DATA PROTECTION CLAUSE

It is understood by the Insured Person that any information about them will be processed by the Underwriters in compliance of the Data Protection Act 1998 and only for the purposes of providing their insurance cover and handling any claims. This may necessitate providing such information to third parties.

CONTRACT (RIGHTS OF THIRD PARTIES) ACT 1999 CLARIFICATION CLAUSE

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

CLAIMS PROCEDURE ONLY IN THE EVENT OF TRAVEL DISRUPTION COVER - ALL OTHER CLAIMS PLEASE REFER TO YOUR MAIN INSURANCE DOCUMENT FOR CONTACT DETAILS.

If **You** have to make a claim **You** must request a claim form as soon as possible, but in any event notify the claim within 30 days of **Your** return. To obtain a Claim Form either:

Telephone: 01285 640727 (24 hour answering machine) or write to Leisurecare, PO Box 250, CIRENCESTER, GL7 9DW asking for a claim form. Leisurecare act on behalf of Underwriters in the settlement of claims. Please retain this

document, booking invoice/confirmation/premium receipt and all relevant documents to support **Your** claim, full instructions on how to proceed will be contained in the Claim Form.

COMPLAINTS PROCEDURE

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

If **Your** complaint is regarding a claim, in the first instance write to the Claims Manager at the claims service detailed on the Policy Wording. If **Your** complaint relates to a claim under Section L – End Supplier Failure, please write to:

International Passenger Protection Limited, IPP House, 22-26 Station Road, West Wickham, Kent, BR4 0PR – Fax: 020 8776 3751 E-mail: info@ipplondon.co.uk.

If **Your** complaint is regarding Travel Disruption Cover, please see Section Q for procedure.

If **Your** complaint is not resolved to **Your** satisfaction or if **Your** complaint is not regarding a claim, **You** should write to the:

Managing Director, N J Heritage Partnership Limited 308-314 London Road, Hadleigh, Benfleet, Essex, SS7 2DD.

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

The Customer Relations Manager, UK General Insurance Ltd Cast House, Gibraltar Island Road, Leeds LS10 1RJ

Tel: 0845 218 2685 E-mail: customerrelations@ukgeneral.co.uk.

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

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

Further information is available from the Financial Services Authority or the FSCS at www.fscs.org.uk or on 020 7892 7300.

You can check the above details on the Financial Services Authority Register by visiting the FSA website: www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234.

If it is not possible to reach an agreement, **You** have the right to make an appeal to the Financial Ombudsman Service. This also applies if **You** are insured in a business capacity and have an annual turnover of less than €2million and fewer than ten staff.

You may contact the Financial Ombudsmen Service at South Quay Plaza, 183 Marsh Wall, London. E14 9SR.

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

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

HAZARDOUS PURSUITS

Hazardous Pursuits – Grade 1 – No additional charge

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

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

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

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

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

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

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

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

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

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

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

TRAVELLER'S CHOICE 2011/12
SCHEDULE OF COVER AND LIMITS OF INDEMNITY PER INSURED PERSON

| Section | DESCRIPTION Cover | PREMIER COVER | | SILVER COVER | |
|----------|--|---|---|---|---|
| | | Limit | Excess per Insured | Limit | Excess per Insured |
| A | Cancellation or Curtailment | Up to £5,000 | £80 £100 aged 66+ (£25 loss of deposit) | Up to £1,000 | £80 £100 aged 66+ (£35 loss of deposit) |
| B | Emergency Medical and Other Expenses Incl. Dental Treatment Limit Hospital Confinement Benefit | Up to £7,000,000 in total Up to £250 in total £25 per day up to £200 | £80 £80 £100 aged 66+ Nil Nil | Up to £3,500,000 in total Up to £250 in total £20 per day up to £160 Max Benefit £10,000 | £80 £80 £100 aged 66+ £80 Nil |
| C | Personal Accident Permanent Total Disablement(Under 66) Loss of Limb or Sight(Under 66) Death (over 18, under 66 years) Death (under age 18, over 65) All benefits (65 years and over) | Max benefit £20,000 £20,000 £20,000 £10,000 £5,000 £5,000 | Nil | £10,000 £10,000 £5,000 £3,000 £3,000 | Nil Nil Nil Nil Nil |
| D | Travel Delay Abandonment after 24 hours Missed Departure | £25 for first 12 hours, £25 for each subsequent 12 hours up to £400 £5,000 £1,000 | Nil | £15 for first 12 hours, £15 for each subsequent 12 hours up to £200 Up to £1,000 Up to £500 | Nil £60 £60 £60 |
| E | Personal Possessions Single Article/Pair/Set Limit Total Valuables Limit Delayed Baggage (excess of 12 hrs) | Up to £1,500 in total £250 £250 £50 per day up to £250 | £50 £200 £200 Nil | Up to £1,000 in total £200 £200 £50 per day up to £200 | £60 £60 £60 Nil |
| F | Personal Money Cash Limit Cash (under 18 years) | Up to £500 £250 £100 | £50 | Up to £300 £200 £100 | £60 £60 £60 |
| G | Passport, Tickets & Documents | Up to £250 | £50 | Up to £250 | £60 |
| H | Personal Liability Including Rented Accommodation Limit | £2,000,000 £100,000 | £200 £200 | £1,000,000 £100,000 | £250 £250 |
| I | Legal Expenses | Up to £25,000 | Nil | Up to £25,000 | Nil |
| J | Hijack | Up to £1,000 | Nil | Up to £1,000 | Nil |
| K | Catastrophe Cover | Up to £1,000 | £50 | Up to £500 | £60 |
| L | End Supplier Failure Schedule Airline Failure | Up to £2,000 Up to £2,000 | Nil Nil | Up to £1,000 Up to £2,000 | Nil Nil |

Please see page 22 for continuation of cover

TRAVELLER'S CHOICE 2011/12

SCHEDULE OF COVER AND LIMITS OF INDEMNITY PER INSURED PERSON

| Section | DESCRIPTION Cover | PREMIER COVER | | SILVER COVER | |
|---|---|---|--------------------|---|--------------------|
| | | Limit | Excess per Insured | Limit | Excess per Insured |
| THE FOLLOWING EXTENSIONS TO POLICY ONLY APPLICABLE IF ADDITIONAL PREMIUM HAS BEEN PAID | | | | | |
| M | WINTER SPORTS EXTENSION | | | | |
| M1 | Winter Sports Equipment owned/hired including Single Article/Pair/Set Limit | Up to £500 Up to £500 in total | £50 £50 | Up to £300 Up to £300 in total | £60 £60 |
| M2 | Winter Sports Equipment Hire | £50 per day up to £500 | Nil | £30 per day up to £300 | Nil |
| M3 | Ski Pack | £50 per day up to £500 | Nil | £30 per day up to £300 | Nil |
| M4 | Piste Closure | £50 per day up to £500 | Nil | £30 per day up to £300 | Nil |
| M5 | Avalanche Closure | Up to £500 | £50 | Up to £300 | £60 |
| N | WEDDING/CIVIL PARTNERSHIP COVER EXTENSION | | | | |
| | Wedding/Civil Partnership Cover | Up to £1,500 | £50 | Up to £750 | £60 |
| | Single Item Limit | Up to £280 | | Up to £280 | |
| | Wedding Ring Limit | Up to £300 | | Up to £300 | |
| | Unreceipted Items Limit | Up to £300 | | Up to £300 | |
| | Unreceipted Single Item Limit | Up to £50 | | Up to £50 | |
| O | GOLF COVER EXTENSION | | | | |
| O1 | Golf Cover Equipment | Up to £1,500 | £50 | Up to £750 | £60 |
| O2 | Single Article/Pair/Set Limit | Up to £250 in total | £50 | Up to £250 in total | £60 |
| O3 | Golf Equipment Hire | £50 per day up to £400 | Nil | £50 per day up to £400 | Nil |
| O4 | Hole-In-one Cover | Up to £100 in total | Nil | Up to £100 in total | Nil |
| | Golf Course Closure | Up to £75 per day up to £300 in total | Nil | Up to £75 per day up to £300 in total | Nil |
| P | BUSINESS COVER EXTENSION | | | | |
| P1 | Business Cover | Up to £1,500 | £50 | Up to £750 | £60 |
| | Single Item Limit | £500 | | £200 | |
| | Computer Equipment | £1,000 | | £500 | |
| | Single Item Limit | £500 | | £200 | |
| | Samples Limit | Up to £300 | | Up to £300 | |
| | Unreceipted Items Limit | £50 | | £50 | |
| | Emergency Courier of Essential Business Equipment | Up to £500 | | Up to £200 | |
| | Delayed Business Equipment | £100 per day up to £300 | | £50 per day up to £200 | |
| P2 | Business Equipment Hire | £150 per day up to £750 | Nil | £150 per day up to £750 | Nil |
| P3 | Business Money | Up to £1,000 | £50 | Up to £500 | £60 |
| | Cash Limit | Up to £500 | | Up to £200 | |
| SECTION Q IS INCLUDED IN THE POLICY PREMIUM | | | | | |
| Q | Travel Disruption Cover (eg. volcanic ash, earthquakes, tsunamis, airport strikes etc.) | Please see Section Q for full details of cover and limits | Nil | Please see Section Q for full details of cover and limits | Nil |

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

TRAVELLER'S CHOICE 2011/12

SCHEDULE OF COVER AND LIMITS OF INDEMNITY PER INSURED PERSON

| Section | DESCRIPTION Cover | AFFINITY COVER | | BACKPACKER COVER | |
|---------|--|---|---|---|---------------------------------|
| | | Limit | Excess per Insured | Limit | Excess per Insured |
| A | Cancellation or Curtailment | Up to £5,000 | £80 £100 aged 66+ (£25 loss of deposit) | Up to £1,000 | £80 (£35 loss of deposit) |
| B | Emergency Medical and Other Expenses Incl. Dental Treatment Limit Hospital Confinement Benefit | Up to £7,000,000 in total Up to £250 in total £25 per day up to £200 | £80 £80 £100 aged 66+ | Up to £2,500,000 in total Up to £250 in total £20 per day up to £200 | £80 £80 Nil |
| C | Personal Accident Permanent Total Disablement(Under 66) Loss of Limb or Sight(Under 66) Death (over 18, under 66 years) Death (under age 18, over 65) All benefits (66 years and over) | Max benefit £20,000 £20,000 £20,000 £10,000 £5,000 £5,000 | Nil | Max benefit £5,000 £5,000 £5,000 Not applicable Not applicable | Nil Nil Nil Nil Nil |
| D | Travel Delay Abandonment after 24 hours | £25 for first 12 hours, £25 for each subsequent 12 hours up to £400 £5,000 £1,000 | Nil £50 £50 | £20 for first 12 hours, £20 for each subsequent 12 hours up to £200 £1,000 £500 | Nil £75 £75 |
| E | Missed Departure Personal Possessions Single Article/Pair/Set Limit Total Valuables Limit Delayed Baggage (excess of 12 hrs) | Up to £1,500 in total £250 £250 £50 per day up to £250 | £50 | Up to £1,000 in total £150 £150 £50 per day up to £200 | £75 £75 Nil £75 |
| F | Personal Money Cash Limit £250 £100 | Up to £500 £250 £100 | £50 | Up to £300 £100 £100 | £75 Nil £75 |
| G | Passport, Tickets & Documents | Up to £250 | £50 | £200 | £75 |
| H | Personal Liability Including Rented Accommodation Limit | £2,000,000 £100,000 | £200 £200 | £1,000,000 Not applicable | £300 Nil |
| I | Legal Expenses | Up to £25,000 | Nil | £25,000 | Nil |
| J | Hijack | £100 per day up to £1,000 | Nil | £50 per day up to £500 | Nil |
| K | Catastrophe Cover | Up to £1,000 | £50 | Up to £500 | £75 |
| L | End Supplier Failure Schedule Airline Failure | Up to £2,000 Up to £2,000 | Nil Nil | Up to £1,000 Up to £1,000 | Nil Nil |

Please see page 24 for continuation of cover

TRAVELLER'S CHOICE 2011/12

SCHEDULE OF COVER AND LIMITS OF INDEMNITY PER INSURED PERSON

| Section | DESCRIPTION Cover | AFFINITY COVER | | BACKPACKER COVER | |
|---|---|---|--------------------|---|--------------------|
| | | Limit | Excess per Insured | Limit | Excess per Insured |
| THE FOLLOWING EXTENSIONS TO POLICY ONLY APPLICABLE IF ADDITIONAL PREMIUM HAS BEEN PAID | | | | | |
| M | WINTER SPORTS EXTENSION | | | | |
| M1 | Winter Sports Equipment owned/hired Including Single Article/Pair/Set Limit | Up to £500 Up to £500 in total | £50 £50 | Up to £300 Up to £300 in total | £75 £75 |
| M2 | Winter Sports Equipment Hire | £50 per day up to £500 | Nil | £30 per day up to £300 | Nil |
| M3 | Ski Pack | £50 per day up to £500 | Nil | £30 per day up to £300 | Nil |
| M4 | Piste Closure | £50 per day up to £500 | Nil | £30 per day up to £300 | Nil |
| M5 | Avalanche Closure | Up to £500 | £50 | Up to £300 | £60 |
| N | WEDDING COVER/CIVIL PARTNERSHIP COVER EXTENSION | | | | |
| | Wedding/Civil Partnership Cover | Up to £1,500 | £50 | Not Covered | Not Covered |
| | Single Item Limit | Up to £250 | | | |
| | Wedding Ring Limit | Up to £300 | | | |
| | Unreceipted Items Limit | Up to £300 | | | |
| | Unreceipted Single Item Limit | Up to £50 | | | |
| O | GOLF COVER EXTENSION | | | | |
| O1 | Golf Cover Equipment | Up to £1,500 | £50 | Not Covered | Not Covered |
| | Single Article/Pair/Set Limit | Up to £250 in total | £50 | | |
| O2 | Golf Equipment Hire | £50 per day up to £400 | Nil | Not Covered | Not Covered |
| O3 | Hole-in-one Cover | Up to £100 in total | Nil | Not Covered | Not Covered |
| O4 | Golf Course Closure | Up to £75 per day up to £300 in total | Nil | Not Covered | Not Covered |
| P | BUSINESS COVER EXTENSION | | | | |
| P1 | Business Cover | Up to £1,500 | £50 | | |
| | Single Item Limit | £500 | | | |
| | Computer Equipment | £1,000 | | | |
| | Single Item Limit | £500 | | | |
| | Samples Limit | Up to £300 | | | |
| | Unreceipted Items Limit | £50 | | | |
| | Unreceipted Single Item Limit | Up to £500 | | | |
| | Emergency Courier of Essential Business Equipment | £100 per day up to £300 | | | |
| | Delayed Business Equipment | £150 per day up to £750 | Nil | Not Covered | Not Covered |
| P2 | Business Equipment Hire | Up to £1,000 | £50 | Not Covered | Not Covered |
| P3 | Business Money | Up to £500 | | | |
| | Cash Limit | | | | |
| SECTION Q IS INCLUDED IN THE POLICY PREMIUM | | | | | |
| Q | Travel Disruption Cover (eg: volcanic ash, earthquakes, tsunamis, airport strikes etc.) | Please see Section Q for full details of cover and limits | Nil | Please see Section Q for full details of cover and limits | Nil |

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

Important contact numbers

To obtain a Claims Form please contact:
CLAIMS SETTLEMENT AGENCIES LTD
Tel No: 0844 826 2644

To disclose pre-existing medical conditions please contact:
CSA HEALTHLINE
Tel No: 0844 826 2700

If you need to claim under Section L – End Supplier Failure, please contact:
INTERNATIONAL PASSENGER PROTECTION
Tel No: 0208 776 3752

If you need to claim under Section Q – Travel Disruption Cover, please contact:
LEISURECARE INSURANCE SERVICES LTD
Tel No: 01285 640727

For details of Emergency Assistance companies:
Please see heading **IMPORTANT INFORMATION AND CONDITIONS**
APPLYING TO ALL SECTIONS – see point 19. under heading **MEDICAL**
AND OTHER EXPENSES detailed in this policy