



# HIGH RISK VOYAGER

## International Travel & Medical Insurance For High Risk and Frontline Locations

Travel Insurance that covers you where others fear to tread...



## POLICY WORDING

### Important!

Please read policy carefully  
and take it with you, or store a  
copy on your tablet or laptop

Designed and Administered by

**Voyager**  
INSURANCE

Coverholder at **LLOYD'S**

**HIGH  
RISK** *Voyager*

Wording Effective Date: 1st September 2019

## Policy Wording

Ref : VOY/HRV/2019  
NGS Ref : NGSCVS001

Please read this **Policy Wording** and **Your Schedule** carefully and retain them in a safe place. If either part is incorrect return it immediately for alteration. Remember to take them with **You on Your Trip**.

Any heading in this **Policy** are for ease of reference only and do not affect its interpretation.

This contract of insurance is between **You** and Certain Underwriters at Lloyd's (hereafter referred to as **We/Us/Our/Underwriters**).

**We** are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority. **Our** Firm Reference Numbers is 474244 and other details can be found on the Financial Services Register at [www.fca.org.uk](http://www.fca.org.uk)

Provided the premium specified has been paid in the required manner **We** will provide the insurance specified in this **Policy Wording** and **Schedule** and any attached **Endorsements** during the **Period of Insurance**.

It is administered and underwritten on behalf of **Underwriters** under a delegated authority by:

Voyager Insurance Services Limited  
13-21 High Street,  
Guildford,  
Surrey,  
GU1 3DG,  
United Kingdom

Voyager Insurance Services Limited are the Coverholder. **Underwriters** have appointed Voyager Insurance Services Limited as the **Policy Administrator**. The **Policy Administrator** acts as **Underwriters'** agents in binding risks, issuing documentation and the collection and processing of premiums and return premiums.

Voyager Insurance Services Limited are authorised and regulated by the UK Financial Conduct Authority (FCA). Their FCA number 305814.



Signature of Policy Administrator and Coverholder on behalf of  
Voyager Insurance Services Limited  
13-21 High Street,  
Guildford,  
Surrey,  
GU1 3DG,  
United Kingdom

[www.voyagerinsurance.com](http://www.voyagerinsurance.com) / [www.highriskvoyager.com](http://www.highriskvoyager.com)

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## Important Features

We would like to draw **You** attention to some important features of **Your** insurance including:

**The coverage provided by this *Policy* is not private medical insurance or any other kind of primary health insurance or health plan. It only gives cover in the event of accidental bodily *Injury* or sudden unexpected *Illness* that requires *Emergency* treatment whilst abroad and other non-medical covers, as expressly included below.**

In the event of any medical treatment becoming necessary which results in a claim under this insurance, **You** will be expected to allow insurers or their representatives unrestricted access to **Your** medical records and information.

**Coverage is included in the *Policy***, subject to all conditions, restrictions and exclusion contained herein for:

- i) Insured individuals and groups on business and work ***Trips*** (including journalism, media, humanitarian, aid, disaster and relief work, conservation, research, voluntary, missionary, religious work and charitable programmes including teaching, study and educational travel and Non-Governmental Organisations); and
- ii) Acts of ***War*** and/or terrorism and/or civil unrest on a business ***Trip*** including areas where **Your** government, foreign office or similar government body may advise against travel, within **Your** Geographic Area of Cover as shown in **Your *Schedule***; and
- iii) ***Insured Persons*** that are embedded with military, governmental or NGO vehicles and aircraft. (Bullet proof jackets, helmets and personal distress beacons are recommended during any embedded period); and
- iv) Coverage is extended to include incidental leisure travel for periods of up to 31 days preceding or attaching to a business ***Trip*** and within the ***Period of Insurance***.
- v) Leisure ***Trips*** without a business or work element are covered up to a maximum ***Trip*** duration of 31 days for each ***Trip***. No cover for ***War*** is provided for Leisure ***Trips*** that do not attach to a business or work ***Trip***.

### 1. Insurance Document

**You** should read this document carefully. It gives full details of what is and is not covered and the conditions of the cover. Cover can vary from one ***Policy*** to another so **You** should familiarise ***Yourself*** with this particular insurance.

### 2. Conditions and Exclusions

Specific conditions and exclusions apply to individual sections of **Your** insurance, whilst General Exclusions and Conditions apply to the whole of **Your** insurance.

### 3. Health

This insurance contains restrictions regarding the health of the people travelling and of other people upon whose health the ***Trip*** depends. **You** are advised to read this document carefully.

### 4. European Schengen and Other Visa Requirements

This ***Policy*** is compliant with European Schengen Visa requirements and the visa requirements for most countries. Entry requirements change frequently, therefore please check with **Your** relevant country of destination about visa and entry requirements. **We** and **Our** authorised representatives and affiliates are not responsible for compliance with these regulations.

### 5. Trip Duration and Living Abroad

This ***Policy*** is subject to a maximum ***Trip*** duration based on the ***Policy*** that **You** purchase and as shown in **Your *Schedule***. **You** should not take out this ***Policy*** if **Your** intent is to emigrate or live in a fixed location outside (living abroad versus travelling) **Your Home Country** for more than the ***Period of Insurance*** that is purchased.

### 6. Property Claims

No cover is provided for Property claims unless **You** have selected "Option C Non-Medical Travel Coverages", paid the appropriate premium and the option is displayed in **Your *Schedule***. Where **You** have cover under this Option, these claims are based on the value of the goods at the time **You** lose them and not on a 'new for old' or replacement cost basis. Claims are based on the ***Limits*** in the applicable section of cover and deductions will be made in respect of wear, tear and depreciation (this means **You** will not get back all of the money **You** paid for the item). In the event of a claim **You** will be required to provide proof of ownership of the item.

### 7. Policy Limits

This insurance has ***Limits*** on the amount **We** will pay under each section. Some sections also include other specific ***Limits***, for example, for any one item or for ***Valuables*** in total. **You** should check **Your *Policy*** and the ***Benefits and Excesses Table*** and the ***Optional Benefits and Excesses Table***. If **You** plan on taking expensive items with **You**, **We** suggest **You** insure them separately under a household, business or other all-risk ***Policy***.

## 8. Excesses

Under some sections of this insurance, claims will be subject to an **Excess**. This means each person will be responsible for paying the first part of their claim under each applicable section.

## 9. Claims arising from alcohol

**We** do not expect **You** to avoid alcohol during **Your Trip**, but will not cover any claim arising from excessive alcohol consumption, by which **We** mean where **You** have drunk so much alcohol that **You** have notably impaired **Your** faculties and/or judgement and **You** need to make a claim. Refer to General Exclusions.

## 10. Taking Care

**You** need to take all care to protect **Yourself** and **Your** property, as **You** would if **You** were not insured. If **You** have cover under "Option C Non-Medical Travel Coverages" any amounts **We** pay for property left unattended in a public place or unattended vehicle is very limited, as specified in the **Policy** Wording under Section C1 page 40.

## 11. Sports and Activities

**You** may not be insured if **You** are going to take part in sports and activities where there is a generally recognised risk of **Injury**. Please check that this insurance covers **You**. **You** will see a list of Sports and Activities on page 38 of the **Policy** Wording. If the Sport or Activity is not shown, please refer to the **Policy Administrator**.

## 12. Customer Service

**We** always try to provide a high level of service. However, if **You** think **We** have not lived up to **Your** expectations, please refer to the complaints procedure on page 5 of the **Policy** Wording.

## 13. Law and Jurisdiction

**You** and **We** are free to choose the law applicable to this insurance. Unless specifically agreed to the contrary this insurance will be governed by the laws of England and Wales and subject to the exclusive jurisdiction of the courts of England. **Your Policy** is deemed issued in London, England.

## 14. Pregnancy & Childbirth

**We** provide cover under this **Policy** if something unexpected happens as long as **You** are not expecting to give birth before or within 8 weeks of the date of arrival **Home**. In particular, **We** provide cover under section A1 for injuries to the body or **Illness** that was not expected. **We** do not consider Pregnancy or childbirth to be an **Illness** or **Injury**. To be clear, **We** only provide cover under Sections A1 and A2 of this **Policy**, for claims that come from **Complications of Pregnancy and Childbirth**. Please make sure **You** read the definition of '**Complications of Pregnancy and Childbirth**' on page 18.

## 15. Fraudulent Claims

It is a criminal offence to make a fraudulent claim. Please note that **We** reserve the right to access fraud prevention databases and within the constraints of current Data Protection Regulations to use or share **Your** personal information for the identification and prevention of fraud and crime. If any claim is found to be fraudulent in any way **Your Policy** may be voided, **We** may be entitled to recover the amount of any claim already paid under **Your Policy**, **We** will not return any premium paid and **We** may inform the Police of the circumstances. For more information on how **We** use **Your** data, please refer to the section titled "Data Protection and Privacy Statements". **You** can also find further information within **Our** Privacy Policy Statement here <http://www.starrcompanies.co.uk/privacy-policy>.

## Important Contact Details

### Customer Services & General Enquiries

#### **Voyager Insurance Services**

Monday-Friday 9:00am – 5:30pm (UK Local Time)

**Tel (UK): +44 (0) 1483 806 686**

E-mail : [enquiries@voyagerins.com](mailto:enquiries@voyagerins.com)

### Emergency 24Hr Medical Assistance Helpline

#### **Northcott Global Solutions (NGS)**

24 Hour – Refer to How To Make A Claim Section &  
24/7 Emergency Medical Helpline & Assistance Service

**Tel UK) +44 0) 207 183 8910**

### **Claims Administrators Not 24 Hr)**

#### **Claims Settlement Agencies Ltd.**

Request A Claim Form / Non-Emergency Claims  
Monday-Friday 9:00am – 5:30pm (UK Local Time)  
– Refer to How To Make A Claim Section

**Tel UK) +44 0) 1702 427 172**

E-mail : [info@csal.co.uk](mailto:info@csal.co.uk)

Website : [www.csal.co.uk](http://www.csal.co.uk)

## Financial Services Compensation Scheme

**We** are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme if **We** are unable to meet **Our** obligations under this contract.

The amount depends on the type of business and the circumstances of the claims. Further information about compensation scheme arrangements is available from the Financial Services Compensation Scheme at the address below or their website: [www.fscs.org.uk](http://www.fscs.org.uk)

Financial Services Compensation Scheme, PO Box 300, Mitcheldean, GL17 1DY, United Kingdom.

## Dispute and Complaints

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

If **You** have any questions, concerns or problems regarding any aspect of **Your** insurance or the handling of a claim **You** should, in the first instance, contact **Your** insurance intermediary if **You** have one.

If **You** wish to make a complaint, **You** can do so at any time by referring the matter to **Our Policy Administrator** who will review **Your** complaint on **Our** behalf.

Their contact details are:

Complaints Officer  
Voyager Insurance Services Limited  
13-21 High Street  
Guildford  
Surrey  
GU1 3DG  
United Kingdom

Tel : +44 (0) 1483 806 686 Fax : +44 (0) 1483 569 676 E-Mail : [enquiries@voyagerins.com](mailto:enquiries@voyagerins.com)

In the event **You** remain dissatisfied with the way **We** have handled your complaint it may be possible in certain circumstances for **You** to refer that matter to the Complaints Team at Lloyd's. Their address is:

Complaints  
Lloyd's  
Fidentia House  
Walter Burke Way  
Chatham Maritime  
Chatham  
Kent  
ME4 4RN  
United Kingdom

Tel : +44 (0) 207 327 5693 Fax : +44 (0) 207 327 5225 E-Mail : [complaints@lloyds.com](mailto:complaints@lloyds.com)

Details of Lloyd's complaints procedures are set out in a Leaflet 'Your Complaint – How We Will Handle Your Complaint' available at [www.lloyds.com/complaints](http://www.lloyds.com/complaints) and are also available from the above address.

If **You** remain dissatisfied after the Complaints Team at Lloyd's has considered **Your** complaint, **You** may have the right to refer the complaint to the United Kingdom's complaints body - the Financial Ombudsman Service (FOS). Following the complaints procedure with the FOS does not affect **Your** rights to take legal action. Further details will be provided at the appropriate stage of the complaints process.

If **You** were sold this product online or by other electronic means and within the European Union (EU) **You** may refer **Your** complaint to the EU Online Dispute Resolution (ODR) platform. Upon receipt of **Your** complaint the ODR will escalate **Your** complaint to **Your** local dispute resolution service – this process is free and conducted entirely online. **You** can access the ODR platform on <http://ec.europa.eu/odr>.

### **For residents of the following EEA Countries**

The above complaints procedure **does not apply**:

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

Please refer to the applicable complaints section within the EEA Residents Complaints Guide that has been provided with **Your Policy** documents.

# Data Protection and Privacy Statements

## Privacy Notice

### Protecting Your Data

Protecting **Your** privacy is very important to us. **You** can view **Our** full Privacy Policy here : <http://www.starrcompanies.co.uk/privacy-policy>

### The Personal Data You Provide To Us

If **You** provide **Us** with personal data about other people to be insured on the **Policy**, such as family or friends, **You** agree to obtain their agreement and notify them of **Our** use of their personal data.

### How We Use Your Personal Data

**We** will use **Your** personal data to arrange **Your** insurance contract with **Us** and for other related insurance purposes such as to administer **Your Policy**, handle claims and offer renewal of **Your Policy**. **We** may also use **Your** personal data for modelling or statistical purposes and underwriting decisions made via automated means.

### Special Categories Of Personal Data

Some personal data is defined by the current Data Protection legislation as special categories of sensitive personal data such as information about health. **We** may collect such data from **You** for insurance purposes where permitted by relevant legislation. **We** will only use this data for the specific purpose **You** supplied it and to provide the services described in this **Policy**.

### Who We Share Your Information With

**We** may share **Your** personal data with other insurance market participants that **You** have not had direct contact with. These can include other insurers, intermediaries, reinsurers, claims administrators, loss adjusters and solicitors. **We** may also disclose certain personal data to **Our** service providers, contractors, agents and group companies that perform activities on **Our** behalf. These transfers would always be made in compliance with relevant Data Protection legislation.

**We** do not disclose the information to anyone else except:

- where **We** have **Your** permission.
- where required or permitted to do so by law.
- to credit reference.
- to other companies that provide a service to **You** or **Us**.

**We** may transfer **Your** data to insurance market participants which are located outside of the European Economic Area. These transfers would always be made in compliance with relevant Data Protection legislation.

### Data Retention And Erasure

**We** will not keep **Your** data for longer than is necessary for the purposes for which the data is processed and for compliance with legal or regulatory obligations.

### Your Rights

If **You** have any questions about **Our** use of **Your** personal data, **You** should contact **Our** Data Protection Officer. In certain circumstances **You** have the right to request that **We**:

- provide more detail on how **We** use **Your** personal data.
- provide **You** with a copy of **Your** personal data that **You** provided to **Us**.
- correct inaccurate information **We** hold about **You**.
- delete **Your** data.
- provide an electronic copy of **Your** personal data to another data controller.

If **You** ask **Us** to delete **Your** data, **We** may no longer be able to provide **You** with insurance services or deal with any claims, but **We** may still be required to process data about **You** for legal or regulatory reasons.

### Our Contact Details

Data Protection Officer  
Starr Managing Agents Limited  
4th Floor, 30 Fenchurch Avenue  
London  
EC3M 5AD  
United Kingdom

E-mail : ukgdpr@starrcompanies.com  
Telephone : +44 (0) 207 337 3594

### **Your Right To Complain To A Supervisory Authority**

If **You** are not satisfied with the way **We** have handled **Your** personal data **You** have the right to complain to:

The Information Commissioners Office (ICO), [www.ico.org.uk/concerns](http://www.ico.org.uk/concerns),  
Telephone 0303 123 1113 or +44 1625 545 700 if you are calling from outside the UK.

For more information on how we **process** your personal data, refer to  
<http://www.starrcompanies.co.uk/privacy-policy>

## **Cancelling this Policy and Cooling Off Period**

**We** hope **You** are happy with the cover this **Policy** provides. However if after reading this **Policy** wording, this insurance does not meet with **Your** requirements, please contact the **Policy Administrator** within 14 days from receipt of the **Policy** documents.

Provided **You** have not travelled and completed **Your Trip**, and no claim has been made or is intended to be made and no incident likely to result in a claim has occurred the following refund criteria below will apply:

**You** can cancel this **Policy** at any time contacting **Us** giving the date when the cancellation is to be effective.

- i) For Policies that are cancelled **within** 14 days of receipt and **prior** to the **Start Date**:  
Full Refund
- ii) For Policies that are cancelled **after** 14 days of receipt but **prior** to the **Start Date**:  
Full refund less a £/\$/€15 administration charge (currency is determined by the currency in which **Your** premium was paid)
- iii) For Policies cancelled **after** the **Start Date**, and provided no claims have been paid or are in progress:  
Proportional Basis Refund from the date the **Insured Person's** instructions are received or any later date specified by the **Insured Person** less a £/\$/€15 administration charge (currency is determined by the currency in which **Your** premium was paid).

Please contact the **Policy Administrator** to obtain this refund.

If **You** have any questions regarding the **Terms** of **Your Policy**, please contact the **Policy Administrator** directly for clarification, otherwise it shall be assumed that all **Terms** are understood and acceptable to **You**.

## **Pre-Authorisation and Payment for medical treatment abroad**

Failure to follow the Pre-Authorisation process before incurring any costs may result in **Your** claim being denied in part or in full. **Refer to the Pre-Authorisation Requirements section on page 8 for full details.**

If **You** are admitted to a **Hospital** while abroad, **Our Nominated Emergency Assistance Service** will arrange where possible for medical expenses covered by the **Policy** to be paid direct to the **Hospital**. To take advantage of this benefit someone must contact **Our Nominated Emergency Assistance Service** for **You** as soon as practicably possible. Private medical treatment is not covered unless authorised specifically by **Our Nominated Emergency Assistance Service**.

## **Reciprocal Health Agreements**

Some countries provide reciprocal health agreements for visiting citizens of certain nationalities. These agreements can sometimes give **You** access to free or reduced cost medical treatment and services within participating state or government **Hospitals** or clinics.

Check with **Your** embassy before **You** travel to see if there is a reciprocal health agreement that exists between **Your** country of citizenship and destination. If it does then it is highly recommended that **You** should enrol in the reciprocal health programme before **You** depart.

In the event of liability being accepted for a medical expense which has been reduced by the use of a Reciprocal Health Agreement, **We** will not apply the deduction of an **Excess** under Section 1 – Emergency Medical Expenses.

### **EU Citizens: EU/EEA or Switzerland**

If **You** are travelling to countries within the European Union (EU), the European Economic Area (EEA) or



Switzerland **You** are strongly advised to obtain a European Health Insurance Card (EHIC). **You** can obtain an application form from **Your** local Post Office or apply for an EHIC online at [www.ehic.org.uk](http://www.ehic.org.uk) (for UK citizens) or by telephoning 0845 606 2030. This will entitle **You** to benefits from the reciprocal health care arrangements which exist between countries within the EU/EEA or Switzerland.

Other websites are available for other EU/EEA Nationals.

### **Australia / New Zealand:**

If **You** are travelling to Australia or New Zealand and **You** require medical treatment, if **You** are eligible then it is recommended that **You** register for treatment under the national Medicare (Australia) or equivalent scheme of those countries.

In regards to Medicare, **You** can find details of how to enrol and the free treatment available can be found at the MEDICARE website: [www.humanservices.gov.au/medicare](http://www.humanservices.gov.au/medicare) or by emailing [medicare@humanservices.gov.au](mailto:medicare@humanservices.gov.au)

Alternatively please call **Our Nominated Emergency Assistance Service** helpline for guidance. If **You** are admitted to **Hospital** **You** must contact **Our Nominated Emergency Assistance Service** as soon as possible and their authority obtained in respect of any treatment or costs not available under MEDICARE or similar reciprocal health agreement.

## **State / Public / Government / Charitable Hospitals**

**Your Policy** contains additional benefits if **You** choose to undergo eligible treatment in a State / Public / Government or Charitable **Hospital** during **Your Trip** that results in no costs or charges being paid by **You**, or **Us**.

## **European Union (EU) Travel Regulations**

Under European Union (EU) travel regulations, **You** are entitled to claim compensation from **Your** carrier if any of the following happen:

### **1. Denied Boarding**

If **You** check in on time but **You** are denied boarding because there are not enough seats available or if **Your** flight is cancelled, the airline operating the flight must offer **You** financial compensation.

### **2. Long Delays**

If **You** are delayed two hours or more, the airline must offer **You** meals and refreshments, hotel accommodation (if delayed overnight) and communication facilities. If **You** are delayed for more than three hours, the airline must pay compensation, the amount of which depends on the delay and the distance travelled.

### **3. Luggage**

If **Your** checked-in luggage is damaged or lost by an EU airline, **You** must claim compensation from the airline within 7 days. If **Your** checked-in luggage is delayed, **You** must claim compensation from the airline within 21 days of its return.

### **4. Death or Injury**

If **You** are injured in an accident on a flight by an EU airline, **You** may claim damages from the airline. If **You** die as a result of these injuries **Your** family may claim damages from the airline.

Full details are available at: [http://europa.eu/Youreurope/citizens/travel/passenger-rights/index\\_en.htm](http://europa.eu/Youreurope/citizens/travel/passenger-rights/index_en.htm)

## **Pre-Authorisation Requirements**

Many sections of cover require **You** to notify and obtain pre-authorisation from the **Nominated Emergency Assistance Service** PRIOR to incurring or undertaking any Treatment, Services, Supplies or before being admitted to **Hospital**.

Pre-Authorisation is made by the **Nominated Emergency Assistance Service** on behalf of **Us** on reliance and based upon the completeness and accuracy of the information provided by **You** or on **Your** behalf at the time of Pre-Authorisation. Subject to the **Terms** of this **Policy** Wording, if **You** comply with the Pre-Authorisation requirements under **Your Policy** and **Your** claim is covered under the **Policy**, **We** will pay covered charges for the costs of Treatment, Services and Supplies which are Pre-Authorised as medically necessary or as covered under **Your Policy**.

**We** reserve the right under the **Terms** of this **Policy** to challenge, dispute or retrospectively revoke a prior Pre-Authorisation based on information obtained.

Notification for Pre-Authorisation to **Our Nominated Emergency Assistance Service** may be undertaken by **You**, **Your Medical Practitioner**, the **Hospital** administrator or a **Relative** or Work Colleague (if none of the former are available).

Pre-Authorisation must always be obtained through **Our Nominated Emergency Assistance Service** before any of the following Treatments, Services and/or Supplies:

- **You** incur costs in excess of £/\$/€500 (currency is determined by the currency in which **Your** premium was paid) (If **You** are unsure, always check with **Your Medical Practitioner**, **Hospital** or Medical Provider before incurring any costs).
- **You** go into **Hospital** or clinic as an In-Patient or Day-Patient,
- Out-Patient Surgery
- Second Surgical Opinion
- CAT, PET and MRI Scans
- Incurring charges for **Emergency** medical evacuation/repatriation
- Incurring charges for Political and Natural Disaster Evacuation Expenses
- Incurring charges for travel arrangements or accommodation
- Incurring charges of identification, cremation, burial or repatriation of **Your** remains

**Failure to follow the Pre-Authorisation process before incurring any costs may result in Your claim being denied in part or in full.**

If **You** have not obtained Pre-Authorisation in respect of **Your Emergency Medical Repatriation/Evacuation** from **Our Nominated Emergency Assistance Service**, **We** reserve the right to deny **Your** claim under this section or apply substantial co-payments from **You** to a maximum of 50% of the evacuation cost.

## How To Make A Claim

Please follow the guidelines below to help **Us** process **Your** claim promptly and efficiently. Failure to follow the guidelines below may delay or invalidate **Your** claim.

- Before **You** travel make sure **You** read **Your Policy** Wording and know what to do and what evidence **You** need to obtain while **You** are away, this will make it easier when **You** get **Home** and need to make a claim. If **You** are in any doubt, **You** may contact **Our** appointed claims handler for guidance.
- Make sure all certificates and letters for proof of **Your** claim are dated so that **Our** claims handler can cross reference this against **Your** travel booking.
- If **Your** property is stolen whilst abroad make sure that **You** report it to the local police within 24 hours and obtain a written police report.
- **You** must keep any property which is damaged, and, if requested, send it to us at **Your** own expense.
- **We** may refuse to reimburse **You** for any expenses for which **You** cannot provide receipts, bills or any property which **You** cannot provide proof of ownership such as an original receipt/valuation (obtained before **Your** date of loss), an original user manual or bank or credit card statements.
- All claims must be submitted to **Us** with a fully completed and signed claim form, original invoices, receipts and other supporting documents within 30 days of **Your** initial treatment or loss (or as soon as practicably possible). If **You** submit **Your** claim thereafter **We** may deny **Your** claim, unless it is shown not to have been reasonably possible to give such notice and that notice was given as soon as was practicably possible, but in no event later than 90 days after the date of loss.
- Before **You** claim always check the **Terms** of this **Policy** and relevant sections with regards to the covers **You** are claiming for and follow all and any **Pre-Authorisation** procedures.
- Make sure **You** keep **Your Schedule** and **Policy** Wording safe. **We** recommend that **You** keep a copy of **Your** Emergency Card (as printed in **Your Schedule**) with **You** at all times and take a printed copy of this **Policy** Wording with **You** on **Your Trip**.
- If **You** are paying for **Your** claim and then seeking reimbursement, make sure to take **Our** claim form with **You** and that **Your Medical Practitioner** or Specialist provides the relevant medical information in the sections as required, date, signs and stamps the claim form.
- When submitting a claim form, check it is fully completed as required, signed and dated by **You** and **You** attach all original supporting documentation, invoices, receipts (for any cash and/or credit card payments) to the claim form. Make sure **You** keep copies of all forms and receipts submitted to **Us**.

## 1. Emergency and Medical Assistance (24 hour) Helpline

If **You** require any of the following whilst on a **Trip You** must ring **Our Nominated Emergency Assistance Service** on the telephone number provided below before seeking any of the following Treatment, Services and/or Supplies.

- **You** incur costs in excess of £/\$/€500 (currency benefit limit is determined by the currency in which **Your** premium was paid) (If **You** are unsure, always check with **Your Medical Practitioner, Hospital** or Medical Provider before incurring any costs).
- **You** go into **Hospital** or clinic as an In-Patient or Day-Patient,
- Out-Patient Surgery
- Second Surgical Opinion
- CAT, PET and MRI Scans
- Incurring charges for **Emergency** medical evacuation/repatriation
- Incurring charges for Political and Natural Disaster Evacuation Expenses
- Incurring charges for travel arrangements or accommodation
- Incurring charges of identification, cremation, burial or repatriation of **Your** remains

**Failure to follow the Pre-Authorisation process before incurring any costs may result in Your claim being denied in part or in full.**

If **You** have not obtained Pre-Authorisation in respect of **Your Emergency Medical Repatriation/Evacuation** from **Our Nominated Emergency Assistance Service**, **We** reserve the right to deny **Your** claim under this section or apply substantial co-payments from **You** to a maximum of 50% of the evacuation cost.

Northcott Global Solutions Ltd (NGS) may be contacted at any time, should **You** require advice or assistance regarding all **Emergency** matters.

NGS must be informed that this **Policy** covers the person concerned and the following details must be provided:

- **Your** name, location and detail (including passport/visa etc).
- **Your** Employer, Company or Organisation (if applicable).
- The **Schedule** number and **Period of Insurance** shown in the **Schedule** and stating **NGS Ref: NGSCVS001**.
- The name and phone number of the doctor and **Hospital** treating **You**.
- The telephone or facsimile number on which **You** or **Your** representatives can be contacted.
- **Your** address abroad.
- The nature of the **Emergency** and/or medical problem.

**In the event of an Emergency or Emergency admission, please do not delay obtaining Emergency treatment.**

**You should not attempt to find Your own solution and then expect full reimbursement from Us without prior approval first having been obtained from Our Nominated Emergency Assistance Service.**

**In the event that liability cannot be established at the outset of an Emergency it is agreed that the first named Insured Person will guarantee payment until such time that liability can be accepted by Us.**

Medical Assistance Services provided by the team:

|                            |   |
|----------------------------|---|
| <b>24 hour Service</b>     | Access to multi-lingual co-ordinators through the Emergency telephone lines operating 24 hours a day 365 days a year. The co-ordinators are trained in worldwide hospital procedures.   |
| <b>Evacuation Services</b> | Evacuation or repatriation can be arranged, depending on the circumstances, by air ambulance or scheduled airline and if medically necessary attended by a fully equipped medical team. |
| <b>Medical Staff</b>       | A qualified team of Doctors and Nurses are on hand to ensure that the most appropriate medical treatment is provided, with access to medical consultants.                               |
| <b>Direct Billing</b>      | Direct billing with hospitals can be arranged, removing the cost and inconvenience of using personal cash or credit card.   |

## 2. Non-Emergency Medical and Non-Medical Claims

For non-emergency medical claims other than as stated above and elsewhere in this **Policy**, **You** should contact **Our** appointed Claims Handler below requesting a claim form, and then within 30 days of the date of occurrence (or as soon as practicably possible) forward to them the completed, signed and dated claims form along with full details and proof of the claim to them at the following address;

**Our appointed Claims Handler is** : Claims Settlement Agencies Ltd.

**Telephone (within the UK)** : 01702 427172 (not 24 hours)  
**Telephone (outside the UK)** : + 44 (0) 1702 427172 (not 24 hours)

**E-mail** : [info@csal.co.uk](mailto:info@csal.co.uk)

**Web Claims Submission** : [www.csal.co.uk](http://www.csal.co.uk)

**Address** : Claims Settlement Agencies Ltd.  
308-314 London Road  
Hadleigh  
Benfleet  
Essex  
SS7 2DD  
United Kingdom

Claims forms will be sent once contact is made (unless **You** have submitted **Your** claim online).

If **You** encounter any issues with this process **You** should contact the insurance intermediary who sold **You** the **Policy** (whose details will appear on correspondence sent to **You**). The insurance intermediary will be able to assist **You** with making the claim and any further issues that may arise.



## Territorial Limits

**You** are covered for **Trips** to the countries, states, provinces and regions contained within the applicable Territorial Limit Zone shown in **Your Schedule** provided **You** have paid the appropriate premium. This section provides an overview of the Territorial Limit Rating structure. Rating is for the geographic destination area selected and includes all applicable lower risk areas of cover.

For policies of over 31 days duration, rating is determined by where **You** will spend more than 50% of **Your** time, but includes cover for **Your** time spent in a higher rated area if applicable.

Stop-overs and transfers in a country within a higher Zone en-route to the final destination are insured, provided they do not exceed 48 hours in each direction and no work related activities, meetings or incidents are undertaken.

| Territorial Limit Zone   | Territories Included  |   |
|--|---|---|
| <b>Zone A</b><br><b>Single Trip Policies Only</b><br><b>Includes countries/regions listed in Zone, B,C &amp; D</b><br><br><b>Zone A: Not Available on Annual Multi-Trip Cover.</b> | Afghanistan,<br>Democratic Republic of Congo,<br>Egypt,<br>Gaza/West Bank Region of Israel (Rest of Israel covered under Zone D)<br>Iraq<br>Libya,<br>Nigeria States of: Borno, Yobe, Adamawa, Bauchi, Gombe, Kano City, Okene City, Riverine Areas: Delta, Bayelsa, Rivers, Akwa Ibom & Cross River States (Rest covered under Zone B),<br>Pakistan Regions of: Charsadda, Kohat, Tank, Bannu, Lakki, Dera Ismail Khan, Swat, Buner, Lower Dir (Rest covered under Zone B),<br>Somalia,<br>Sudan (North & South),<br>Syria,<br>Ukraine (including Crimea),<br>Yemen, |   |
| <b>Zone B</b><br><u>Includes</u><br>countries/regions listed in Zone C & D   | Algeria,<br>Burkina Faso<br>Cameroon,<br>Chad,<br>China,<br>Colombia,<br>East Timor,<br>Eritrea,<br>Ethiopia,<br>Guinea,<br>Guinea – Bissau,<br>Haiti,<br>India,<br>Iran,<br>Ivory Coast,<br>Kenya,   | Kosovo,<br>Kyrgyzstan,<br>Lebanon,<br>Liberia,<br>Mali,<br>Mexico,<br>Niger,<br>Nigeria (other than as listed in Zone A),<br>North Korea<br>Pakistan (other than as listed in Zone A),<br>Philippines,<br>Russia,<br>Senegal,<br>Sierra Leone,<br>Thailand Provinces of Pattani, Yala & Narathiwat (Rest covered under Zone C). |
| <b>Zone C</b><br><u>Includes</u><br>countries/regions listed in Zone D   | Tajikistan,<br>Thailand,<br>Uganda,<br>Venezuela,<br>Zimbabwe   |   |
| <b>Zone D</b>  | Any country/territory worldwide (including USA/Canada) not listed in Zone A, B or C   |   |

**We** reserve the right to amend the **Territorial Limit Zones**, if in **Our** sole opinion, there is a material sustained change in the risk profile within any such **Territorial Limit Zone(s)**. **We** also reserve the right to charge an additional premium from a higher rated territory for a destination listed in a lower rated **Territorial Limit Zone** in the event of a short-term increase in risk profile. Any such rating or **Territory Limit Zone** amendments will not affect existing policies already purchased and will be implemented via the online policy administration system for any future High Risk Voyager Travel Insurance policies commencing from the date of such change.

## Period of Insurance

If **You** have paid the appropriate Single Trip Travel Insurance Premium and **You** are 70 years old or under at the cover start date, the overall **Period of Insurance** shall be for the duration shown from the Start Date shown in **Your Schedule** to the End Date shown in **Your Schedule**, up to a maximum duration of 365 days for business and work **Trips** (including leisure travel for period of up to 31 days preceding or attaching to a business **Trip** and within the **Period of Insurance**), and to a maximum of 31 days duration for leisure **Trips** without a business or work element. No cover for **War** is provided for Leisure **Trips** that do not attach to a business or work **Trip**.

If **You** have paid the appropriate Annual Multi-Trip Travel Insurance Premium and **You** are under 70 years old at the cover start date, the overall **Period of Insurance** shall be for 12 months starting from the date shown in **Your Schedule**. This insurance then covers an unlimited number of **Trips** starting within that period, provided no single **Trip** is intended to be longer than the maximum number of days shown in the Annual Multi **Trip** section of the **Policy** Features Table.

**Winter Sports** are covered for Single Trip Policies and for Annual Multi Trip Policies up to the total number of days shown in the **Policy** Features Table.

Except as stated below, cover for each separate **Trip** under this insurance starts when **You** leave **Your Home** or place of business, and for Policies of under 31 days finishes as soon as **You** return to **Your Home** or place of business – whichever is soonest.

Cover is provided for leisure **Trips** for family (**Partner & children only**) travelling separately from **You** if **You** are unable to make the **Trip** due to work commitments or if they join the **Trip** at a later date or have to leave the **Trip** at an earlier date. They can also start from or go to a country other than their normal country of residence if in relation to work.

### Advance Purchase Period:

**You** may purchase **Your Policy** up to a maximum of 180 days prior to **Your** planned date of departure.

### Emergency Continuation of Coverage:

If **You** return is unavoidably delayed for an insured reason beyond the End Date of Cover shown in the **Schedule**, cover will be extended free of charge for the period of the delay for up to a maximum period of 30 days beyond the End Date of Cover shown on the **Schedule**.

### Already Travelled Coverage / Top-Up Cover to Another Travel Policy:

Important note notwithstanding the **Period of Insurance** above, if **You** have already departed on **Your Trip** prior to purchasing **Your** travel insurance (or if **Your** existing travel insurance does not provide the scope of coverage provided under this **Policy**), cover is available, subject to:

- All cover must start on the day following purchase, or expiry of **Your** previous policy.
- 14 day wait period before medical expenses cover commences in respect of **Illness** if departure from **Your Home Country** or expiry of any previous policy, was more than 7 days before purchase date.
- The 14 day 'Cooling Off' period for cancelling the **Policy** does not apply.
- The overall period of **Your Trip** outside **Your Home Country** does not exceed the **Policy** maximum for **Your** age, including any **Period of Insurance** under this **Policy**. In the event of a claim **You** may be required to provide evidence of the day **You** first left **Your Home Country**.

## Policy Features Table

| Policy Features Table                           |   |
|---|---|
| Single Trip Policy                              |   |
| Maximum Duration                                | 365 Days – Business & Work Trips<br>31 Days – Leisure Trips   |
| Maximum Age At Start/Extension of Cover         | Under 70  |
| Extendable Period of Insurance                  | Yes<br>i) Cover can be extended on an incremental continuous basis prior to expiry of current Period of Insurance.<br>ii) Simply purchase Your new Policy on or prior to the date of expiry of Your existing policy and make sure You keep details of Your prior Policy(ies) in the event of a claim.<br>iii) The maximum Period of Insurance outside Your Home Country, including extensions is 365 days from the original date of departure.  |
| Coverage If Already Travelled                   | i) Available –<br>a) All must start on the next day following purchase, and<br>b) 14 day wait period before medical expenses cover commences in respect of illness if departure from Home Country or expiry of any previous policy, was more than 7 days before purchase date, or expiry of Your previous policy.<br>c) The 14 day 'Cooling Off' period for cancelling the Policy does not apply.<br>d) The overall period of Your Trip outside Your Home Country does not exceed the Policy maximum for Your age, including any Period of Insurance under this Policy. In the event of a claim You may be required to provide evidence of the day You first left Your Home Country.<br>ii) Including available to be an add-on to an existing travel insurance for 'top-up' cover for the duration of travel to a high risk zone that is not covered under the primary travel insurance.<br>iii) The maximum period of insurance outside Your Home Country, including extensions is 365 days from the original date of departure (31 Days on a Leisure Trip that does not include business or work). |
| One Way Trip Cover                              | A maximum of 48 Hours in final destination (to be within Period of Insurance)   |
| Home Country Cover                              | No Cover  |
| Temporary Return Home Mid-Trip                  | For Policies of a minimum duration of 31 days, an Insured Person may return Home for a maximum period of 14 days at any one time for each temporary return Home visit during the Period of Insurance. Cover will cease when within the Home Country, but will recommence upon continuation of travel overseas.  |
| Annual Multi Trip Policy                        |   |
| Maximum Duration For Each Trip                  | 31 Days, Unlimited Trips For Each Period of Insurance   |
| Maximum Age At Start/Extension/Renewal of Cover | Under 70  |
| Winter Sports – up to total maximum of          | 17 Days   |
| Prompt Renewal Discount                         | 10% off prevailing rate at time of renewal if renewed on or within 10 days of expiry.   |

## Important Conditions Relating to Health & Activities

Please consider these questions very carefully in relation to **Yourself** and **Your Travelling Companions** insured under this **Policy**.

There is certain information that **We** need to know as it may affect the **Terms** of the insurance **We** can offer. **You** must, to the best of **Your** knowledge, give accurate answers to the questions on **Your Application** that **We** ask when **You** buy **Your** travel insurance **Policy**. If **You** do not answer the questions truthfully it could result in **Your Policy** being invalid and could mean that all or part of a claim may not be paid. If **You** think **You** may have given any incorrect answers or if **You** want any help, please contact the High Risk Voyager Team at Voyager Insurance Services Ltd. on UK +44 (0)1483 806 686 (9.00am to 5.30pm UK Local Time Monday – Friday) as soon as practicably possible and **We** will be able to tell **You** if **We** can still offer **You** cover.

|   |  |     |   |
|---|--|-----|---|
| 1.  | Have <b>You</b> or <b>Your Travelling Companions</b> been given a terminal diagnosis?  | YES | There is<br><b>NO COVER</b><br>for claims related to<br>these conditions. |
| No  |  |     |   |
| 2.  | Are <b>You</b> or <b>Your Travelling Companions</b> planning to travel against the advice of a <b>Medical Practitioner</b> or travelling specifically to seek, or <b>You</b> know <b>You</b> will need, medical treatment while <b>You</b> are away?   | YES |   |
| No  |  |     |   |
| 3.  | Are <b>You</b> or <b>Your Travelling Companions</b> on a waiting list for an operation or treatment at a Hospital or have any undiagnosed symptoms that require tests or investigation, or awaiting the results of any tests or investigations?  | YES |   |
| No  |  |     |   |
| 4.  | Have <b>You</b> or <b>Your Travelling Companions'</b> doctor changed any regular prescribed medication in the last 3 months?   | YES |   |
| No  |  |     |   |
| 5.  | Has <b>Your Pre-Existing Condition s)</b> required or received medical treatment* or consultation** for  | YES |   |
| i) 24 consecutive months, or<br>ii) 60 months in the case of heart conditions (excluding controlled blood pressure or non-inherited cholesterol) or cancer related conditions; prior to the commencement date of the period of travel?<br><br><b>Note:</b><br>* Continuing regular medication that is taken at Home for a stable, well controlled condition does not amount to 'treatment' in this context.<br>** If <b>You</b> or <b>Your Travelling Companions</b> have stable conditions that require no more than 2 routine check-ups/reviews every year, this does not amount to 'consultation' in this context. |  |     |   |
| No  |  |     |   |
| <div style="background-color: #90EE90; padding: 5px; text-align: center;"> <b>Unexpected Acute Recurrence of a Pre-Existing Condition(s) will be covered subject to the Terms of the Policy.</b> </div>   |  |     |   |
| Also  |  |     |   |
| 6.  | Are <b>You</b> aware of any existing medical condition suffered by non-travellers whose state of health is likely to cause <b>You</b> to cancel or amend <b>Your</b> travel plans? If so, please contact Voyager Insurance Services Ltd. on UK +44(0) 1483 806 686 to see what cover may be available. |     |   |
| <b>You</b> are not covered, without prior referral to and agreement from, Voyager Insurance Services Ltd, for any medical condition suffered by non-travellers whose state of health is likely to cause <b>You</b> to cancel or amend <b>Your</b> travel plans.   |  |     |   |
| 7.  | Are <b>You</b> planning to take part in any Hazardous activities (see General Exclusions 8 - 14)? If so, please contact Voyager Insurance Services Ltd. on UK +44(0) 1483 806 686 to see what cover may be available.  |     |   |
| <b>You</b> are not covered for certain Hazardous activities, please refer to Policy Wording for further details before proceeding and check that <b>You</b> are covered for <b>Your</b> activity.   |  |     |   |

### Important – Changes in Circumstances

**You** must tell **Us** if, at any time during the **Period of Insurance** and each time **You** make arrangements to travel, there is a change in circumstances and **You** answer 'Yes' to any of the important conditions relating to health and activities by contacting Voyager Insurance Services Ltd. on UK +44(0)1483 806 686 as soon as practicably possible so that **We** may reassess **Your** coverage relating to any **Trips** booked or may wish to book in the future. Please refer to General Conditions 1 - 5.



## Benefits and Excesses Table

Provided **You** have paid the appropriate premium as shown in **Your Schedule**, **You** are covered in accordance with the full wording shown herein up to the **Limits** applicable to **Your** selected product **Level of Cover** as shown in **Your Schedule** and within **Your** Territorial Limits.

The **Limits** apply to each person for each separate **Trip**. The **Excesses** shown below apply to each person and each section of each claim. The currency in which **You** pay **Your** Premium being either £GBP/\$US Dollar and € Euros, is thereafter the currency that applies to **Your Policy** for the purposes of the benefit limits and **Excesses**.

| Benefits and Excesses Table - Limits apply to each person each Trip              |   |  |   | £/\$/€   |
|--|---|--|---|----------|
| A. Medical+ Cover : Description of Cover – Limits apply to each person each Trip |   | Limit of Cover   |   | Excess * |
| Section  | Product Level of Cover >  | Standard   | Enhanced  |          |
|  | Maximum Cover and Benefits for each <b>Insured Person</b> each Trip   | 300,000  | 1,000,000   | -        |
|  | 24/7 Emergency Medical Helpline & Assistance Service<br>Includes Pre- Travel Country Information Files & “One Tap” Emergency App  | Included   | Included  | -        |
| A1   | Emergency Medical Expenses – including:<br>Emergency Local Ambulance, Hospitalisation, Surgery, Anaesthetics, Diagnostic Tests, X-Rays, CT/MRI-Scans, Out-Patient Treatment by Doctor/Specialist, Nursing, Doctors/Specialists, rental of durable medical equipment, Prescription Medicine  | 100%   | 100%  | 250      |
| A2   | Emergency Medical Repatriation / Evacuation **  | 100%   | 100%  | Nil      |
| A3   | Political and Natural Disaster Evacuation Expenses **   | 2,500  | 5,000   | 250      |
| A4   | Return Trip (Following covered Emergency Medical Evacuation) **   | 2,500  | 5,000   | 250      |
| A5   | Visitor To Bedside – Travel & Accommodation Expenses  | 2,500  | 5,000   | 250      |
| A6   | Additional Accommodation, Food & Travel Costs<br>- when recuperating overseas and medically unable to continue Trip   | 2,500<br>(100 / Day)                                     | 5,000<br>(100 / Day)                                      | 250      |
| A7   | Emergency Dental Treatment  | 250  | 500   | 100      |
| A8   | Physiotherapy, Chiropractor, Osteopath or Chiropodist<br>(prescribed by a Specialist and maximum of 10 treatments)  | 1,000  | 1,500   | 250      |
| A9   | Personal Accident*** – Basic Cover – Payment only made under one section.<br><u>Scale of Benefits</u><br>1. Common Carrier Accidental Death (Public scheduled plane, train or ferry)<br>2. Accidental Death<br>3. Permanent Total Disablement<br>4. Loss of 2 or more Limb(s) or eyes<br>5. Total Loss of one limb or one eye<br>*** This section is replaced by and is not applicable if Enhanced Personal Accident Option selected below. | 10,000<br><br>10,000<br>7,500<br>5,000<br>5,000<br>5,000 | 15,000<br><br>15,000<br>11,250<br>7,500<br>7,500<br>7,500 | Nil      |
| A10  | Identification of Remains & Repatriation of Remains or Overseas Burial/Cremation  | 10,000   | 25,000  | Nil      |
| A11  | Hospitalisation Benefit   | 1,000<br>100 / Day                                       | 2,500<br>100 / Day  | Nil      |
| A12  | PTSD Assessment and Counselling following a covered Hostile Event **  | 1,000  | 2,500   | Nil      |
| A13  | Hijack, Mugging, Piracy and Wrongful Detention  | 1,000<br>100 / Day                                       | 2,500<br>100 / Day  | Nil      |
| A14  | Sporting Activities – including Winter Sports (refer to list)   | Included   | Included  | 250      |

\*Maximum **Excess** Payable by Each Person, Each Incident. \*\*Must be Pre-Authorised by **Our Nominated Emergency Assistance Service**.

Note: All **Excesses** above will be increased by a factor of X2 if **You** have selected the Double Excess Option, or X4 if **You** have selected the Quadruple Excess Option, and the applicable Excess Option is shown in **Your Schedule**.

## Optional Benefits and Excesses Table

Each of the options shown below only apply if **You** have paid the additional premium, for each option, and the selected option(s) is shown in **Your Schedule**.

| B. Enhanced Personal Accident - OPTIONAL<br>Replaces Section A9 – Subject to selection and appropriate premium being paid |   | Limits<br>£/\$/€   |
|---|---|--------------------|
| B1  | <b>Personal Accident</b> – Principal Sum                        | 25,000             |
|   | <u>Scale of Benefits:</u>                                       | % of Principal Sum |
|   | 1. Accidental Death Due to Kidnapping or Hi-Jack                | 200%               |
|   | 2. Permanent Total Disablement                                  | 100%               |
|   | 3. Paralysis – Quadriplegia, Paraplegia, Hemiplegia             | 100%               |
|   | 4. Loss of 2 or more Limbs                                      | 100%               |
|   | 5. Permanent entire Loss of Sight in both eyes                  | 100%               |
|   | 6. Permanent entire Loss of Hearing in both ears                | 100%               |
|   | 7. Disappearance due to exposure to Elements (after 1 year)     | 100%               |
|   | 8. Accidental Death   | 50%                |
|   | 9. Permanent entire Loss of Sight in one eye                    | 50%                |
|   | 10. Permanent entire Loss of Hearing in one ear                 | 50%                |
|   | 11. Permanent entire Loss of Speech                             | 50%                |
|   | <u>Additional Spousal &amp; Support Benefits:</u>               |                    |
|   | 12. Home Modification Benefit                                   | 10,000             |
|   | 13. Dependent Child Benefit                                     | 2,500              |
|   | <b>Option to Increase Personal Accident Maximum Sum Insured</b> |                    |
| B2  | Increase Personal Accident Principal Sum to                     | 50,000             |
| B3  | Increase Personal Accident Principal Sum to                     | 75,000             |
| B4  | Increase Personal Accident Principal Sum to                     | 100,000            |

| C. Non-Medical Travel Coverages - OPTIONAL<br>- Subject to selection and appropriate premium being paid |   | Limit of Cover<br>£/\$/€ | Excess*<br>£/\$/€ |
|---|---|--------------------------|-------------------|
| Maximum Cover and Benefits for each <b>Insured Person</b> each <b>Trip</b>                              |   |                          |                   |
| C1  | Baggage, Personal Effects & Equipment Owned By <b>You</b> (Loss or Theft) – Overall Limit                             | 1,500                    | 250               |
|   | - Photographic Equipment Limit  | 250                      |                   |
|   | - Single Item/Pair/Set Limit  | 250                      |                   |
|   | - Maximum Valuables and Electronic Equipment  | 500                      |                   |
|   | - Delayed Baggage Emergency Purchases (after 12 hours)  | 100                      | 50                |
| C2  | Loss of Passport & Travel Documents   | 500                      | 50                |
| C3  | Travel Delay – Documented expenses for overnight accommodation and food following a travel delay of 12 or more hours. | 500                      | 100               |
|   | Abandonment after 24 hours delay  | 50 / Day                 |                   |
| C4  | Missed Departure or Connection  | 750                      | 250               |
| C5  | Personal Liability – Injury To Person   | 500,000                  | 250               |
|   | Personal Liability – Damage To Property   | 250,000                  | 250               |
| C6  | Legal Expenses & Assistance   | 10,000                   | 250               |

| D. Cancellation, Trip Interruption and Disruption Coverages - OPTIONAL<br>- Subject to selection and appropriate premium being paid |  | Limit of Cover<br>£/\$/€ | Excess*<br>£/\$/€ |
|---|--|--------------------------|-------------------|
| Maximum Cover and Benefits for each <b>Insured Person</b> each <b>Trip</b>  |  |                          |                   |
| D1  | Cancellation, Trip Interruption and Disruption | 1,500                    | 250               |

Note: All **Excesses** above will be increased by a factor of X2 if **You** have selected the Double Excess Option, or X4 if **You** have selected the Quadruple Excess Option, and the applicable Excess Option is shown in **Your Schedule**.

## General Definitions

Certain words in this **Policy** Wording have a specific meaning. They have this specific meaning wherever they appear in this **Policy** Wording, **Schedule**, memorandum or **Endorsements** and are shown in bold italic print.

**Accident** A bodily **Injury** that occurs as a direct result of a sudden, unintentional, unforeseen and unexpected action caused by an external, visible means occurring on a **Trip** during **Your Period of Insurance**.

**Application** The fully answered and signed form (or online form completed by **You** or on **Your** behalf) entitled "Application" and all amendments and supplements to that form submitted by **You** or on **Your** behalf for acceptance into, renewal or extension of cover under, or reinstatement of the **Policy**.

**Common Carrier** A company or organisation that engages with the public in the business of providing transport for persons from place to place by air, bus, rail and/or sea for compensation, offering scheduled services to the public and is licensed and approved by a recognised government authority to transport fare-paying passengers. The term **Common Carrier** does not include taxi, tuk-tuk (or similar vehicle), motorcar, moped/motorcycle, limousine service or transportation by animal or human means (for example horse, camel, elephant or rickshaw).

### **Complications of Pregnancy and Childbirth**

In this **Policy Complications of Pregnancy and Childbirth** will only include the following:

- i. Toxaemia (toxins in the blood)
- ii. Gestational hypertension (high blood pressure arising as a result of pregnancy)
- iii. Pre-eclampsia (where **You** develop high blood pressure, carry abnormal fluid and have protein in **Your** urine during the second half of pregnancy)
- iv. Ectopic Pregnancy (a pregnancy that develops outside the uterus)
- v. Molar pregnancy or hydatidiform (a pregnancy in which a tumour develops from the placental tissue)
- vi. Post-partum haemorrhage (Excessive bleeding following childbirth)
- vii. Retained placenta membrane (part or all of the placenta is left behind in the uterus after delivery) Placental abruption (part of all of the placenta separates from the wall of the uterus)
- viii. Hyperemesis gravidarum (Excessive vomiting as result of pregnancy)
- ix. Placenta praevia (when the placenta is in the lower part of the uterus and covers part or all of the cervix)
- x. Still Birth
- xi. Miscarriage
- xii. Emergency Caesarean section
- xiii. A termination needed for medical reasons
- xiv. Premature birth more than 8 weeks (or 16 weeks if **You** know **You** are having more than one baby) before the expected delivery date.

**Emergency** A medical condition or unexpected situation manifesting itself by acute signs or symptoms which could result in placing **Your** life or limb in danger if medical attention or **Emergency** assistance is not provided within 24 hours, based upon medical certainty or in the sole opinion of **Our Nominated Emergency Assistance Service**.

**Endorsement** Any amendment, attachment, exhibit or other document which is prepared by **Us** and attached to, issued in connection with, accompanying or otherwise expressly made part of or applicable to the **Application**, **Policy** or **Schedule**.

**Excess** The first part of each and every claim that **You** are responsible for paying towards each separate claim.

**Funeral Expenses** Usual and customary burial or cremation expenses.

**Hibernation:** The process of **You** keeping a temporary low profile at the location of the event within the country, where **You** are located, or relocating and hibernating locally within the country to a location chosen by the **Nominated Emergency Assistance Service** to allow an immediate danger or threat to **illness, injury** or life, to subside.

**Home Your** normal place of residence in **Your Home Country**.

**Home Country Your** usual and primary place of residence, or if **You** have multiple residences, dual citizenship or hold more than one passport, in the absence of other evidence, **Your Home Country** will mean the country declared on the **Application**. For USA Citizens, the **Home Country** is both the United States of America and **Your** primary place of residence.

**Hospital** An institution properly licensed by the relevant governmental body within the country in which it operates and which has permanent full-time facilities for caring for patients overnight; and has facilities for the diagnosis and medical and surgical treatment of **Ill** people by **Medical Practitioners**; and provides 24 hour nursing services supervised by Registered General Nurses or nurses with similar qualifications; and is not intended to be a mental

institution, nursing home, hospice, convalescent home or residential care home as defined under the Registered Care Homes Act 1984.

**Hostile Event** An event occurring on a **Trip** outside of **Your Home Country** within the **Period of Insurance**, in which **You** are involved in as an innocent bystander or a direct witness physically located in or within a direct and immediate proximity to **You**, where **Your** life or limb were in danger as a result of an act by a person or persons previously unknown to **You** prior to the **Trip**, of Terrorism, violent assault, hijack, mugging, piracy, rape, being held hostage or wrongful detention by a government authority.

**Illness** Any disease, infection or bodily disorder which is unexpectedly contracted by **You** whilst on **Your Trip** or unexpectedly manifests itself for the first time during **Your Trip**.

**Injury** A bodily **Injury** resulting from an **Accident** caused by violent, external and visible means and occurring solely and directly and independently of any other cause which occurs at an identifiable time and place.

**Level of Cover** The applicable sections of cover and the respective **Limits** identified within the Benefits and Excesses Table chosen by **You** under the **Policy** as indicated in the **Schedule**. The **Levels of Cover** available are 'Standard' or 'Enhanced'.

**Limits** The maximum amount of reimbursement or benefit payments available to **You** for each **Period of Insurance** for covered events or sections of cover applicable to **Your** chosen **Level of Cover** under **Your Policy**. The **Limit** is subject to the overall Maximum Limit sum insured for each **Trip**, for each **Period of Insurance** for **Your** chosen **Level of Cover** under **Your Policy** as selected by **You** in **Your Application**.

**Loss of hearing or speech** The permanent, total and irrecoverable loss of hearing in both ears or permanent total and irrecoverable loss of speech.

**Loss of limb or limbs** The permanent and complete loss of or loss of use of a limb or limbs at or above the ankle or wrist.

**Loss of sight** Permanent and total **Loss of sight** shall be considered as having occurred:

- i. in both eyes, if **You** name is added to the Register of Blind Persons on the authority of a registered qualified ophthalmic specialist and is without hope of improvement; or
- ii. in one eye, if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale and is without hope of improvement.

**Medical Practitioner** Any suitably qualified **Medical Practitioner** registered by the General Medical Council in the **United Kingdom** (or foreign equivalent); or in respect of dental treatment only, a dental practitioner who is registered with the British Dental Association (or foreign equivalent); other than:

- i. **You**.
- ii. **Your** immediate family.
- iii. **Your** employee.

**Natural Disaster** Widespread disruption of human lives by disasters such as flood, drought, tidal wave, fire, hurricane, earthquake, windstorm, or other storm, landslide, or other natural catastrophe due to natural causes resulting in evacuation of the population for its safety.

**Nominated Emergency Assistance Service** The independently contracted service provider appointed by **Us** to provide 24/7 **Emergency** assistance services on **Our** behalf subject to the **Terms** of this **Policy**. The **Nominated Emergency Assistance Service** is: Northcott Global Solutions (NGS).

**Partner** The spouse, common-law spouse or civil **Partner** of an **Insured Person**.

**Period of Insurance** The extent, nature and period of cover noted in the **Schedule** during which **You** are covered by the **Terms** and conditions of this **Policy** Wording, being the period shown commencing at 00:01AM hours Greenwich Mean Time (GMT) on the Start Date as stated in the **Schedule** and ending on the earliest of:  
(a) 00:01AM hours Greenwich Mean Time (GMT) on the End Date as stated in the **Schedule**, or  
(b) the termination date as determined in accordance with General Condition 14 'Termination of Cover'. The **Period of Insurance** can be no more than 12 consecutive months.

**Permanent Total Disablement** Total disablement caused other than by **Loss of limb or sight or hearing or speech**, which prevents **You** from engaging totally in **Your** usual or any occupation for a period of 12 consecutive months, and at the end of that period being without prospect of improvement.

**Photographic Equipment** Professional and amateur photography and video equipment owned by **You** including Cameras, Camera Lenses, Binoculars, Telescopes, Video Cameras, Camera Stands, Tripods and



Cradles, Light Meters, Monitors, Editing and Film processing equipment and camera bags and camera cases but excluding batteries, films, bulbs, fuses, computer software, leads, reeds, valves, memory cards, memory sticks, external hard drives and cables and other consumable items.

**Policy** The contract of insurance between **You** and **Us**. **Your Policy** consists of **Your Application**, the **Schedule**, this **Policy** Wording including the Benefits and Excesses Table relevant to **Your** chosen **Level of Cover** as shown in **Your Schedule**, and any **Endorsements**.

**Policy Administrator** Voyager Insurance Services Limited, 13-21 High Street, Guilford, Surrey, GU1 3DG, United Kingdom and it acts solely as the disclosed and authorised agent and representative of **Us** and on **Our** behalf.

**Pre-Existing Condition** Any:

1) Medical condition or any chronic, subsequent or recurring complication or consequence associated with or arising from a medical condition, for which medical advice, diagnosis, care or treatment (including services and supplies, consultations, diagnostic test or prescription medication including drugs, medicines, special diets, injections or other forms of medication) was sought by, recommended for or received by **You**; whether or not **You** were aware or should have been aware **You** had the medical condition, during the 24 months, or 60 months in the case of heart related conditions (excluding controlled blood pressure or non inherited cholesterol) or cancer related conditions; prior to the commencement date of the period of travel;

2) Symptom or condition displayed or experienced, whether or not **You** were aware or should have been aware **You** had the medical condition, that had manifested itself in such a manner that would have caused a prudent person to seek medical advice, diagnosis, care or treatment (including receiving services and supplies, consultations, diagnostic test or prescription medicines) during the 24 months, or 60 months in the case of heart related conditions (excluding controlled blood pressure or non inherited cholesterol) or cancer related conditions; prior to the commencement date of the period of travel:

3) **Injury, Illness**, sickness, disease, or other physical medical, mental or nervous conditions, disorder or ailment (whether known or unknown), whether or not investigated or diagnosed; or historical or dormant or cured or resolved; that **You** were aware of or should have been aware of, that existed at the time of the **Application** or during the 24 months, or 60 months in the case of heart related conditions (excluding controlled blood pressure or non inherited cholesterol) or cancer related conditions; prior to the commencement date of the period of travel, even if disclosed on the **Application** or any claim form, or otherwise to **Us**, and including any and all subsequent chronic or recurring complication or consequences related thereto or resulting or arising therefrom.

**Radiation** The emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement, or death, amongst people or animals.

**Relative** The **Insured Person's** or **Insured Person's Partner's** parent, grandparent, parent-in-law, brother, sister, child (including fostered children), grandchild, brother-in-law, sister-in-law, son-in-law, daughter-in-law or fiancé(e), step-parent, step-child, step-brother, step-sister, aunt, uncle, cousin, nephew or niece.

**Schedule** A document issued by **Us** to **You** in conjunction with the **Policy** evidencing **Your** cover under the **Policy** including the **Period of Insurance**, the **Level of Cover**, Territorial Limits, **Your Excess** and any **Endorsements** that may apply.

**Terms** Terminology, provisions, definitions, conditions, **Limits**, limitations, wordings, restrictions, qualifications and/or exclusions.

**Terrorist Activity** An act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. **Terrorist Activity** can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of a **Terrorist Activity** can either be acting alone, or on behalf of, or in connection with any organisation(s) or government(s).

**Travelling Companion** Any person with whom **You** are travelling or have arranged to travel with.

**Trip** Any business and work **Trip** (including journalism, media, humanitarian, aid, disaster and relief work, conservation, research, voluntary, missionary and charitable programmes including teaching, study and educational travel and Non-Governmental Organisations); which begins and ends in **Your Home Country** (or a country other **Your Home Country** if in relation to a work or business **Trip**; and for which **You** have paid the appropriate premium. **Trip** is extended to include leisure travel for a period of up to 31 days preceding or immediately following a business **Trip** but within the **Period of Insurance**, and to a maximum of 31 days duration for leisure only **Trips** without a business or work element.

**Unexpected Acute Recurrence of a Pre-Existing Condition** A sudden and unexpected acute recurrence of a **Pre-Existing Condition** while outside of **Your Home Country** and does not include known, scheduled, required

or expected treatment, medical care, drugs or supplies existent or necessary prior to the Start Date of cover.

**United Kingdom** England, Scotland, Wales, Northern Ireland, the Isle of Man and the Channel Islands.

**Utilisation of biological weapons of mass destruction** The emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins) which are capable of causing incapacitating disablement or death amongst people or animals.

**Utilisation of chemical weapons of mass destruction** The emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.

**Utilisation of nuclear weapons of mass destruction** The use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.

**Valuables** Audio equipment, computers, laptops, all discs, CDs, tapes and cassettes, other electronic or electrical equipment or devices of any kind (including but not limited to mobile phones, smartphones, MP3, MP4, CD/DVD players, tablets, ebooks, DVDs, films, cartridges and headphones), spectacles and/or sunglasses, jewellery, watches, furs and items made of or containing precious or semi-precious stones or metals.

**War** Any activity arising out of or attempt to participate in the use of military force between nations and will include:

- 1 Hostilities or warlike operations (whether war be declared or not).
- 2 Invasion, civil war, rebellion, insurrection, revolution.
- 3 Act of an enemy foreign to **Your** nationality or the country in, or over, which the act occurs.
- 4 Civil commotion assuming the proportions of, or amounting to, an uprising.
- 5 Overthrow of the legally constituted government.
- 6 Military or usurped power.
- 7 Explosions of war weapons.
- 8 **Terrorist Activity.**
- 9 **Utilisation of nuclear, chemical or biological weapons of mass destruction** however these may be distributed or combined.
- 10 Murder or Assault subsequently proved beyond doubt to have been the act of agents of a state foreign to **Your** nationality whether war be declared with that state or not.

**We/Us/Our/Underwriters** Certain Underwriters at Lloyd's of London are the Underwriters of the **Policy** and its risks.

**Winter Sports** Cross country skiing (Nordic Skiing), glacier skiing, recreational racing, snowmobiling. Mono skiing, off-piste skiing and snowboarding (provided local safety guidelines and warnings are observed, except in areas considered to be unsafe by resort management unless with a qualified guide); on piste skiing or snowboarding, snowblading and sledging; mono-skiing; blading; langlauf; ski boarding; tobogganing and glacier walking or trekking up to 4,000 metres.

**You/Your/Yourself/Insured Person s)** As stated in the **Schedule**.

## General Conditions - applicable to the whole policy

**You** must comply with the following conditions to have the full protection of **Your Policy**. If **You** do not comply **We** may at **Our** option cancel the **Policy** or refuse to deal with **Your** claim or reduce the amount of any claim payment.

### 1. Information and changes **We** need to know about

**You** must take care to provide complete and accurate answers to the questions **We** ask when **You** take out, make changes to, and renew **Your Policy**. Please tell the **Policy Administrator** if there are any changes required to the information set out in **Your Schedule**.

**You** must tell **Us** as soon as practicably possible about any changes in the information **You** have provided to **Us** which happens before or during any **Period of Insurance** (for example, but not limited to, changes in **Your** or any **Travelling Companion's** health, the activities **You** plan to undertake, **Your** destination or travel dates etc - refer also to the "Important Conditions Relating to Health & Activities" section on page 15 of this **Policy** for further details). When **We** are notified of a change, **We** will tell **Your** insurance intermediary if this affects **Your Policy**, for example whether **We** are able to accept the change and if so, whether the change will result in revised **Terms** and/or premium being applied to **Your Policy**. If **You** do not inform **Us** about a change it may affect any claim **You** make or could result in **Your** insurance being invalid.

If the information provided by **You** is not complete and accurate:

- **We** may cancel **Your Policy** and refuse to pay any claim, or
- **We** may not pay any claim in full, or
- **We** may revise the premium and/or change any **Excess**, or
- the extent of the cover may be affected.

### 2. Your Duty of Care

**You** shall at all times act in a prudent manner and shall exercise care and take precautions to prevent **Injury, Illness**, to minimise any costs incurred, and **You** shall comply with recommended vaccination and immunisation schedules and take appropriate precautions to protect **Yourself** from disease and infection.

### 3. Important Conditions Relating To Health & Activities

**You** must answer the questions relating to health and activities shown on page 15 of this **Policy** truthfully and to the best of **Your** knowledge and contact **Us**, as shown, if required. If **You** do not do so then any related claim may be reduced or rejected or **Your Policy** may become invalid.

### 4. Eligibility

At the start date **You** must:

- Pay the required premium on or before the Start Date of coverage.
- Be aged 18 years or over and not yet 70 years of age, unless travelling with **Your** parent, guardian or a legally responsible adult, in which case the minimum age is reduced to over 14 days old,.
- Have received all immunisations and vaccinations recommended by **Your Home Country** prior to entry into the destination country or countries.
- You** must not be a full-time, part-time or temporary serving member of any military or paramilitary force on active duty.
- If **You** are visiting the USA (United States of America) **Your Period of Insurance** cannot exceed 89 days.
- USA Citizens, in addition to the above points must be located outside of the USA as of the Start Date of coverage or extension or Renewal Date.

If **You** are not eligible, this **Policy** is void from the Start Date and all premium paid will be refunded (unless **You** have already had a claim paid under this **Policy**).

### 5. Entire Agreement

The **Application, Policy**, the **Schedule, Policy** Wording, **Endorsements** and the Benefits and Excesses Table applicable to **Your** chosen **Level of Cover** constitute the entire agreement between **Us** and **You** and must be read together to avoid misunderstanding.

### 6. Currency

The currency in which **You** pay **Your** premium being either £GBP/\$US Dollar and € Euros, is the currency thereafter that applies to **Your Policy** for the purposes of the benefit limits and **Excesses**. Claims may, at **Our** sole discretion, or upon request from **You** be paid in local currency equivalents.

### 7. Information To Other Insured Persons

If **You** have arranged this **Policy** on behalf of another **Insured Person**, **You** must inform all **Insured Persons** of their rights and obligations under this **Policy**, with specific additional reference being drawn to the questions asked during the **Application** and in respect of "Important Conditions Relating to Health & Activities" on page 15. If this **Policy** has been arranged on **Your** behalf, then it is **Your** responsibility to ensure that all questions at point

of **Application** have been answered completely, truthfully and accurately.

#### 8. Claims and Assistance Co-operation

**You** and **Your Medical Practitioner s), Hospital s)**, Clinic(s) and other medical provider shall provide assistance and co-operate fully with **Us** or **Our** representatives, in granting full right of access and obtaining any other medical records, medical documentation, reports and evidence **We** deem necessary to evaluate the incident or claim. In no event shall **We** be liable to pay any claim hereunder unless **You** co-operate fully with **Us** and/or **Our** representatives in the investigation of the claim.

**We** at **Our** option may suspend or pend adjudication of a claim, and/or deny coverage and/or benefits for a claim where there has been:

- i) A refusal to co-operate with **Us** or **Our** appointed representatives;
- ii) An unreasonable delay in such cooperation; and/or
- iii) Any other act or omission on **Your** part and/or **Your** healthcare or other provider which hinders, delays, impairs or otherwise prejudices **Our** performance of **Our** obligation under this **Policy**.

#### 9. Subrogation

**You** undertake to cooperate with **Us** in the prosecution of any and all valid claims **We** may have against third parties arising out of any occurrence which results or may result in a loss payment by **Us** and to account for any amounts recovered on the basis that **We** shall be entitled to recover first in full any sums paid by **Us** before **You** share in any amount so recovered.

**We** may at **Our** own expense take over **Your** rights against third parties to the extent of its payments made. **You** shall cooperate with **Us** and provide such information and documentation reasonably required by **Us** in order to collect and enforce **Our** rights of subrogation. **We** may institute any proceedings at **Our** own expense against such third parties in **Your** name.

Should **You** fail to prosecute any valid claims against third parties and **We** thereupon become liable to make payment under this insurance, then **We** shall be subrogated to all **Your** rights. Any amount recovered by **Us** shall be used to pay **Our** expenses of collection and reimbursement for any amount that **We** may have paid or become liable to pay under this insurance. Any remaining amounts shall be paid to **You**.

#### 10. Other Insurance

**We** shall not pay any claim if there is other insurance that would, or would but for the existence of this insurance, pay such claim. Except, where benefit amounts insured elsewhere are less than the applicable benefit amount insured by this **Policy**, this **Policy** insures for the difference between the benefit amounts insured elsewhere and the applicable benefit amount of this **Policy**, subject always to the applicable **Excess** stated in the **Policy** Wording.

#### 11. Change in Law, Regulations and Taxes

**We** reserve the right to amend **Your Policy**, **Policy** Wording and the premiums at any time in order to reflect any change in regulatory requirements, insurance or local law, insurance premium tax or other government levies as may be imposed upon **Us**.

#### 12. Acceptance Clause

**We** reserve the right to apply additional **Terms**, options, exclusions or premium increases to reflect any circumstances **You** advise in **Your Application** or declared to **Us** at any time as relevant information.

#### 13. Contracts (Rights of Third Parties) Act 1999 Clarification Clause

It is not the intention that any third parties to this contract have the right to enforce the **Terms** of this contract. Only **You** and **We** can enforce the **Terms** of this contract. **You** and **We** can vary or rescind the contract without the consent of any third party to this contract who may assert they have rights under this Contracts (Rights of Third Parties) Act 1999. This does not affect any right or remedy of a third party which exists or is available apart from this Act.

#### 14. Non-Transfer of Policy

This insurance is non-transferable.

#### 15. Information You Provide To Us

**You** are required to take reasonable care to ensure **You** tell **Us** of any facts **We** ask for and which could affect this insurance. If **You** do not, **You** may not be fully covered and this may result in **Us** refusing a claim, or only paying part of a claim, or **We** may cancel **Your** insurance policy. If **You** are unsure whether **We** need to know a particular fact, please contact the **Policy Administrator**.

#### 16. Interest

No sum payable under this **Policy** Wording shall carry interest.



## 17. Risk Management Discount

If **You** have selected to receive a Risk Management Discount on **Your Policy** premium, this discount is provided by **Us** subject to **You** having received professional risk management and/or travel safety advice and/or personal security advice in relation to international travel prior to **Your** departure on the **Trip** from a recognised Risk Management or Travel Safety or Security Company.

**We** reserve the right to request proof of such risk management or travel safety advice. Failure to provide proof may result in any claim payment being reduced.

## 18. Limitation

In no case shall **Our** liability in respect of **You** exceed the largest sum insured stated in the **Schedule**.

## 19. Declared Epidemic

When an epidemic is declared by the World Health Organisation outside of **Your Home Country** in the location or a destination **You** are located in during **Your Trip**, **We** reserve the right to require **Your** repatriation to **Your Home Country**. If **You** refuse to be repatriated, **Your** insurance coverage shall terminate. In the event of quarantine, the insurance coverage remains in force.

## 20. Notice & Change of Address

Any notice to **You** shall be sent to **Your** last known address on file on the date the notice is mailed. **You** are required to notify the **Policy Administrator** of any change in mailing address, email address and contact details. Please note that a change of address to a country other than that where **You** were located at time of purchase may affect **Your** eligibility under this **Policy** e.g. If **You** move to a new country that becomes **Your** new **Home Country** and **You** no longer reside in the **Home Country** declared at time of **Application**.

## 21. Data Protection Regulations

**You** should understand that any information **You** have given **Us** will be processed by **Us**, in compliance with the provisions of the current Data Protection Regulations, for the purpose of providing insurance and handling claims or complaints, if any, which may necessitate providing such information to other parties. For more information, please refer to the section titled "Data Protection and Privacy Statements".

## 22. Sanctions, Export and Exchange Control Clause

**We** shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose **Us** to any sanction, prohibition or restriction under United Nations, resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

## 23. Affordable Care Act

This insurance is not subject to, and does not provide certain of the insurance benefits required by, the United States' Patient Protection and Affordable Care Act ("ACA"). This insurance does not provide, and **We** do not intend to provide, minimum essential coverage under ACA. In no event will benefits be provided in excess of those specified in the contract documents. This insurance is not subject to guaranteed issuance or renewability other than as specified in the **Policy**. ACA requires certain USA citizens and USA residents to obtain ACA compliant health insurance coverage. In some circumstances penalties may be imposed on persons who do not maintain ACA-compliant coverage. **You** should consult **Your** attorney or tax professional to determine if ACA's requirements are applicable to **You**.

## 24. Right of Cancellation

**We** can cancel **Your Policy** at any time by giving **You** 14 days written notice at **Your** last known address. **We** will only do this for a valid reason. Examples of valid reasons include, but are not limited to: **You** not paying the premium, **You** informing **Us** or **Us** establishing that there is a change in risk which **We** are unable to insure, and where **We** suspect fraud on this or any other related policy.

## 25. Policy Administrator Liability

The **Policy Administrator** has and shall have no direct, indirect, joint, several, separate, independent responsibility, liability or obligation of any kind whatsoever under the **Policy**, **Policy** Wording or **Schedule**.

## General Exclusions - applicable to the whole policy

**We** will not pay any claim caused or contributed to by:

1. **War** in regard to Leisure **Trips** that do not attach to a business or work **Trip**.
2. The use, release or escape of nuclear materials that results in nuclear reaction or **Radiation** or radioactive contamination; or
  - 2.1 the dispersal or application of pathogenic or poisonous biological or chemical materials; or
  - 2.2 the release of pathogenic or poisonous biological or chemical materials.
3. Leisure **Trips** with a duration in excess of 31 days.
4. **You** having been diagnosed with a terminal condition.
5. **You** travelling against the advice of a **Medical Practitioner** or travelling specifically to seek, or **You** know **You** will need, medical treatment while **You** are away.
6. **You** being on a waiting list for treatment, tests or investigation or awaiting the results of any tests of investigations.
7. **We** shall not be liable for claims arising from any **Pre-Existing Condition** at the inception date of the period of travel. This exclusion shall not apply if such **Pre-Existing Condition** has not required or received medical treatment\* or consultation\*\* for
  - i) 24 consecutive months or
  - ii) 60 months in the case of heart related conditions (or is controlled blood pressure or non-inherited cholesterol) or cancer related conditions prior to commencement date of the period of travel.

### Note:

- \* Continuing regular medication that is taken at **Home** for a stable, well controlled condition does not amount to 'treatment' in this context.
  - \*\* If **You** have stable conditions that require no more than 2 routine check-ups/reviews every year, this does not amount to 'consultation' in this context.
8. Competition in events on snow or ice; freestyle skiing; ski jumping; big-air; aerials; free-style or stunting; heli-skiing; ice hockey; the use of bob sleighs and skeletons.
  9. **You** flying, except as a passenger in an aircraft licensed or routinely used to carry passengers.
  10. **You** driving a mechanically propelled vehicle in any kind of race.
  11. **You** mountaineering or rock climbing normally requiring the use of ropes or guides.
  12. **Your** participating in professional sports.
  13. Whilst on a **Trip**, **You** taking part in sport or activity not shown in the Activity and Sports List unless declared to **Us** and **We** confirm cover in writing.
  14. Racing or race training of any kind (other than on foot or sailing) except as provided under the Section A15 Sporting Activities – including **Winter Sports**.
  15. **You** being under the influence of, or being affected by drugs (unless such drug has been prescribed by a **Medical Practitioner** but not for the treatment of drug addiction).
  16. **You** drinking too much alcohol, or any form of alcohol abuse, where it is foreseeable that such consumption could result in a serious impairment of **Your** faculties and/or judgement resulting in a claim. **We** do not expect **You** to avoid alcohol on **Your Trip** but **We** will not cover any claim arising because **You** have drunk so much alcohol that **Your** judgement is seriously affected and **You** need to make a claim as a result.
  17. **You** attempting to commit or committing intentional self-**Injury** or suicide whether sane or insane.
  18. Any criminal, malicious or illegal act or occupation by **You** (excluding minor traffic violations).
  19. **Your** deliberate exposure to exceptional danger (other than in an attempt to save human life).
  20. **Your** operational duties as a member of the Armed Forces.
  21. After the expiry of the **Period of Insurance** during which **You** reach age 70 years.
  22. In respect of Leisure **Trips**, the tour operator, airline or any other company, firm, or person becoming insolvent, or being unable or unwilling to fulfil any part of their obligation to **You**.
  23. Claims as a result of **You** breaking or failing to comply with any law whatsoever.
  24. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other flying objects travelling at sonic or supersonic speeds.
  25. Air/sea rescue charges for evacuation to shore from a vessel or from the sea.

26. Claims where **You** have deliberately chosen not to travel with the correct visa or immigration papers for the purpose of **Your Trip**.
27. Charges for any immunisations and/or routine physical exams, including but not limited to vaccinations, immunisations, annual check-ups, the issue of medical certificates, and examinations as to the suitability of travel or employment.
28. Any claim if **You** refuse to co-operate or refuse disclosure of the data to a third party, which in turn prevents **Us** from providing cover under this **Policy**.
29. Any treatment or surgery which **We** think **You** do not need immediately and can wait until **You** return **Home** at the end of **Your Trip**. **Our** decision is final.
30. Charges or fees incurred for completion of Medical Claim Forms.
31. **Trips** to the USA in excess of 89 days continuous duration.
32. Any USA nationals travelling to Cuba, other than for the following reasons that are permitted currently:
- Family visits,
  - Official business of the U.S government, foreign governments and certain intergovernmental organisations,
  - Journalistic activity,
  - Professional research and professional meetings,
  - Educational activities,
  - Religious activities,
  - Public performances, clinics, workshops, athletic and other competitions, and exhibitions,
  - Support for the Cuban people,
  - Humanitarian projects,
  - Activities of private foundations or research or educational institutes,
  - Exportations, importation, or transmission of information of informational materials, and,
  - Certain export transactions that may be considered for authorisation under existing Department of Commerce regulations and guidelines with respect to Cuba or engaged in by USA-owned or controlled foreign firms.

In the event of any sanction changes, this section will provide coverage to remain in compliance with the updated sanction.

33. Any claims directly or indirectly related to a pandemic and/or epidemic, including but not limited to Coronavirus (COVID-19), including any related and/or similar condition(s) howsoever named or any mutation of these. This policy will also not provide cover for claims relating to the fear or threat of pandemic and/or epidemic, including but not limited to Coronavirus (COVID-19) including any related and/or similar condition(s) howsoever called or any mutation of these.

In the event of a conflict between this general exclusion and any other term in your policy terms and conditions, this general exclusion takes precedence.

This general exclusion applies to all sections of cover with the exception of Sections A1 – Emergency Medical Expenses and A2 Emergency Medical Evacuation / Repatriation, as long as, prior to your trip commencing, the Foreign and Commonwealth Office had NOT advised “against all travel” or “all but essential travel” due to pandemic and/or epidemic, including but not limited to Coronavirus (COVID-19), including any related and/or similar condition(s) howsoever named or any mutation of these, to your intended destination.

The following additional exclusions are added to the General Exclusions in regards to Leisure **Trips**:

34. Any charges that are as a result of a tropical disease, if **You** have not had the recommended vaccinations or taken the recommended medication.
35. Altitude sickness and climbing where ropes and equipment are involved for sheer face climbing or any other aspect, other than following a man-made or natural path. No cover shall operate if any safety requirements are not adhered to.
36. Claims arising from solo diving, cave diving, or diving for hire or reward; or Loss of or damage to scuba diving equipment sustained whilst diving nor for the loss of or damage to scuba diving equipment hired by the **Insured Person**. The **Insured Person** must not dive below 40 metres and must hold a British Sub Aqua Club or equivalent Membership and must follow their rules and guidelines at all times. Any gradually progressing sickness or bodily condition that could be attributed to the **Insured Person's** diving activities.

## SECTION A : Medical+ Cover

### 24/7 Emergency Medical Helpline & Assistance Service

If **You** suffer **Illness** or **Injury** which requires hospitalisation whilst on a trip **You** must ring the telephone number provided below, which is also shown in the **Schedule**, before seeking treatment.

#### 24 Hour Emergency Assistance and Pre-Authorisation Numbers



Telephone (UK) : +44 (0) 207 183 8910  
Back up Mobile (UK) : +44 (0) 7785 627433  
Fax : +44 (0) 207 183 8919  
Email : [ops@northcottglobalsolutions.com](mailto:ops@northcottglobalsolutions.com)

The information **You** will be required to provide is:

|    |   |
|----|---|
| 1. | <b>Your</b> name.   |
| 2. | The <b>Schedule</b> Number (if known), <b>Period of Insurance</b> shown in the <b>Schedule</b> and stating <b>NGS Ref : NGSCVS001</b> . |
| 3. | The name of <b>Your</b> employer, company or organisation (if applicable).  |
| 4. | The telephone or facsimile number on which <b>You</b> or an <b>Insured Person</b> or their representatives can be contacted.            |
| 5. | <b>Your</b> address abroad.   |
| 6. | Details of the medical problem, the hospital and the name of doctor conducting treatment.   |

Medical Assistance Services provided by the team:

|                            |   |
|----------------------------|---|
| <b>24 hour Service</b>     | Access to multi-lingual co-ordinators through the emergency telephone lines operating 24 hours a day 365 days a year. The co-ordinators are trained in worldwide hospital procedures.   |
| <b>Evacuation Services</b> | Evacuation or repatriation can be arranged, depending on the circumstances, by air ambulance or scheduled airline and if medically necessary attended by a fully equipped medical team. |
| <b>Medical Staff</b>       | A qualified team of Doctors and Nurses are on hand to ensure that the most appropriate medical treatment is provided, with access to medical consultants.                               |
| <b>Direct Billing</b>      | Direct billing with hospitals can be arranged, removing the cost and inconvenience of using personal cash or credit card.   |

Northcott Global Solutions Ltd (NGS) may be contacted at any time, should the **Insured Person** require advice or assistance regarding all **Emergency** matters.

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**You should not attempt to find Your own solution and then expect full reimbursement from Us without prior approval first having been obtained from Our Nominated Emergency Assistance Service.**

In the event that liability cannot be established at the outset of an **Emergency** it is agreed that the first named **Insured Person** will guarantee payment until such time that liability can be accepted by **Us**.

**Northcott Global Solutions Ltd (NGS) are also able to provide You with the following assistance services during Your Period of Insurance:**

- Emergency Message Relay
- Lost Passport/Travel Document Assistance
- Emergency Travel Arrangements
- Legal Referrals
- Emergency Cash Transfers
- Prescription Drug Replacement Assistance
- Embassy and Consulate Referrals
- Drug Translation Services

Note these are advisory and non-insured services for **Your** assistance and convenience only. **You** are directly responsible for any cost incurred in using these services that are not expressly covered under the **Terms** of this **Policy**. In any instances where costs or fees are due to be incurred, **You** will be responsible for the provision of cleared funds and/or fees directly to the **Nominated Emergency Assistance Service** in advance of any costs incurred or service being delivered to **You** or on **Your** behalf.

**Note during Your Period of Insurance Your Policy entitles You access to:**

### **Pre-Travel Country Information Files**

Northcott Global Solutions Pre-Travel Country Information Files are available online to **You** to provide **You** with access to a wealth of up to date personal security and pre-travel advice before **You** go including country information, risk ratings and country specific news-feeds.

Access and download information is included in **Your Schedule** and then login at:  
<https://northcott.voyagemanager.com>

**For any queries on this service please contact [InsExec.northcottglobalsolutions.com](mailto:InsExec.northcottglobalsolutions.com)**

### **One Tap Emergency App**

Northcott Global Solutions – One Tap Emergency App.

The One Tap Emergency App offers a fully managed emergency notification solution once activated and a call placed to NGS, subject to connectivity on GPS enabled mobile phones (iPhone & Android) for travellers to remote and high risk countries

The Emergency Assistance App is free and can be downloaded and be accessed where 3G/4G or wifi signal permits to any compatible smartphone mobile device in seconds. It brings access to Northcott Global Solutions worldwide network of Emergency assistance care with a single tap.

- Free to download for all Northcott Global Solutions Clients
- No Annual renewal costs to access (within **Your Period of Insurance**)
- No Personal Data Issues data stored on individual devices and only communicated on activation of Emergency call
- Free Travel Advice
- 24/7 Access to Global Emergency Response
- Panic Alert button notifies the Northcott Global Solutions Operations Room of exact location and personal information (subject to 3G/4G/GPS accessibility and shareable and active location services).

Note: One Tap Emergency App is not an alternative solution to live GPS or Satellite Personal Tracking or Distress Beacons or Devices. These are available from Northcott Global Solutions for an additional charge.



## Section A1 – Emergency Medical Expenses

### What is Covered

**We** will pay up to the sum insured shown in the Benefits and Excesses Table applicable to **Your** chosen **Level of Cover** shown in **Your Schedule**, for expenses necessarily incurred outside of **Your Home Country** as the result of **You** sustaining an accidental bodily **Injury**, unexpected **Illness** or death during the **Trip**, in respect of:

- 1.1 **Your Emergency** medical, **Hospital** and treatment expenses (including additional travel and accommodation expenses) or other diagnostic treatment given or prescribed by a **Medical Practitioner**, including **Emergency** Local Ambulance, Hospitalisation, Intensive Care Surgery, Anaesthetics, Diagnostic Tests, X-Rays, CT/MRI-Scans, Out-Patient Treatment by Doctor/Specialist, Nursing, Doctors/Specialists, rental of durable medical equipment, Prescription Medicine (up to a maximum dispensed supply of 90 days) including in-patient dental treatment as a result of accidental **Injury** (incurred within 5 days of the **Accident**). At the discretion of **Our Nominated Emergency Assistance Service**, who reserve the right to make the final decision as to whether or not it is medically necessary.
- 1.2 Accompanying medical attendants if agreed by prior consultation between **Your** attending **Medical Practitioners** and **Us** or **Our** appointed advisors.
- 1.3 If as a result of a covered **Injury** or **Illness** under this **Policy** **You** are confined as an in-patient in a **Hospital** under the regular care and attendance of a **Medical Practitioner**, **We** will pay the expenses incurred by **You** for the rental of a telephone and/or television set. The maximum amount payable under this section by **Us** to or on **Your** behalf will not exceed the amount of £/\$/€200 as a result of any one **Accident** or **Illness**.
- 1.4 If a **Pre-Existing Condition** is deemed eligible for cover under the **Terms** of this **Policy** and in accordance with Exclusion 3. below, then such coverage is limited to **Unexpected Acute Recurrence of a Pre-Existing Condition**.
- 1.5 In the event of a valid claim under Section 1.1 **We** will pay the costs incurred for **Hospital** in-patient medical charges necessarily incurred for follow-on treatment in relation to **Illness**, **Injury** or **Accident** covered under this **Policy** that is not a **Pre-Existing Medical Condition** within 3 months immediately following **Your** date of return to **Your Home Country** if they are not covered by any other insurance or government plan, up to a maximum of £/\$/€10,000 (currency benefit limit is determined by the currency in which **Your** premium was paid).
- 1.6 Reciprocal Health Agreement Benefit, if **You** receive treatment for an **Illness**, **Injury** or **Accident** covered under this **Policy** and **We** make a saving in respect of **Our** claims costs as a direct result of **You** utilising a European Health Insurance Card (EHIC), accessing MediCare in Australia or other Reciprocal Health Agreement, then **Your Excess** in respect of this treatment shall be Nil.

### Conditions Applicable To Emergency Medical Expenses

1. **You** MUST contact and receive pre-approval from **Our Nominated Emergency Assistance Service** **before** incurring costs (or as soon as practicably possible if an **Emergency**) if:
  - **You** go into **Hospital** or clinic as an In-Patient or Day-Patient,
  - **You** require an **Emergency** evacuation/repatriation or travel arrangements or
  - **You** are to receive certain treatments, services or supplies (refer to Pre-Authorisation Requirements Process on page 8), or
  - **You** incur or are likely to incur costs in excess of £/\$/€500 (currency is determined by the currency in which **Your** premium was paid). (If **You** are unsure, always check with **Your Medical Practitioner**, **Hospital** or Medical Provider before incurring any costs).
  - Or if **You** wish to return **Home** earlier than **Your** original plans.

If it is not possible to notify them in advance because the condition requires immediate treatment to save life or limb **Our Nominated Emergency Assistance Service** must be notified as soon as practicably possible.

2. To avoid prejudicing the reimbursement of expenses, the **Insured** and/or an **Insured Person** will not try to provide solutions to medical **Emergency** problems encountered without involving **Our Nominated Emergency Assistance Service**.
3. In the event that repatriation expenses are necessarily incurred by **Us** when acting in good faith in respect of any person not insured under this **Policy**, that person will reimburse **Us** for all such costs incurred.
4. Wherever possible **You** must use the medical facilities that entitle **You** to the benefits of any reciprocal health agreements, such as EHIC within Europe and MediCare in Australia.

### What is Not Covered

#### Exclusions Applicable To Emergency Medical Expenses

**We** will not pay any claims relating to:

1. The **Excess** amount shown in the Benefits and Excesses Table.

2. Any related claims if at the time this insurance was arranged and each time **You** make arrangements for a **Trip**:
  - i. **You** or **Your Travelling Companions** have been given a terminal diagnosis, or
  - ii. **You** or **Your Travelling Companions** are planning to travel against the advice of a **Medical Practitioner** or travelling specifically to seek, or **You** know **You** will need, medical treatment while **You** are away, or
  - iii. **You** or **Your Travelling Companions** are on a waiting list for treatment, tests or investigation or awaiting the results of any tests or investigation.
3. **We** shall not be liable for claims arising from any **Pre-Existing Condition** at the inception date of the period of travel. This exclusion shall not apply if such **Pre-Existing Condition** has been without the necessity of medical treatment\* or consultation\*\* for
  - i) 24 consecutive months or
  - ii) 60 months in the case of heart related conditions (excluding controlled blood pressure or non inherited cholesterol) or cancer related conditions prior to commencement date of the period of travel.

**Note:**

\* Continuing regular medication that is taken at **Home** for a stable, well controlled condition does not amount to 'treatment' in this context.

\*\* If **You** have stable conditions that require no more than 2 routine check-ups/reviews every year, this does not amount to 'consultation' in this context.
4. Any claim related to the health of a non-traveller if **You** have made arrangements for **Your Trip** in the knowledge that their state of health is likely to cause **You** to cancel or amend **Your** travel plans, unless agreed by **Us** and confirmed in writing. If **You** are in any doubt please call Voyager Insurance Services Ltd. on UK +44 (0) 1483 806 686.
5. Any treatment, service, supplies or surgery:
  - i. which in the opinion of **Our Nominated Emergency Assistance Service** is not medically necessary, or is not immediately necessary and can wait until **You** return **Home**. **We** reserve the right to repatriate **You** when **You** are fit to travel in the opinion of our **Nominated Emergency Assistance Service**.
  - ii. which in the opinion of **Our Nominated Emergency Assistance Service** is considered to be cosmetic, experimental or elective.
  - iii. carried out in **Your Home Country** (with the sole exception of cover provided under Section A1 1.3) or more than 12 months after the expiry of this insurance.
  - iv. Carried out at no cost to the **Insured Person**.
6. Any expenses incurred after the date which, in the opinion of **Our Nominated Emergency Assistance Service**, **You** should be moved to an alternative treatment facility or be repatriated back to **Your Home** country but despite such advice, **You** decide not to be moved or repatriated.
7. Any expenses related to treatment or service provided by a health spa, convalescent home or nursing home or any rehabilitation centre unless agreed by **Our Nominated Emergency Assistance Service**. 8. Any expenses for treatment not related to the **Injury** or **Illness** which necessitated **Your** admittance to **Hospital**.
9. The additional cost of accommodation in a single or private room, unless it is medically necessary or there is no alternative.
10. The cost of any medication, consultation or treatment the need for which could reasonably have been foreseen by **You** at the time that the **Trip** commenced, nor for any travel, accommodation or other expense incurred in connection therewith.
11. Charges which are not incurred by **You** during the **Period of Insurance**, unless specifically covered under a pre-authorised **Emergency Continuation of Coverage**. 12. Any claim that comes from pregnancy or childbirth:
  - i) where **You** are expected to give birth before or within 8 weeks of the date of arrival **Home**, or
  - ii) any claim that comes from pregnancy or childbirth without any accompanying **Injury, Illness** or disease or unless a **Medical Practitioner** confirms that the claim comes from **Complications of Pregnancy and Childbirth**. This section is designed to provide cover for unforeseen events, **Accidents** and **Illnesses** and normal childbirth would not constitute an unforeseen event.
12. The costs of replacing or repairing false teeth or of dental; work involving the use of precious metals.
13. The cost of **Your** unused original tickets where **Our Nominated Emergency Assistance Service** or **We** have arranged and paid for **You** to come **Home** following **Your** cutting short of the **Trip**. If however **You** have not purchased a return ticket, **We** reserve the right to deduct the cost of an economy flight from additional costs **We** have incurred which are medically necessary to repatriate **You Home**.
14. If the **Insured** and /or an **Insured Person** can recover costs from any other insurance or National Insurance Programme.
15. Expenses incurred after 12 months from the time of incurring the first expense.
16. The cost of continuing regular medication or treatment or for any associated travel, accommodation or other expenses incurred in procuring such medication or treatment in respect of any condition for which medical advice or treatment was being followed at the time that the journey commenced, unless **You** have been subject to a travel delay of more than 6 hours.
17. Any **Trip** to the United States of America lasting in excess of 89 days.

18. Service or treatment at any long term care facility, Spa, Hydro Clinic, health farm or similar establishment or sanatorium that is not a **Hospital** or nursing **Home**, or where admission is arranged wholly or partly for domestic reasons.
19. Routine medical examinations (including vaccinations, the issue of medical policies and attestations). 21. Any dental treatment, including but not limited to routine dental examinations, treatment, the care of teeth, gums or bones supporting the teeth, dentures and preparation of dentures, except for cover expressly provided under 'Section A7 Emergency Dental Treatment', or under Section A1 Emergency Medical Expenses sub-section 1.1 in relation to in-patient dental Treatment as a result of accidental **Injury** (incurred within 5 days of the **Accident**); any dental treatment which is not emergency dental treatment, prosthesis, corrective devices and medical appliances, false teeth, crowns, inlays and bridges, orthodontic and endodontic dental care.
22. Routine eye and ear examinations including the cost of spectacles, contact lenses and hearing aids.
23. Diagnosis or treatment of sexually transmitted diseases and conditions.
24. Treatment of mental **Illness** or psychiatric disorders, including transitional life events, homesickness, fatigue, jet-lag or work related stress; the costs of psychotherapists, psychologists, family therapists or bereavement counselors (other than cover specifically provided under Section A12 - PTSD Assessment and Counselling following a covered **Hostile Event**).
25. Birth defects, progressive or congenital disorders or corrective disorders which were known to exist at the cover commencing date.
26. Charges incurred while confined primarily to receive custodial care, education or rehabilitative care or any medical treatment in any establishment for the care of the aged.
27. Weight loss or weight problems/eating disorders, modification or surgical treatment of obesity, including but not limited to wiring of the teeth and all forms of intestinal bypass surgery.
28. Abortions, except to save the life of the mother.
29. Any drug, treatment or procedure that either promotes or prevents conception including but not limited to: artificial insemination, treatment for infertility or impotency or sexual dysfunction, sterilisation or reversal of sterilisation.
30. Any drug, treatment or procedure that either promotes, enhances or corrects impotency or sexual dysfunction.
31. Eye surgery where the primary purpose is to correct near-sightedness, farsightedness or astigmatism, orthoptics or visual eye training.
32. Speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy, holistic care of any nature, massage and kinesitherapy.
33. Treatment by a family member or a person ordinarily living with **You**.
34. Treatment that is experimental or not scientifically recognised.
35. Where a **Trip** is specifically undertaken to have treatment.
36. Treatment required as a result of complications or consequences of a treatment or condition not covered hereunder.
37. Organ or tissue transplants or related services.
38. Cosmetic surgery or remedial surgery, removal of fat or other surplus body tissue and any consequences of such treatment, unless required as a direct result of an **Accident** which occurs during the **Period of Insurance**.
39. Telephone consultations (other than recognised Telemedicine Protocols) and failure to keep a scheduled appointment.

Please also refer to the general exclusions and conditions.

## Section A2 – Emergency Medical Repatriation /Evacuation

### What is Covered

**We** will pay up to the sum insured shown in the Benefits and Excesses Table applicable to **Your** chosen **Level of Cover** shown in **Your Schedule**, for expenses pre-approved by **Our Nominated Emergency Assistance Service**, necessarily incurred by **You** outside of **Your Home Country** as the result of **You** sustaining a covered accidental bodily **Injury**, unexpected **Illness** or death during the **Trip**, in respect of:

1. The cost of **Your Emergency** medical evacuation including air transportation and **Emergency** ground transportation to the nearest suitable medical facility for the purpose of providing **Emergency** in-patient treatment and/or **Your** direct and/or subsequent **Emergency** medical repatriation expenses (including compulsory quarantine) by whatever means deemed medically necessary to **Your Home Country** at the discretion of **Our Nominated Emergency Assistance Service**, who reserve the right to make the final decision as to whether or not it is medically necessary.
2. Additional travel and accommodation expenses (on a bed and breakfast basis) necessarily incurred to enable **You** to return **Home** following a covered Medical **Emergency** if **You** are unable to travel as originally planned.

3. **Medical Escort**, transport and accommodation expenses necessarily incurred for **You** and up to 2 persons who, on the advice of a **Medical Practitioner**, need to travel to, remain with or escort **You** back to **Your Home Country**, such transport expenses being limited to the cost of an economy ticket (unless another ticket class is pre-approved due to medical necessity by **Our Nominated Emergency Assistance Service**) for each person for the most appropriate method of transport.
4. Transport and accommodation expenses necessarily incurred in returning **You** to **Your Home Country** as a result of **Your Travelling Companion** sustaining an **Injury** and/or **Illness**, or the repatriation of such person as provided for in Subsections A2.1 and A2.2 above, provided that the **Travelling Companion** commenced the journey, and had the intention of completing the journey with **You**; or
5. Transport and accommodation expenses necessarily incurred by **You** returning as a result of:
  - i. death, serious **Injury** or serious **Illness** of **Your Partner, Relative** or business colleague in **Your Home Country** necessitating **Your** presence in **Your Home Country** and provided that **Your** journey had already commenced and the death, serious **Injury** or serious **Illness** was unforeseen at that time.
  - ii. Burglary or major damage at **Your Home** or place of business in **Your Home Country**.

### **What is Not Covered**

#### **Exclusions Applicable To Emergency Medical Repatriation/Evacuation**

1. **We** will not pay any claims relating to any **Exclusions** listed as applicable to **Section A1 Emergency Medical Expenses**.
2. If **You** have not obtained Pre-Authorisation in respect of **Your Emergency Medical Repatriation/Evacuation** from **Our Nominated Emergency Assistance Service**, **We** could deny **Your** claim under this section.
3. **We** reserve the right to deny further medical and **Emergency Medical Repatriation/Evacuation** benefits if **You** refuse to co-operate or accept repatriation, when medically stabilised and upon the opinion of **Our** and the attending **Medical Practitioners** **You** are medically fit to be evacuated or repatriated.

Please also refer to the general exclusions and conditions.

## **Section A3 – Political and Natural Disaster Evacuation Expenses**

### **What is Covered**

#### **Political Evacuation Expenses:**

If whilst **You** are travelling outside of **Your Home Country** and:

1. Officials (local government employees or equivalent) in the country **You** are in, recommend that certain employment categories of persons, which employment categories include **You**, should leave that country; or
2. **You** are expelled from or declared *persona non grata* in the country in which they are situated.

#### **We Will Pay:**

1. Expenses not exceeding the sum insured stated in the Benefits and Excesses Table applicable to **Your** chosen **Level of Cover** shown in **Your Schedule** to return **You** to **Your Home Country**; or
2. Expenses not exceeding the sum insured stated in the Benefits and Excesses Table applicable to **Your** chosen **Level of Cover** shown in **Your Schedule** to deliver **You** to the nearest place of safety; and
3. Where **You** are unable to return to **Your Home Country**, the costs of accommodation, up to a maximum of £/\$/€100 for each day for each **Insured Person** for a maximum period of 10 days. This benefit is not payable in **Your** country of domicile.

#### **Conditions Applicable To Political Evacuation Expenses**

1. If an incident occurs which is potentially covered under this section, **You** must inform **Our Nominated Emergency Assistance Service**.

#### **If Our Nominated Emergency Assistance Service Has Not Been Contacted, Then We Could Deny Your Claim.**

2. In the event that repatriation expenses are necessarily incurred by **Us** when acting in good faith in respect of any person subsequently found not to be insured under this **Policy**, that person will reimburse **Us** for all such costs incurred.



## Natural Disaster Evacuation Expenses:

If whilst **You** are travelling outside of **Your Home Country** and a **Major Natural Disaster** has occurred in the country in which **You** are situated, necessitating **Your** immediate evacuation in order to avoid personal risk of **Injury** or **Illness**:

### We Will Pay:

1. Up to the cost not exceeding the sum insured stated in the Benefits and Excesses Table applicable to **Your** chosen **Level of Cover** shown in **Your Schedule** to return **You** to **Your Home Country**; or
2. Up to the cost not exceeding the sum insured stated in the Benefits and Excesses Table applicable to **Your** chosen **Level of Cover** shown in **Your Schedule** to deliver **You** to the nearest place of safety; and
3. Where **You** are unable to return to **Your Home Country**, the costs of accommodation, up to a maximum of £/\$/€100 for each day for each **Insured Person** for a maximum period of 10 days. This benefit is not payable in **Your** country of domicile.
4. The provision of appropriate security, security escort service and/or appropriate flight(s) **Home** up to the sum insured stated in the Benefits and Excesses Table applicable to **Your** chosen **Level of Cover** shown in **Your Schedule**;
5. **Hibernation** options (including the provision of necessary food and supplies), life support assistance, security, and relocation.

**Note:** If **You** need to leave the country **You** are in, **Our Nominated Emergency Assistance Service** must be contacted beforehand to confirm cover. Where possible **Our Nominated Emergency Assistance Service** will make the travel arrangements and in all cases **We** will decide where to send **You**.

## Definitions Applicable To Natural Disaster Evacuation Expenses - See Also General Definitions For The Meaning Of Other Terms Used Within This Section

**Major Natural Disaster** shall mean:

*Geological event:* Earthquake, Volcanic eruption.

*Hydrological event:* Maelstrom, Tsunami.

*Climatic event:* Hurricane, Tropical cyclone, Typhoon, Ice storm, Tornado.

## Conditions Applicable To Natural Disaster Evacuation Expenses

1. If an incident occurs which is a **Natural Disaster** which may give rise to a claim as a result, **You** must inform **Our Nominated Emergency Assistance Service**.

**If Our Nominated Emergency Assistance Service Has Not Been Contacted, Then We Could Deny Your Claim.**

2. To avoid prejudicing the reimbursement of expenses, **You** will not try to provide solutions to medical **Emergency** problems encountered without involving **Our Nominated Emergency Assistance Service**.
3. In the event that repatriation expenses are necessarily incurred by **Us** when acting in good faith in respect of any person subsequently found not to be insured under this **Policy**, that person will reimburse **Us** for all such costs incurred.

## What is Not Covered

## Exclusions Applicable To Political And Natural Disaster Evacuation Expenses

**We** will not pay any claim:

1. For the **Excess** amount shown in the Benefits and Excesses Table;
2. Where **You** have breached or are accused of breaching the laws or regulations of the country from which **You** have to be evacuated;
3. Where **You** fail to produce or maintain immigration, work, residence or similar visas, permits or other documentation necessary to remain in that country;
4. Due to debt, insolvency, commercial failure, the repossession of property or any other financial cause;
5. Following **Your** failure to honour any contractual obligations or bond or to obey any conditions in a licence;
6. If **You** are a national of the country from which **You** are to be evacuated;
7. Where political unrest or a **Major Natural Disaster** existed prior to **You** entering the country or its occurrence being foreseeable to **You** before **You** entered the country;
8. For expenses necessarily incurred as part of the original travel budget;
9. Where it is illegal or deemed by **Us** to be too dangerous to evacuate **You**.

**Please also refer to the general exclusions and conditions.**



## Section A4 – Return Trip

### What is Covered

**We** will pay up to the sum insured shown in the Benefits and Excesses Table, for the cost of an economy one-way air and/or ground transportation ticket for **You** from the area where **You** were hospitalised following an **Emergency** Medical Evacuation, or evacuated to following an **Emergency** Medical Repatriation / Evacuation or Political and Natural Disaster Evacuation, to return to the area where **You** were initially evacuated from, or to the terminal serving the area of **Your** Principal Residence in **Your Home Country**.

### What is Not Covered

**We** will not pay any **Excess** amount shown in the Benefits and Excesses Table.

### Conditions Applicable To Return Trip Cover

1. Return Trip Cover must be within 3 months and approved by **Us** and coordinated by **Our Nominated Emergency Assistance Service**. If the **Nominated Emergency Assistance Service** is not contacted **Our** liability to pay any subsequent claim under this section will cease.
2. **You** must provide **Us** and **Our Nominated Emergency Assistance Service** with all assistance and information requested in a timely manner.

Please also refer to the general exclusions and conditions.

## Section A5 – Visitor To Bedside – Travel & Accommodation Expenses

### What is Covered

**We** will reimburse **You** up to the sum insured shown in the Benefits and Excesses Table applicable to **Your** chosen **Level of Cover** shown in **Your Schedule**, for the following costs pre-authorised by **Us** incurred by one **Relative** or friend (not necessarily an **Insured Person**) who following **Your** covered **Emergency** Evacuation under this **Policy** **Emergency** Medical Evacuation is required upon **Our** recommendation and prior approval on medical advice to travel to, remain with or escort **You**:

i) Cost of an economy class round-trip air or ground transportation ticket from the nearest terminal at the location of the **Relative** or friend at the time of the **Emergency** to the terminal serving the area where **You** have been or are to be hospitalised as a result of a covered under this insurance **Emergency** Medical Evacuation and return to the point of original departure; and

ii) At **Our** discretion travel costs, meals (up to a maximum of £/\$/€15 for each person for each day - (currency is determined by the currency in which **Your** premium was paid)) transportation and accommodation expenses incurred in relation to **Your** Visitor To Bedside (but excluding entertainment).

### What is Not Covered

**We** will not pay any **Excess** amount shown in the Benefits and Excesses Table.

### Subject to the following conditions and restrictions:

i) The maximum period of coverage for Visitor To Bedside expenses shall not exceed 15 days, including travel days and all costs and expenses incurred beyond such **Period of Insurance** shall be retained for the sole account and responsibility of the **Insured Person**, the **Relative** or friend; and

ii) **You** must be so seriously **Ill** that the attending **Medical Practitioner** deems it necessary and recommends the presence of a **Relative** or friend at either location where **You** are being evacuated from or the destination of the evacuation, whichever is considered by the attending **Medical Practitioner** and **Us** to be the more reasonable; and

iii) All **Emergency** Visitor To Bedside travel, transportation and accommodation arrangements and benefits must be coordinated and approved in advance by **Us** in order to be eligible for coverage under the **Policy**; and

iv) The **Insured Person**, **Relative** and/or friend must submit to **Us** upon completion of the Visitor To Bedside travel legible and verifiable copies of paid receipts for the travel, transportation costs and expenses so incurred for which reimbursement is sought.

Please also refer to the general exclusions and conditions.

## Section A6 – Additional Accommodation, Food & Travel Costs

### What is Covered

**We** will reimburse **You**, up to the daily sum insured and subject to the maximum sum insured shown in the Benefits and Excesses Table applicable to **Your** chosen **Level of Cover** shown in **Your Schedule**, in respect of the necessary additional cost of accommodation incurred on a bed and breakfast basis (excluding entertainment costs) and including local travel costs to allow you to attend medical treatment or appointments if, in the certified written opinion of **Your** attending **Medical Practitioner** and following **Injury, Illness** or disease that has required in-patient hospital care covered under this policy, **You** are unable to continue with **Your** pre-booked arrangements, pending **Your** ability to continue with **Your** trip or **Your** medically necessary return to **Your Home Country** as pre-authorised by **Us**.

### What is Not Covered

**We** will not pay any **Excess** amount shown in the Benefits and Excesses Table.

Please also refer to the general exclusions and conditions.

## Section A7 – Emergency Dental Treatment

### What is Covered

**We** will reimburse **You** up to the maximum sum insured shown in the Benefits and Excesses Table applicable to **Your** chosen **Level of Cover** shown in **Your Schedule**, for the costs of necessary **Emergency** dental treatment including but not limited to fillings, given by a **Medical Practitioner** or dental practitioner to **Your** sound natural teeth provided that it is for the immediate relief of sudden and unexpected pain only to enable **You** to continue **Your Trip**, or dental expenses incurred as a result of **Injury**.

### What is Not Covered

#### Exclusions Applicable To Emergency Dental Treatment

**We** will not pay any claims relating to:

- i) The **Excess** amount shown in the Benefits and Excesses Table.
- ii) Injury caused by eating or drinking (even if it contains a foreign body),
- iii) Normal wear and tear, tooth brushing or
- iv) Any other oral hygiene procedure or any means other than extra-oral impact,
- v) Any form of restorative or remedial work,
- vi) The use of precious metals,
- vii) Orthodontic treatment of any kind or
- viii) Dental treatment performed in a **Hospital** unless dental surgery is the only treatment available to alleviate pain.

Please also refer to the general exclusions and conditions.

## Section A8 – Physiotherapy, Chiropractor, Osteopath or Chiropodist

### What is Covered

**We** will pay up to the sum insured shown in the Benefits and Excesses Table applicable to **Your** chosen **Level of Cover** shown in **Your Schedule**, for expenses, necessarily incurred by **You** outside of **Your Home Country** as the result of **You** sustaining a covered accidental bodily **Injury**, unexpected **Illness** or death during the **Trip**, and upon prior written referral by a General Practitioner in respect of up to a maximum of 10 treatments for either a Physiotherapy, Chiropractor, Osteopath or Chiropodist during the **Period of Insurance**.

### What is Not Covered

**We** will not pay any **Excess** amount shown in the Benefits and Excesses Table.

Please also refer to the general exclusions and conditions.

## Section A9 – Personal Accident – Basic Cover

### What is Covered

As shown in the Benefits and Excesses Table applicable to **Your** chosen **Level of Cover** shown in **Your Schedule** **We** will pay **You** if at any time during the **Trip You** sustain an **Injury** which within 12 months results in:

1. Death or **Permanent Total Disablement**;
2. Disappearance and if, after 12 months have elapsed and all available evidence examined, there is reason to presume that **Your** death has occurred in accordance with the **Terms**, provisions and conditions of this section of the **Policy**, the Accidental Death Benefit shall become payable.

**We** will pay **You** the amount shown under the Scale of Benefits.

### **Important**

For **Insured Persons** under the age of 16 years the Accidental Death Benefit is limited to £/\$/€2,500 (currency benefit limit is determined by the currency in which **Your** premium was paid) and all other Benefits are reduced by 50%.

### **CONDITIONS AND LIMITATIONS**

1. In no case shall **Our** liability in respect of **You** exceed in all the largest sum insured applicable under any one of the Personal Accident Benefits and Excesses Table items.
2. No claim shall be payable under more than one item in the Personal Accident Benefits and Excesses Table in respect of the same **Injury**.
3. In the event that an **Injury** results in **Your** death within 13 weeks of the date of an **Injury** and prior to the settlement of a claim for disablement under Items 2, 3 or 4 of the Personal Accident Benefits and Excesses Table, the Accidental Death Benefit shall be payable.
4. In the event of a claim **Our** appointed medical advisor(s) shall be allowed to examine **You** as often as may be deemed necessary.
5. Where **You** are not in full time gainful employment:
  - 5.1 **Permanent Total Disablement** shall read, "total disablement which has lasted for 12 consecutive calendar months and entirely prevents **You** from engaging in any and every occupation for a period of 12 consecutive months, and at the end of that period being without prospect of improvement.
6. If after **We** have made a payment to **Your** estate in respect of **Your** disappearance and **You** are found to be living, **You** shall reimburse **Us** in full for all monies paid to **Your** estate in respect of such disappearance.

### **PROVISIONS**

1. If **You** are not covered under Benefit 2 Accidental Death **We** will not pay for Benefits 3-5, until at least 13 weeks after the date of the **Injury**, and **We** will only then pay if **You** have not in the meantime died as a result of the **Injury**.
2. **We** will not pay for more than one of the Benefits 1-5 in respect of the same **Injury**.
3. **We** will not pay for any claims arising from medical or surgical treatment (unless rendered necessary by accidental bodily **Injury** covered under this **Policy**).
4. All benefits payable under Section 9 Personal Accident – Basic Cover section are replaced in their entirety by the benefits listed under Optional Section B1 – Enhanced Personal Accident if this option was selected by **You** at time of original **Application**, it is shown in **Your Schedule** and the appropriate premium was paid.

Please also refer to the general exclusions and conditions.

## Section A10 – Identification of Remains and Repatriation of remains or Overseas Burial/Cremation

### What is Covered

**We** will reimburse the authorised representative or **Your** estate up to a maximum of the sum insured shown in the Benefits and Excesses Table applicable to **Your** chosen **Level of Cover** shown in **Your Schedule** for the costs of:

1. Expenses actually incurred by one **Relative** or family representative for up to a maximum of 5 days necessary bed and breakfast accommodation and economy class round-trip transportation by the most direct route from normal place of residence of the **Relative** for them to identify **Your** human remains, if at the time of death, **You** have

been travelling unaccompanied by a family member or business colleague and **Your** mortal remains cannot be formally identified without the presence of a **Relative** or family member. The refund shall be limited to the shortest route between the residence of the **Relative** or family representative and the morgue.

If transportation occurs in a motorised vehicle other than one licensed for the conveyance of passengers for hire, the reimbursement of transportation expenses will be limited to a maximum of £/\$/€0.35 for each kilometre travelled (currency benefit limit is determined by the currency in which **Your** premium was paid); and, or

2. Transporting **Your** remains or ashes to **Your** former place of residence in **Your Home Country** and thereafter to the place of burial or other final disposition in **Your Home Country** (but not including any costs of burial or other disposition) if **You** die from a covered **Injury** or medical condition during the **Trip**, or the cost of burial or cremation if this takes place in the country abroad outside **Your Home Country** where the death occurred.

Provided that:

- i) All charges are pre-authorised by **Our Nominated Emergency Assistance Service**, for transport or preparation, local **Funeral Expenses** of **Your** mortal remains at the place of death in accordance with the commonly recognised, accepted cultural and religious beliefs practised by **You**.
- ii) Cover is not provided for fees for return of personal effects, **Funeral Expenses** incurred for religious practitioners, flowers, music, announcements, guest expenses, food or beverages. No cover is provided under this section for any costs incurred where **Your** death has occurred within **Your Home Country**.

Please also refer to the general exclusions and conditions.

## Section A11 – Hospitalisation Benefit

### What is Covered

**We** will pay up to the sum insured shown in the Benefits and Excesses Table applicable to **Your** chosen **Level of Cover** shown in **Your Schedule**, as the result of **You** sustaining a covered accidental bodily **Injury, Illness** during the **Trip** for each completed 24 hour period that **You** spend as in-patient in a **Hospital** outside **Your Home Country**.

Please also refer to the general exclusions and conditions.

## Section A12 – PTSD Assessment and Counselling following a covered Hostile Event

### What is Covered

**We** will pay up to the sum insured shown in the Benefits and Excesses Table applicable to **Your** chosen **Level of Cover** shown in **Your Schedule**, for expenses incurred by **You** outside of **Your Home Country** or within 90 days from **Your** return to **Your** principal place of residence within **Your Home Country** as the result of a **Hostile Event**, where upon prior written referral by a General Practitioner **You** incur costs in relation to **Your** Post Traumatic Disorder Assessment (PTSD) by a qualified and licensed PTSD specialist, and **Your** follow-up counselling upon their diagnosis of **You** suffering from PTSD.

### What is Not Covered

**We** will not pay any claim where **You** were not an innocent bystander or direct witness physically located in or within a reasonable proximity to a **Hostile Event** such as witnessing the **Hostile Event** via television, internet, radio or other recorded or distributed medium.

Please also refer to the general exclusions and conditions.

## Section A13 – Hijack, Mugging, Piracy and Wrongful Detention

### What is Covered

**We** will reimburse **You** up to the sum insured shown in the Benefits and Excesses Table applicable to **Your** chosen **Level of Cover** shown in **Your Schedule** for each complete day for any costs and expenses incurred as a direct consequence of **You** being a victim of a hi-jack, mugging, piracy or wrongful detention occurring during the **Trip**.

Please also refer to the general exclusions and conditions.

## Section A14 – Sporting Activities – including Winter Sports

### What is Covered

**We** will pay, subject to the **Terms** of this **Policy** and the section under which **You** are claiming, provided **You** are under 70 years of age at the date of departure, for treatment necessarily incurred as a result of **Your Accident** or **Injury** arising as a result of **Your** participation in the activities and sports listed below during **Your Trip** and within **Your Period of Insurance**:

**Please note** any involvement in the following sports and/or activities is subject to **Your** compliance with local laws and regulations and the use of recommended safety equipment (such as a helmet, harness, knee and/or elbow pads). Please note the **Policy Terms** and conditions will still apply in all other respects. **Please also refer to the general exclusions and conditions.**

### Leisure List

**This Policy automatically covers You to undertake the activities listed below on an amateur and non-professional basis only.**

Abseiling; Aerobics; Angling; Archery; Assault course; Athletics; Badminton; Ballooning; Banana boating; Baseball; Basketball; Beach games; Biathlon; Big foot skiing; Black water rafting; Boating (any craft less than 10 metres long, inside 12 mile limit); Boardsailing; Bowls; Bowling; Bungee jumping (incidental 1-3 jumps); Camel riding; Canoeing (grades 1-3); Clay pigeon shooting; Climbing (indoor only); Cricket; Croquet; Cross country skiing; Curling; Cycling (recreational, not BMX, competition or stunting); Dance; Deep sea fishing (recreational inside 12 mile limit); Dinghy sailing (inside 12 mile limit); Diving (recreational); Dog sledging; Dry slope skiing; Elephant trekking; Fell running; Fell walking; Fencing; Fishing (angling); Flying (in aircraft as a passenger, not piloting); Football (recreational or incidental soccer); Glacier walking (under 2000m); Gliding (as a passenger, not piloting); Go karting below 250cc; Golf; Handball; Hiking/Trekking/Walking below 4000m; Hill walking; Hockey; Horse riding (NOT competitions, racing, jumping & hunting); Hot air ballooning (as a passenger only); Hovercraft; Ice skating (on rink, recreational only); Indoor climbing (on climbing wall only); Jet boating; Jet skiing; Karting; Kayaking (grades 1-3 rivers/sea); Kite buggying (single seat); Kite flying (traction); Kite surfing (over water); Lacrosse; Mono-skiing; Motorcycling (on road, provided **You** hold an appropriate full licence and are wearing a helmet, max 14 days any one trip); Motorcycling as a pillion passenger (on road, provided the driver holds an appropriate full licence and **You** are wearing a helmet, max 14 days any one trip); Mountain biking (not competition or downhill); Netball; Off-piste skiing (providing local safety guidelines and warnings are observed); Orienteering; Paintballing; Parascending (towed by boat); Pistol shooting; Pony trekking; Racquet ball; Rafting (grades 1-3); Rambling; Rifle range shooting; Roller blading; Roller skating (including blading); Rounders; Rowing; Safari (organised trips only); Running (non competitive); Sail boarding (inside 12 mile limit); Sailing yachts (longer than 10 metres, within 60 miles of a safe haven); Scuba diving (maximum depth 30m); Skateboarding (recreational); Skiing; Sledging; Sleigh riding (pulled by reindeer, horses or dogs); Snooker; Snorkelling; Snowboarding; Snowmobiling; Softball; Squash; Surfing; Swimming; Table tennis; Tai chi (non-contact); Ten pin bowling; Tennis; Tobogganing; Trampolining (recreational); Trekking below 4,000m; Tug of war; Volleyball; Walking below 4,000m; Water polo; Water skiing; Water tubing; Whale watching; White water canoeing/rafting (up to grade 3 rivers only); **Winter Sports** (as defined); Windsurfing (inside 12 mile limit); Yachting (longer than 10 metres, within 60 miles of a safe haven); Zip wiring;

### What is Not Covered

**We** will not pay any claim relating to:

1. The **Excess** amount shown in the Benefits and Excesses Table applicable to the section(s) under which **You** are claiming.
2. For any other sporting activity not listed above that is generally recognised as involving an increased risk of **Accident** or **Injury**.
3. Engaging in professional or semi-professional sports of any kind.
4. Extreme Sports/Hazardous Sports, such as Parachuting, paragliding, bobsleighing, gliding/soaring (as a pilot), hang-gliding, micro-light flying, skeleton or luge.
5. From participation in any type of motorsport, motorsport race or motorsport contest.
6. Instructing, or teaching, or working as a ski, snow-board or any form of **Winter Sports** instructor.

This list is not exhaustive. If **You** are on a **Trip** and intend to participate in any activity not noted above please provide details to the **Policy Administrator** (or via **Your** insurance intermediary, if any) so **We** can consider what cover may be available.

**Please also refer to the general exclusions and conditions.**



## OPTIONS

Each of the options shown below only apply if **You** have paid the additional premium, for each option, and the select option(s) is shown in **Your Schedule**.

### OPTION B: Enhanced Personal Accident Option(s) B1, B2, B3 and B4

#### Definitions applicable to this section:

**Dependent Child ren):** means natural, adopted child(ren), step-child(ren) or child(ren) who is in a parent-child relationship with **You**. The **Dependent Child** is aged less than 21 (or aged less than 26 years if enrolled in an Institution for Higher learning) and depends on **You** for maintenance and support.

**Institution for Higher Learning:** means college, university or trade school.

**Day-Care Centre:** means a facility, which is run according to the law, applicable to day-care facilities and which provide care and supervision for children aged under 5 years in a group setting on a regular basis. A day-care centre will not include a **Hospital**, the child's **Home** or care provided during normal school hours for children aged 5 years or over.

#### What is Covered

**Home Modification Benefit:** If **We** make a claim payment to **You** under this section as a result of **You** becoming Quadriplegic, Triplegic, Paraplegic, Hemiplegic and/or **Your** loss of 2 or more limbs and **You** subsequently require the permanent use of a wheelchair to be mobile or require special adaptive equipment or **Home** modification in order to accommodate **Your** mobility around **Your Home**, **We** will pay the expenses actually incurred by **You** within 12 months of the date of claim.

Payment by **Us** will not exceed the amount shown in the Benefits and Excesses Table.

**Dependent Child Benefit:** If **We** make a claim payment to **Your** surviving **Partner** or Estate under this section as a result of **Your** Accidental Death or **Permanent Total Disablement**, **We** will pay the expenses actually incurred by **Your** surviving **Partner** (if the **Partner** has custody of the child(ren) or to the child(ren)'s guardian legally appointed to manage the wellbeing of the child(ren), on the date of, or within 3 months from **Your** claim payment, in relation to **Your Dependent Child ren)** towards fees actually incurred for, and dependent upon the **Dependent Child** being:

- i) Enrolled as a full-time student in any school or **Institution for Higher Learning**, or
- ii) Enrolled in a legally licensed **Day-Care Centre**.

Payment by **Us** will not exceed the amount shown in the Optional Benefits and Excesses Table.

**Option B1:** If selected and appropriate premium paid, this Enhanced Personal Accident option replaces in entirety the Limit of Cover and Scale of Benefits payable under "Section A9 Personal Accident – Basic Cover" with the Scale of Benefits payable under "B. Enhanced Personal Accident Option B1." And increases the Personal Accident Principal Sum to £/\$/€25,000.

**Option B2:** If selected and appropriate premium paid, this Enhanced Personal Accident option replaces in entirety the Limit of Cover and Scale of Benefits payable under "Section A9 Personal Accident – Basic Cover" with the Scale of Benefits payable under "B. Enhanced Personal Accident Option B1." And increases the Personal Accident Principal Sum to £/\$/€50,000.

**Option B3:** If selected and appropriate premium paid, this Enhanced Personal Accident option replaces in entirety the Limit of Cover and Scale of Benefits payable under "Section A9 Personal Accident – Basic Cover" with the Scale of Benefits payable under "B. Enhanced Personal Accident Option B1." And increases the Personal Accident Principal Sum to £/\$/€75,000.

**Option B4:** If selected and appropriate premium paid, this Enhanced Personal Accident option replaces in entirety the Limit of Cover and Scale of Benefits payable under "Section A9 Personal Accident – Basic Cover" with the Scale of Benefits payable under "B. Enhanced Personal Accident Option B1." And increases the Personal Accident Principal Sum to £/\$/€100,000.

#### CONDITIONS AND LIMITATIONS

- 1) The **Policy** Wording **Terms** shall remain as those stated under Section A9 Personal Accident – Basic Cover", with the sole exception that any references to Scale of Benefits are hereby replaced and modified to reflect the Scale of Benefits applicable to **Your** selected Option above.
- 2) Only one of the above Options may be selected and applicable to **Your Policy**.

## OPTION C: Non-Medical Travel Coverages

If **You** have paid the additional premium and this Option is shown in **Your Schedule**, then cover is extended to include Sections C1, C2, C3, C4, C5 and C6.

### **Section C1 – Baggage, Personal Effects & Equipment Owned By You (Loss or Theft)**

#### **What is Covered**

Baggage, Personal Effects & Equipment

**We** will pay **You** up to the sum insured shown in the Optional Benefits and Excesses Table in respect of accidental loss of or damage to **Property** owned by (not hired, loaned or entrusted to) **You** subject to the applicable **Limits** for **Photographic Equipment**, Single Item/Pair/Set, **Valuables** and Electronic Equipment.

**Note:** Claims will be evaluated on an 'indemnity basis' only – NOT 'new for old'. This means the market value of the article less deduction for age, wear, tear and depreciation, or cost of repair whichever is lesser. Any amount paid by a **Common Carrier** in settlement towards the loss will be deducted from the final claim.

#### **Delayed Baggage & Equipment**

**We** will pay up to the sum insured shown in the Optional Benefits and Excesses Table in respect of the cost of immediate necessities purchased or hired by **You** if on arrival at **Your** outward destination **You** are deprived of **Your** travel baggage and equipment for more than 12 hours because of temporary loss or misdirection by the Carriers (provided always that any amounts thus paid, other than hire charges, shall be deducted from the total of any claim becoming payable under this section if the said baggage or equipment proves to be permanently lost).

#### **What is Not Covered**

1. The **Excess** amount shown in the Optional Benefits and Excesses Table, except in respect of the General Average and Salvage provisions of this section.
2. Claims where **You** have not provided **Us** with proof of ownership and/or loss of the item and evidence of value is provided.
3. Claims arising for thefts which are not reported to any appropriate police authority on discovery and an official report obtained.
4. Claims arising for loss or damage which are not reported to any appropriate authority, **Common Carriers** and hotels within 24 hours of discovery or as soon as practicably possible thereafter and an official report obtained.
5. Claims arising for property left unattended in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property.
6. Claims for loss, theft or damage of items from an unattended motor vehicle, unless **You** fully comply with the Security Conditions shown under 'Conditions and Limitations' below.
7. Loss of or damage to hired clothing and hired equipment of any kind.
8. Loss or damage due to wear and tear, gradual deterioration, decay, moth, vermin, or atmospheric conditions.
9. Damage to suitcases and luggage.
10. Damage to sports equipment whilst in use or losses of **Valuables** or jewellery whilst swimming.
11. Breakage or damage to fragile articles (other than **Photographic Equipment**) and any consequences thereof.
12. In the event of a claim in respect of a pair or set of articles **We** shall only be liable in respect of that part of the pair or set which is lost, stolen or damaged.
13. Any claim for items travelling under a bill of lading.
14. Unset precious stones, contact or corneal lenses or their accessories.
15. Loss of or damage to household goods, effects and contents.
16. Money, cash, currency, banknotes, financial documents including postal or money orders, traveller's cheques, driving licenses, green card, petrol coupons, tickets, ski passes, pre-paid cards, stamps, documents, deeds, bonds, manuscripts or securities of any kind.
17. Items of a perishable nature
18. Business goods, samples, or motor accessories.
19. Electrical or mechanical breakdown, deterioration or derangement.
20. Loss or damage to **Valuables** contained in baggage whilst such baggage is in the custody of a **Common Carrier** and outside **Your** control.
21. Confiscation or detention by Customs or other Authority.
22. Charges which are covered or would, but for the existence of this **Policy**, be covered by any other insurer, except in respect of any **Excess** beyond the amount payable by such other insurer or organisation.
23. Any items purchased after the return of the baggage will not be covered.

#### **CONDITIONS AND LIMITATIONS**

1. **You** shall at all times exercise care in the supervision of the property and take all practical steps to recover any item lost or stolen.
2. Claims settlements for articles lost or destroyed will be based on the cost price of comparable new articles, less an appropriate allowance for age and condition. **We** may at **Our** option discharge any liability under this insurance by replacing, repairing any article or articles lost or damaged, or by issuing **You** with a credit voucher.
3. The limit for any single item or pair or set of items is shown in the Benefits and Excesses Table.
4. In the case of airline, a Property Irregularity Report will be required.
5. **Security Conditions**  
Loss or damage following theft from an unattended motor vehicle anywhere within the Territorial Limits as **per Your Schedule** during the **Period of Insurance** is subject to:
  - i) Entry into and/or exit from the motor vehicle must be by forcible and violent means;
  - ii) The Equipment is not visible and must be contained in the locked boot or enclosed luggage compartment of a vehicle and must be fully hidden from public view;
  - iii) All points of access including windows, doors and sun roof must be closed and securely locked;
  - iv) All keys removed from the vehicle;
  - v) If the motor vehicle is fitted with an alarm system such alarm shall be set into full and effective operation.

Any breach in the Security Conditions could affect the payment of any claim.

**Please also refer to the general exclusions and conditions.**

## Section C2 – Loss of Passport & Travel Documents

### What is Covered

**We** will pay **You** up to the sum insured shown in the Optional Benefits and Excesses Table in respect of Loss of Passport and Travel Documents including:

Passport, Travel Visa, driving licences, green card, travel tickets and ski passes occurring during the **Trip**, including expenses directly consequent upon such loss.

### What is Not Covered

1. The **Excess** amount shown in the Optional Benefits and Excesses Table.
2. Any loss not reported to the Police within 48 hours of discovery.
3. Loss of money, traveller's cheque or any type of financial document.
4. Confiscation or detention by Customs or other Authority.
5. Any loss as a result of **You** having chosen not to travel with the correct visa or immigration papers for the purpose of **Your Trip**.
6. Claims arising for property left unattended in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property.
7. Claims for loss, theft or damage of items from an unattended motor vehicle, unless **You** fully comply with the Security Conditions shown under 'Conditions and Limitations' as listed above under Section C1.

**Please also refer to the general exclusions and conditions.**

## Section C3 – Travel Delay & Abandonment

### What is Covered

**We** will pay **You** up to the amount shown in the Optional Benefits and Excesses Table, for expenses incurred for overnight accommodation and food (excluding entertainment) if on **Your** outward journey and again for all subsequent journeys during the **Trip**, **You** are delayed for at least 12 hours because of the late departure of an aircraft, sea vessel or other publicly licensed form of passenger transport in which **You** had previously booked to travel, provided always that such contingency had not occurred, commenced or been announced before the booking was made in respect of the flight, voyage or journey thus affected.

### **Abandonment**

However, if **Your** departure from **Your Home Country** is delayed due to a valid reason stated above for more than 24 hours and **You** choose to abandon **Your Trip**, **You** are covered for the cost of the **Trip**, up to the maximum limit shown in the Optional Benefits and Excesses Table.

### What is Not Covered

1. Claims arising out of any contingency that had occurred, commenced or been announced before this **Policy** was effected.

2. If **You** fail to check-in on time.
3. For the amount of the **Excess** shown in the Optional Benefits and Excesses Table in respect of each claim for abandonment.
4. Any claim under this section if **You** have claimed under section C4 Missed Departure from the same cause.
5. Claims for **You** not wanting to travel.
6. Losses outside the extent of the contractual liability.

## CONDITIONS AND LIMITATIONS

**We** shall only be liable:

1. To the extent of the contractual liability.
2. For claims arising from delayed departure if **You** have obtained written confirmation from the **Common Carriers** or their Agents stating the actual date and time of departure and the reason for the delay. For the purposes of claims payment under this section the period of delay shall be taken as commencing at the departure time of the conveyance as specified in the booking confirmation supplied to **You**.
3. If in the selection of the route, means of travel and time of departure **You** have done all things to minimise the possibility of late arrival at the departure point within **Your Home Country**.

Please also refer to the general exclusions and conditions.

## Section C4 – Missed Departure or Connection

### What is Covered

**We** will pay **You** up to the sum insured shown in the Optional Benefits and Excesses Table in respect of for necessary additional travel and accommodation expenses incurred by **You** in fulfilling **Your** pre-booked travel and accommodation commitments to get **You** to **Your Trip** destination if **You** arrive at any departure point shown in **Your** pre-booked itinerary too late to board the public transport on which **You** are booked to travel as a direct result of:

- a) The failure of public transport, or
- b) A road traffic accident or vehicle mechanical breakdown delaying the vehicle in which **You** are travelling;
- c) A fellow passenger or a crew member of the public conveyance in which **You** are travelling sustaining an **Injury** or becoming **Ill** after such journey has commenced;
- d) Industrial action or strike;
- e) Bad weather;
- f) Grounding of the aircraft due to a mechanical or structural defect;
- g) Withdrawal of public transport services or closure of any airport, sea port or railway station from which **You** are booked to travel on the instructions of a competent national or local authority;
- h) The financial failure of the transport provider;
- i) **You** or any person with whom **You** had arranged to travel, reside or conduct business being:
  - i. Compulsorily quarantined or called for witness or jury service.
  - ii. made redundant, provided that such redundancy qualifies for payment under the current redundancy payments legislation and at the time of booking **Your Trip** **You** had no reason to believe **You** would be made redundant.
  - iii. called for unexpected and unavoidable **Emergency** duty as a member of the armed forces, the defense or civil administration, the police force, or the fire, rescue, ambulance, coastguard, public utility or medical services resulting in cancellation of previously agreed leave.
  - iv. required to be present at **Your Home** or place of business in **Your Home Country** to make **Your** property safe and secure following a burglary or major damage caused by storm, flood or fire that causes serious damage at **Your Home** within 48 hours prior to **Your** departure, or whilst **You** are away; provided always that such contingency had not occurred, commenced or been announced before the international travel booking was made.
- j) If at any time during the **Trip** an aircraft, sea vessel or other publicly licensed passenger conveyance in which **You** are travelling has to be diverted from its pre-arranged destination as the result of a fellow passenger or a crew member sustaining an **Injury** or becoming **Ill**; or
- k) Major damage caused by storm, flood or fire rendering uninhabitable the accommodation in which **You** had previously booked to reside during the **Trip**, excluding any waterborne vessel or craft.

### What is Not Covered

1. The **Excess** amount shown in the Optional Benefits and Excesses Table.
2. Claims arising out of any contingency that had occurred, commenced or been announced before this **Policy** was effected.
3. Any claim under this section if **You** have claimed under section C3 Travel delay and Abandonment from the same cause.
4. In respect of Leisure **Trips**, any costs, expenses or compensation recoverable from a tour operator, airline, hotel or other service provider or that they are legally liable to pay.

5. Any amounts recoverable from any other insurance, bond, credit/debit card provider or from any other source.
6. Any costs incurred for accommodation or transport of a higher standard or fare category than that which **You** originally booked.
7. Any expenses that would normally have been incurred during **Your Trip**.
8. Any claim where the circumstances giving rise to the claim were a matter of public knowledge prior to **Your** departure for that area.
9. Claims for cancelling or cutting short or interrupting **Your Trip** due to any medical condition or set of circumstances known to **You** at the time that the insurance was effected or at the time that the **Trip** was booked, whichever is the later, where such condition or circumstances could reasonably have been expected to give rise to cancellation or cutting short or interrupting of the **Trip**.
10. Claims for **You** not wanting to travel.
11. Any claims for redundancy caused by misconduct, resignation or voluntary redundancy, or if **You** knew of the redundancy at the time **You** booked **Your Trip** or the start date of the **Trip**.
12. Claims for unused travel or accommodation arranged by **Using** Air Miles or similar promotions.
13. Losses outside the extent of the contractual liability.
14. Any claims for second or subsequent outbound or inbound flights, rail or sea **Trips** where a reasonable connection time has not been allowed for. This is defined as 120 minutes before the final check in time as advertised for the flight, rail or sea **Trip**.
15. Any claim unless:
  - i. **You** provide a report from the repairers if **Your** claim is because of breakdown or accident to **Your** car.
  - ii. **You** provide a statement from the appropriate local authority and/or accommodation provider confirming the reason, nature and duration of the catastrophe leading to a claim under this section.
  - iii. **You** contacted **Our Nominated Emergency Service** and obtained their prior authority before **You** made any arrangements to return **Home** by any means other than **Your** original pre-booked transport.

## CONDITIONS AND LIMITATIONS

**We** shall only be liable:

1. For claims arising from delayed departure where **You** have obtained written confirmation from the **Common Carriers** or their Agents stating the actual date and time of departure and the reason for the delay. For the purposes of claims payment under these Subsections the period of delay shall be taken as commencing at the departure time of the conveyance as specified in the booking confirmation supplied to **You**.
2. If in the selection of the route, means of travel and time of departure **You** have done all things reasonable and practicable to minimise the possibility of late arrival at the departure point.

Please also refer to the general exclusions and conditions.

## Section C5 – Personal Liability

### What is Covered

#### Personal Liability

**We** will pay up to the sum insured shown in the Optional Benefits and Excesses Table in respect of **Your** legal liability for:

- i) Accidental bodily **Injury**, including death, **Illness** and disease to third parties and/or
- ii) Accidental loss of or damage to their material property (property that is both material and tangible);

arising from an **Accident** occurring during the **Trip** up to but not exceeding the applicable sum insured shown in the Benefits and Excesses Table in respect of any one **Accident** or series of **Accidents** and in all inclusive of associated legal expenses incurred with **Our** prior written consent.

### What is Not Covered

1. The **Excess** amount shown in the Optional Benefits and Excesses Table.
2. Liability for bodily **Injury**, **Illness** or disease of any person who is **Your Relative**, **Travelling Companion** or to any member of **Your** family or household, or under a contract of employment, service or apprenticeship with **You** when the bodily **Injury**, **Illness** or disease rises out of and in the course of their employment with **You**.
3. Liability for damage to property owned by, or in the care, custody, control or trust of, **You** or any member of **Your** family or household, except for damage to temporary accommodation occupied by **You** in the course of **Your Trip**.
4. Liability arising out of any willful or malicious act.
5. Liability arising out of the ownership, possession, occupation, custody or use of any aircraft, hovercraft, mechanically propelled or horse drawn vehicle (other than golf buggies used on golf courses and not on public roads), caravan, vehicular trailer, waterborne craft (other than sailboards, surfboards, canoes, rowing dinghies, and other non-mechanically powered watercraft less than 30 feet in length used on inland waters), firearms (other than sporting guns), animals (other than horses hired for hacking only), land, building or permanently or seasonally sited property of any kind.



6. Fraudulent, dishonest or criminal acts of **You** or any person authorised by **You**.
7. Any claim resulting from venereal diseases, sexually transmitted diseases, infection with the Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) howsoever this syndrome has been acquired or may be named.
8. Employer's liability.
9. Contractual liability.
10. Liability arising out of or incidental to the practice of a profession or occupation or to the supply of goods or services, or any racing activity.
11. Liability that is covered under any other insurance, except for any excess beyond the amount which would have been covered under such other insurance had this insurance not been in force.
12. For punitive and exemplary damages.
13. Arising in connection with:
  - (i) any participant to participant **Injury** whilst participating in or practicing for any sporting event or similar.
  - (ii) Any fine or penalty.

## CONDITIONS AND LIMITATIONS

**We** shall only be liable provided:

- a. **You** or **Your** legal representative will give **Us** notice as soon as practicably possible if **You** have received notice of any prosecution or inquest in connection with any circumstances which may give rise to liability under this section.
- b. No admission, offer, promise, payment or indemnity shall be made by or on behalf of **You** without **Our** prior written consent.
- c. Every claim, notice, letter, writ or process or other document served on **You** shall be forwarded to **Us** as soon as practicably possible upon receipt.
- d. **We** shall be entitled to take over and conduct in **Your** name the defence or settlement of any claim or to prosecute in **Your** name for **Our** own benefit any claim for indemnity or damages against all other parties or persons.
- e. **We** may at any time pay **You** in connection with any claim or series of claims the sum insured (after deduction of any sums already paid as compensation) or any lesser amount for which such claim(s) can be settled. Once this payment is made **We** shall relinquish the conduct and control and be under no further liability in connection with such claims (s) except for the payment of costs and expenses recoverable or incurred prior to the date of such payment.

Please also refer to the general exclusions and conditions.

## Section C6 – Legal Expenses & Assistance

### What is Covered

#### Legal Expenses

**We** will pay up to the sum insured shown in the Optional Benefits and Excesses Table in respect of **Your** incurred **Legal Expenses** in the pursuit of claims for damages or compensation against third parties who have caused **Your** death, bodily **Injury** or **illness** through incidents occurring during the **Trip**. **We** shall only be liable for expenses incurred with **Our** prior written consent, which will not be unreasonably withheld, but **We** reserve the right to withdraw from the proceedings at any stage and to limit **Our** liability to the expenses incurred during the period up to but not beyond the date of such withdrawal.

Where there are two or more persons insured by this **Policy**, then the maximum amount **We** will pay for all such claims shall not exceed £/\$/€25,000 (currency benefit limit is determined by the currency in which **Your** premium was paid).

#### Definitions applicable to this section:

**Legal Expenses** means:

- a. Fees, expenses and other disbursements reasonably incurred (as determined by **Our** legal counsel) by a legal representative in pursuing a claim or legal proceedings for damages and/or compensation against a third party who has caused **Your** bodily **Injury**, death or **Illness**.
- b. Fees, expenses and other disbursements reasonably incurred (as determined by **Our** legal counsel) by a **Legal Representative** in appealing or resisting an appeal against the judgement of a court tribunal or arbitrator.
- c. Costs that **You** are legally liable for following an award of costs by a court or tribunal or an out-of-court settlement made in connection with any claim or legal proceedings.

**Legal Representative** means a solicitor, firm of solicitors, lawyer, or any appropriately qualified person, firm or company, appointed by **Us** to act on **Your** behalf.

## **What is Not Covered**

1. The **Excess** amount shown in the Optional Benefits and Excesses Table.
2. Any claim reported to **Us** more than 12 months after the beginning of the incident which led to the claim.
3. Legal expenses incurred without **Our** prior written approval, unless such costs would have been incurred subsequently to **Our** approval.
4. Legal expenses incurred in the defence against any civil claim or legal proceedings made or brought against **You**.
5. Legal expenses incurred in connection with any criminal or wilful act committed by **You**.
6. Claims against **Us** or anyone acting on **Our** behalf or in arranging or administering this **Policy**, or a travel agent, tour operator or carrier.
7. Fines, compensation or other penalties imposed by a court or other authority.
8. Legal expenses incurred after **You** have not accepted an offer from a third party to settle a claim or legal proceeding where the offer is considered by all parties to be reasonable or **You** not accepting an offer from **Us** to settle a claim.
9. Any claim where the law, practises, and/or financial regulations of the country in which the proposed action will take place indicate that the costs of such action are likely to be unreasonably greater than the anticipated value of the compensation award.
10. Legal expenses which **We** consider to be unreasonable or excessive incurred (as determined by **Our** legal counsel).
11. The continued pursuit of any claim where **We** consider **You** do not have a likely prospect of establishing a legal liability against the party being pursued and of recovering charges from such party.
12. Legal actions between **Insured Persons** or against a person with whom **You** had arranged to travel.
13. Legal expenses incurred in pursuing any claim for compensation against the manufacture, distributor or supplier of any drug, medication or medicine.
14. Legal actions to obtain satisfaction of a judgement or legally binding decision, or legal proceedings brought in more than one country.
15. Legal expenses which constitute a valid claim under any other insurance beyond **Our** rateable share of any claim costs.
16. **We** shall not be liable for any claims where the legal costs and expenses are based on the amount of an award.
17. Where there is a possibility of a claim being brought in more than one country **We** shall not be liable for the cost if an action is brought in more than one country.

## **CONDITIONS AND LIMITATIONS**

1. Written consent must be obtained from **Us** prior to incurring legal expenses. This consent will be given if **You** can satisfy **Us** that;
  - i. There are reasonable (as determined by **Our** legal counsel) grounds for pursuing or defending the claim or legal proceedings, and
  - ii. It is reasonable (as determined by **Our** legal counsel) for legal expenses to be provided in a particular case. The decision to grant consent will take into account the opinion of **Your** legal representative as well as that of **Our** own advisors. **We** may request, at **Your** own expense, an opinion of counsel as to the merits of the claim or legal proceedings. If the claim is admitted, **Your** costs in obtaining this opinion will be covered by this **Policy**.
2. All claims or legal proceedings including any appeal against judgement resulting from the same original cause, event, or circumstance, will be regarded as one claim.
3. If **You** are successful in any action, any legal expenses provided by **Us** will be reimbursed to **Us**.
4. **We** may at **Our** discretion assume control at any time of any claim or legal proceedings in **Your** name for damages and compensation from a third party.
5. **We** may at **Our** discretion offer to settle a claim from **You** instead of initiating or continuing any claim or legal proceedings for damages and or compensation from a third party, and any such settlement will be full and final in respect to the claim.

**We** may at **Our** discretion offer to settle a counter-claim against **You** instead of continuing any claim or legal proceedings for damages and or compensation from a third party.

**Please also refer to the general exclusions and conditions.**

## OPTION D : Cancellation, Trip Interruption and Disruption

### What is Covered

#### 1. Cancellation, Curtailment and 'Get-you-there' Expenses

**We** will pay **You** the following expenses incurred as the result of any of the Specified occurrences in paragraphs a) to e) below:

- 1.1 Up to the sum insured shown in the Optional Benefits and Excesses Table in respect of irrecoverable loss of unused travel and accommodation expenses paid in advance or for which there is a contractual liability consequent upon the cancellation or curtailment of the pre-arranged **Trip** or, if the **Trip** is not cancelled,
- 1.2 Up to the sum insured shown in the Optional Benefits and Excesses Table in respect of additional travel and accommodation expenses incurred in fulfilling the pre-booked travel and accommodation commitments, including the use of equivalent local accommodation if rendered necessary by an occurrence covered under subsection 1.e).

Specified occurrences:

- a) **Your** death or sustaining an **Injury** or becoming seriously **Ill**.
- b) The death, **Injury** or serious **Illness** of **Your Relative**, fiancé(e) or business colleague or of any person with whom **You** had arranged to travel, reside or conduct business or the immediate **Relative**, fiancé(e) or business colleague of such person.
- c) **You** or any person with whom **You** had arranged to travel, reside or conduct business being:
  - i) Quarantined or called for witness or jury service.
  - ii) Made redundant, provided that such redundancy qualifies for payment under the United Kingdom's Redundancy Payments Acts or any equivalent in **Your Home Country**.
  - iii) Called for emergency duty as a member of the armed forces, the defense or civil administration, the police force, or the fire, rescue, public utility or medical services.
  - iv) Required to be present at **Your Home** or place of business in **Your Home Country** following a burglary or major damage caused by storm, flood or fire.
- d) The cancellation or delayed departure for 24 hours or more of an aircraft, sea vessel or other publicly licensed form of passenger transport in which **You** had previously booked to travel, resulting from any of the following contingencies: strike, industrial action, fire, flood, earthquake, landslide, avalanche, volcanic eruption, adverse weather conditions and accident or mechanical breakdown provided always that such contingency had not occurred, commenced or been announced before the booking was made in respect of the flight voyage or journey thus affected.
- e) Major damage caused by storm, flood or fire rendering uninhabitable the accommodation in which **You** had previously booked to reside during the **Trip**, excluding any waterborne vessel or craft.

#### 2. Missed Departure and Transport Diversion

**We** will pay **You** up to the sum insured shown in the Optional Benefits and Excesses Table in respect of additional travel and accommodation expenses incurred by **You** in fulfilling **Your** pre-booked travel and accommodation commitments:

- a) If at the commencement of the **Trip** **You** miss **Your** pre-booked international travel connection from **Your Home Country** through disruption of **Your** journey to **Your Home Country** departure point occurring as the direct result of:
  - i) A fellow passenger or a crew member of the conveyance in which **You** are travelling sustaining an **Injury** or becoming **Ill** after such journey has commenced; or
  - ii) Any of the contingencies specified in subsection 1.d), provided always that such contingency had not occurred, commenced or been announced before the international travel booking was made if **Your Home Country** journey is by scheduled public transport services, or before **Your Home Country** journey commenced if such journey is by non-scheduled transport.
  - iii) Mechanical breakdown of the vehicle **You** are travelling in.
- b) If at any time during the **Trip** an aircraft, sea vessel or other publicly licensed passenger conveyance in which **You** are travelling has to be diverted from its pre-arranged destination as the result of:
  - i) A fellow passenger or a crew member sustaining an **Injury** or becoming **Ill**; or
  - ii) Any of the contingencies specified in subsection 1.d), provided always that such contingency has not occurred, commenced or been announced before the booking was made in respect of the flight, voyage or journey thus affected.

#### 3. Travel Delay Inconvenience Benefit

If **You** are delayed because of the late departure of an aircraft, sea vessel or other publicly licensed form of passenger transport in which **You** had previously booked to travel as a result of any of the contingencies specified in subsection 1.d), provided always that such contingency had not occurred, commenced or been announced before the booking was made in respect of the flight, voyage or journey thus affected, **We** will pay **You**:

- a) On the outward journey at commencement of the **Trip** £/\$/€20 for the first completed 12 hour period that transport is delayed and £/\$/€10 for each subsequent completed 12 hour period, up to a maximum of £/\$/€100 in all.

And again for all subsequent journeys during the **Trip**.

#### 4. Alteration of Itinerary

**We** will pay **You** up to the sum insured shown in the Optional Benefits and Excesses Table for additional travel and accommodation expenses necessarily incurred by **You** in the alteration of the arrangements of the **Trip** consequent upon **You** being the victim of a hi-jack, kidnap, **Terrorist Activity** or criminal act, or upon the cancellation of publicly licensed passenger transport services caused by any of the contingencies specified in subsection 1.d), provided that these occur or commenced during the **Trip**.

#### What is Not Covered

1. The **Excess** amount shown in the Optional Benefits and Excesses Table, except in respect of the Travel Delay Inconvenience Benefit.
2. Under subsections 1.d), 2 and 3 for claims arising out of any contingency that had occurred, commenced or been announced before this **Policy** was effected.
3. Claims for cancelling or curtailing **Your Trip** due to any medical condition or set of circumstances known to **You** at the time that the insurance was effected or at the time that the **Trip** was booked, whichever is the later, where such condition or circumstances could reasonably have been expected to give rise to cancellation or curtailment of the **Trip**.
4. Any claim related to the health of a non-traveller if **You** have made arrangements for **Your Trip** in the knowledge that their state of health is likely to cause **You** to cancel or amend **Your** travel plans, unless agreed by **Us** and confirmed in writing. If **You** are in any doubt, please call Voyager Insurance Services Ltd. on UK +44 (0) 1483 806 686.
5. Claims for **You** not wanting to travel.
6. Any claims for redundancy caused by misconduct, resignation or voluntary redundancy, or if **You** knew of the redundancy at the time **You** booked **Your Trip** or the start date of the **Trip**.
7. Claims for unused travel or accommodation arranged by using Air Miles or similar promotions.
8. Losses outside the extent of the contractual liability.
9. Any claim that comes from pregnancy or childbirth:
  - i) where **You** are expected to give birth before or within 8 weeks of the date of arrival **Home**, or
  - ii) any claim that comes from pregnancy or childbirth without any accompanying **Injury, Illness** or disease or unless a **Medical Practitioner** confirms that the claim comes from **Complications of Pregnancy and Childbirth**.
10. **Trips** to the USA in excess of 89 days continuous duration.
11. Any National or Citizen of the United States of America and any **Insured Person** who is domiciled in the USA for any **Trip** to or within the USA.

#### CONDITIONS AND LIMITATIONS

**We** shall only be liable:

1. To the extent of the contractual liability.
2. For claims arising from delayed departure under Subsection 1.d) and 3 if **You** have obtained written confirmation from the **Common Carriers** or their Agents stating the actual date and time of departure and the reason for the delay. For the purposes of claims payment under these Subsections the period of delay shall be taken as commencing at the departure time of the conveyance as specified in the booking confirmation supplied to **You**.
3. Under Subsection 2.a) if in the selection of the route, means of travel and time of departure **You** have done all things practicable to minimise the possibility of late arrival at **Your Home Country** departure point.
4. For claims under Subsection 2.a)(iii) attributable to mechanical breakdown, if **You** have obtained a garage or motoring organisation report confirming the date, cause and time of such breakdown.
5. Claims for Cancellation or cutting short, interrupting or disrupting **Your Trip** due to any medical condition or set of circumstances known to the **Insured Person** at the time that the insurance was effected or at the time that the **Trip** was booked, whichever is the later, where such condition or circumstances could have been expected to give rise to cancellation, cutting short, interrupting or disrupting of the **Trip**.
6. Claims for unused travel or accommodation arranged by using Air Miles or similar promotions.