



## InsuraTrip Travel Insurance Policy



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Scheme reference:  
VOY/INSA/2022/23

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## Introduction

### Welcome To Your InsuraTrip Travel Insurance Policy.

**Please note:** Terms shown in bold in this policy have the meanings given to them in the general definitions section on pages 13 and 14.

This policy wording is only valid when issued in conjunction with an InsuraTrip Travel Insurance **policy certificate** and provided the required insurance premium has been paid.

The following cover is provided for each **insured person**. It is important that **you** refer to the individual sections of cover for full details of what **you** are entitled to should **you** need to make a claim. The sum insured and the excess applicable to any claim made will depend upon the level of insurance **you** have purchased. **Your policy certificate** will show whether **you** have bought Standard cover, Extra cover or Super cover. **Your policy certificate** will also show whether **you** have purchased any additional sections of cover as outlined in the tables on page 4.

If **your trip** is solely within **your home area**, cover under some of the sections listed below will not apply. Please refer to the individual section within the policy wording for full details.

Provided **you** have paid the appropriate premium as shown on **your policy certificate**, **you** are covered in accordance with the full wording shown herein up to the limits indicated below. The limits apply per person for each separate **trip**. The excesses apply for each person and each section of each claim unless otherwise stated.

Benefits Schedule	Cover Levels and Limits Per Person Per Trip		
Sections of Cover	Standard	Extra	Super
<b>Excess</b> - per person and per section of each claim (unless otherwise stated)	£145	£95	£70
<b>Section A - Cancelling your trip</b>			
Limit	£1,000	£2,000	£3,000
<b>Section B1 - Medical and other expenses outside of your home area</b>			
Limit	£5,000,000	£10,000,000	£10,000,000
Emergency dental treatment (pain relief only)   <b>Nil Excess Applies</b>	£400	£400	£400
Additional accommodation & travel expenses if you test positive for Coronavirus & are unable to return to the UK as planned	£1,000	£1,000	£1,000
Additional accommodation & travel expenses for one parent/carer to stay with you if you test positive for Coronavirus & are unable to return to the UK as planned	£1,000	£1,000	£1,000
Funeral and burial expenses in the country in which you die (if outside of the UK)   <b>Nil Excess Applies</b>	£5,000	£5,000	£5,000
Costs of returning your body or ashes to the UK   <b>Nil Excess Applies</b>	£5,000	£5,000	£5,000
<b>Section B2 - Medical and other expenses within the United Kingdom</b>			
Limit	£5,000	£10,000	£20,000
<b>Section B3 - Hospital stay benefit</b>			
Limit (amount per 24 hours)   <b>Nil Excess Applies</b>	£300 (£30)	£450 (£30)	£750 (£50)
<b>Section C - Cutting your trip short</b>			
Limit	£1,000	£2,000	£3,000
<b>Section D - Missed departure &amp; connections</b>			
Limit	£500	£500	£500
<b>Section E1 - Travel delay on your outbound journey</b>			
Limit (amount per 12 hours)   <b>Nil Excess Applies</b>	£100 (£50)	£300 (£50)	£500 (£100)
<b>Section E2 - Trip abandonment after 24 hour delay</b>			
Limit	£1,000	£2,000	£3,000
<b>Section F1 - Personal baggage</b>			
Limit (if aged under 18 #)	£500 (£500)	£1,000 (£500)	£1,500 (£500)
Maximum per item, pair or set	£100	£250	£400
Maximum for all valuables	£100	£250	£400
<b>Section F2 - Delayed baggage</b>			
Limit for emergency purchases (amount per 12 hours)   <b>Nil Excess Applies</b>	£50 (£25)	£150 (£50)	£250 (£50)
<b>Section F3 - Loss of passport &amp; travel documents</b>			
Limit   <b>Nil Excess Applies</b>	£250	£500	£500
<b>Section F4 - Personal Money</b>			
Limit	£200	£225	£250
Cash limit (if aged under 18 #)	£200 (£50)	£225 (£50)	£250 (£50)
<b>Section G - Personal Accident**</b>			
Loss of sight, limb(s) or permanent total disablement   <b>Nil Excess Applies</b>	£5,000	£10,000	£20,000
Maximum payable in the event of death (if aged under 18 or over 65 #)   <b>Nil Excess Applies</b>	£5,000 (£2,000)	£10,000 (£2,000)	£20,000 (£2,000)
<b>Section H - Personal Liability</b>			
Limit*	£1,000,000	£1,000,000	£2,000,000
<b>Section I - Legal Expenses</b>			
Limit	£5,000	£20,000	£20,000
<b>Section J -End Supplier Failure</b>			
Limit	£1,500	£1,500	£1,500

## Policy Options Benefits Schedule

The following sections only apply if **you** have paid the additional premium as displayed on **your policy certificate**.

Benefits Schedule		Cover Levels and Limits Per Person Per Trip		
Sections of Cover		Standard	Extra	Super
<b>Excess</b> - per person and per section of each claim (unless otherwise stated)		£145	£95	£70
<b>Section K - Gadget Cover</b>				
Limit		£1,500	£1,500	£1,500
Unauthorised Calls		£750	£750	£750
Maximum number of gadgets insured under the age of 36 months at the start date of the insurance		5	5	5
<b>Section L - Winter Sports Cover</b>   <i>This policy does not offer cover, under any section of the policy for Winter Sports unless this option is purchased</i>				
Winter sports equipment		£500	£750	£1,000
Including: one item/pair or set of items limit		£250	£500	£500
Winter sports equipment hire (amount per 24 hours)   <b>Nil Excess Applies</b>		£250 (£25)	£400 (£40)	£500 (£50)
Lift pass   <b>Nil Excess Applies</b>		£250	£500	£750
Ski pack (amount per 24 hours)   <b>Nil Excess Applies</b>		£250 (£25)	£400 (£40)	£500 (£50)
Piste closure (amount per 24 hours)   <b>Nil Excess Applies</b>		£250 (£25)	£400 (£40)	£500 (£50)
Avalanche cover (amount per 24 hours)   <b>Nil Excess Applies</b>		£250 (£25)	£400 (£40)	£500 (£50)
Physiotherapy in the United Kingdom		<b>No Cover</b>	£400	£400
<b>Section M - Cruise Cover</b>   <i>This policy does not offer cover, under any section of the policy for Cruising unless this option is purchased</i>				
Cruise interruption   <b>Nil Excess Applies</b>		£500	£500	£500
Missed port departure (amount per port)   <b>Nil Excess Applies</b>		£250 (£50)	£500 (£100)	£500 (£100)
Cabin confinement (amount per 24 hours)   <b>Nil Excess Applies</b>		£1,000 (£50)	£1,000 (£100)	£1,000 (£100)
Formal cruise attire		£1,000	£1,000	£1,000
Amount per item, pair or set		£500	£500	£500
Limit in an unattended motor vehicle		£250	£250	£250
Unused pre-booked excursions		£500	£500	£500

# Age at date of purchase

\*Excess increased to £250

\*\*Any claim arising from the result of a Motorcycling accident will be subject to a maximum sum insured payable of £5,000 if **you** have purchased Standard cover or £10,000 if **you** have purchased Extra or Super cover under Section G - Personal Accident.

### Important Information regarding the Excess:

If **you** need to make a claim under certain sections listed in the table above, **we** will deduct the amount shown in respect of the policy excess from the sum **we** pay **you** for any valid claim. The excess will apply to each person claiming, and to each incident and to each section of the policy under which a claim is made. When dealing with claims under section A where a claim is being made for cancelling more than one **trip** due to one incident, an excess for each person claiming and for each **trip** will be deducted.

## Policy Features Table

Single Trip Policy Features	
Maximum age at date of departure	69
Maximum period per <b>trip</b> if aged 18-54	90 days
Maximum period per <b>trip</b> if aged 55-59	60 days
Maximum period per <b>trip</b> if aged 60-69	45 days
Annual Multi-Trip Policy Features	
Maximum age at date of departure	69
Maximum <b>trip</b> duration if <b>you</b> have selected the Standard level of cover	22 days
Maximum <b>trip</b> duration if <b>you</b> have selected the Extra level of cover*	32 days
Maximum <b>trip</b> duration if <b>you</b> have selected the Super level of cover*	32 days
Winter sports coverage per <b>period of cover</b>	24 days
<b>Family</b> members can travel separately if named on <b>your policy certificate</b>	Yes

\*The maximum **trip** duration for this level of cover can be increased to either 45 days or 60 days (if **you** are aged 59 or under) subject to the payment of an additional premium, as displayed on **your policy certificate**.

## Foreign, Commonwealth & Development Office (FCDO) advice

This insurance policy will not cover **you** to travel to a specific country or to an area where, prior to **your trip** commencing, the Foreign, Commonwealth & Development Office (FCDO) have advised against all (or all but essential) travel. This exclusion does not apply where **your** destination is within Europe 1 or Europe 2 (see the 'Geographical Areas' on page 10) and where the Foreign, Commonwealth & Development Office (FCDO) have advised against all (or all but essential) travel solely due to the **Coronavirus** risk.

It is **your** responsibility to check the latest advice from the FCDO prior to commencing **your trip**, which **you** can find at: <https://www.gov.uk/foreign-travel-advice>

## Claims arising from alcohol

**We** do not expect **you** to avoid alcohol during **your trip**, but **we** will not cover any claim arising from excessive alcohol consumption by which **we** mean where **you** have drunk so much alcohol that a **doctor** has stated that **your** alcohol consumption has caused or actively contributed to **your** injury or illness, the results of a blood test at the time of injury or illness shows that **your** blood alcohol level exceeds 0.19% that is approximately 1.5 litres of beer or four 175ml glasses of wine; a witness report of a third party that has advised that **you** have notably impaired **your** faculties and/or judgement. Please refer to general exclusions 27, 28 and 29 on page 36.

## This is not a private medical insurance policy and is only designed to cover you for emergency treatment

**Your** Insuratip Travel insurance policy is not a private medical insurance policy and does not cover private medical treatment, private hospital costs or other related expenses incurred, unless these have been specifically agreed and authorised by the Medical Emergency Assistance Company as part of a medical emergency covered by this policy.

This policy is only designed to cover **you** for emergency treatment. Emergency treatment means unforeseen and unplanned treatment that is needed for the sudden onset of an acute condition, which for medical reasons and in the opinion of **our** Medical Emergency Assistance Company, cannot be delayed until **you** return to **your home area** and could be undertaken in **your home area** if **you** were to return **home**. The decision of the Medical Emergency Assistance Company is final.

An acute condition means: A disease, illness or injury that is likely to respond quickly to treatment which aims to return **you** to the state of health **you** were in immediately before suffering the disease, illness or injury, or which leads to **your** full recovery.

## Claims for reimbursement costs

This insurance policy will only respond to claims for **irrecoverable costs** once those principally responsible for reimbursing the cost have been exhausted. For example transport and accommodation costs – **you** should, in the first instance, contact **your** tour operator, airline, accommodation provider, credit or debit card providers to source a refund, as in most instances, either as a result of the Package Travel & Linked Arrangement Regulations 2018; EU Transport Regulations; Consumer Credit Act; or Debit card charge backs, a refund is legally due.

## Important information about coronavirus

**We** draw **your** attention to the exclusions detailed in the 'General Exclusions' section, in particular, exclusions 38 and 39, as this policy will NOT provide cover for any claims directly or indirectly related to a **pandemic** and/or **epidemic**, including but not limited to **Coronavirus**.

**Please note:** general exclusion 38 applies to all sections of cover, whilst general exclusion 39 applies to all sections of cover with the exception of Section A (Cancelling your trip), Section B1 (Medical and other expenses outside of your home area), Section B2 (Medical and other expenses within the United Kingdom) and Section C (Cutting short your trip) provided that **you** have received the recommended number of doses of an approved **Coronavirus** vaccine 14 days prior to **your trip** commencing. This vaccination requirement shall not apply where **you** were ineligible for vaccination, or unable to receive the vaccine for medical reasons, and this is shown in **your** medical records. **You** should also refer to general exclusion 19.

**Please be aware:** There is no cover under this policy if (having no symptoms of or **you** not testing positive for **Coronavirus**) **you** are advised to quarantine or **you** choose to self-isolate due to a person **you** have come into contact with testing positive for **Coronavirus**.

## Eligibility

This policy is only available to **you** if:

- **You** are permanently resident in the **United Kingdom** and have **your** main **home** in the **United Kingdom**;
- **You** have been in the **United Kingdom** for a minimum of 6 months in the year prior to purchasing **your** insurance policy;
- **You** are registered with a **doctor** in the **United Kingdom**;
- **You** have a **UK** National Insurance number (where aged 16 years of age or older);
- **You** are in the **United Kingdom** at the time of purchasing this policy. Any **trip** that has begun when **you** purchase this insurance will not be covered;
- **You** are not travelling against the advice of a **doctor** or where **you** would have been if **you** had sought their advice before beginning **your trip**;
- **You** are not travelling with the intention of receiving medical treatment;
- **Your trip** starts and ends in **your** country of residence, either the **United Kingdom** or **Channel Islands** or Isle of Man (single trip or annual multi-trip cover only);
- **You** must be travelling with the intention to return to **your** country of residence, either the **United Kingdom** or **Channel Islands** or Isle of Man, within **your trip** dates unless an extension has been agreed with **us** and **we** have confirmed in writing.

## Age Eligibility

The person buying this insurance must be 18 years of age or over at the date of purchase.

All **Insured persons** must be 69 years or under at the date of buying this insurance.

## Insurance provider

### Sections A to I and sections K to M inclusive

This insurance is underwritten by Chaucer Insurance Company DAC. Chaucer Insurance Company DAC are authorised and regulated by the Central Bank of Ireland and registered in the Republic of Ireland. Registered office: 38 & 39 Baggot Street Lower, Dublin 2, D02 T938, Ireland.

### Section J only

This cover is provided by International Passenger Protection Limited, IPP House, 22-26 Station Road, West Wickham, Kent BR4 0PR, United Kingdom and is underwritten by Liberty Mutual Insurance Europe SE (The Insurer). The Insurer is authorised and regulated by the Luxembourg Minister of Finance and the Commissariat aux Assurances. Deemed authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority (registered number 829959). Details of the Temporary Permissions Regime, which allows EEA based firms to operate in the **UK** for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website.

This policy is sold and administered by InsuraTrip Travel Insurance. InsuraTrip Travel Insurance is a trading name of Voyager Insurance Services. Registered office: Bankside 300 Peachan Way, Broadland Business Park, Norwich, Norfolk, NR7 0LB. Registered no. 3251842. Voyager Insurance Services are authorised and regulated by the Financial Conduct Authority. This can be checked by visiting the Financial Services Register ([www.fca.org.uk](http://www.fca.org.uk)).

## Your travel insurance

This policy wording along with **your policy certificate** and any appropriate endorsements forms the basis of **your** contract of insurance with **us**. Together, these documents detail and explain what **you** are covered for and what **you** are not covered for.

Different levels of cover apply depending on whether **you** have bought a Standard, Extra or Super cover policy and additional sections of cover will apply if the **policyholder** has paid the required premium for policy upgrades.

Please read this policy wording to make sure that the cover meets **your** needs and please check the details outlined within **your policy certificate** and any applicable endorsements to make sure that the information shown is correct.

## Law and jurisdiction

This policy will be governed by English Law and **you, insured persons** and **we** agree to submit to the courts of England and Wales to determine any dispute arising under or in connection with it, unless agreed to the contrary by **you** and **us** before the commencement date. The Terms and Conditions of this policy will only be available in English and all communication relating to this policy will be in English.

## Financial Services Compensation Scheme (FSCS)

**We** are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme (depending on the type of insurance and the circumstances of the claim) if **we** are unable to meet **our** financial obligations under this policy. A claim under this type of insurance is covered for 90% of the claim without any upper limit.

Further information about the compensation scheme is available from:

Financial Services Compensation Scheme,  
10th Floor, Beaufort House,  
15 St Botolph Street,  
London,  
EC3A 7QU  
Tel: 020 7741 4100 or 0800 678 1100  
Website: [www.fscs.org.uk](http://www.fscs.org.uk)

## Important conditions relating to health & disclosure of your medical conditions

This policy contains conditions relating to **your** health. **We** are unable to provide cover for any claim arising as a result of an **existing medical condition** of a non-travelling close **relative**, close **business associate** or friend living abroad who **you** had planned to stay with, or any known or recognised complication of or caused by the **existing medical condition**. **You** must comply with the disclosure of **your medical conditions** as stated on this page.

**Your** policy may not cover claims arising from **your medical conditions**. If **you** answer 'yes' to any of the questions below then **you** must declare the relevant conditions to **us** at InsuraTrip Travel Insurance. So that **we** can ensure **you** are provided with the best cover **we** can offer please read and answer the following questions accurately and carefully:

**Please note:** If **you** are answering the medical questions on behalf of someone else, **you** must make sure that **you** have their permission to do so and all of the required information to answer the medical questions fully and accurately. If **you** are not sure of any of the information **you** are giving **us** or do not know, the answers must be checked with the treating G.P.

Failure to accurately and fully declare all **medical condition(s)** for **you**, or anyone travelling with **you** will affect **your** cover and may result in **your** claim being declined.

1. Have **you** received a terminal prognosis?

2. Do **you** have any **medical condition** **you** are aware of, but for which **you** have not had a diagnosis?

3. Do **you** have any **medical condition** for which **you**:

- a. are on waiting list?
- b. are on referral to a specialist or consultant?
- c. have the knowledge of the need for surgery, treatment or investigation at a hospital, clinic or nursing home?

4. Do any close **relatives**, close **business associates** or friends living abroad who **you** had planned to stay with who are not travelling with **you** or who are not insured with **us** have an **existing medical condition** (even if considered as 'stable', under control or in remission)?

5. At the time of purchasing this policy have **you**, or anyone travelling with **you**, ever had treatment for:

- a. Any heart of circulatory condition, stroke or high blood pressure?
- b. A breathing condition (including asthma)?
- c. Any type of cancer?
- d. Any type of diabetes?
- e. Psychological conditions such as stress, anxiety, depression, eating disorders or mental instability?

6. Has **your doctor** altered **your** regular prescribed medication in the last 3 months?

7. In the last 2 years – have **you** or anyone who is travelling with **you**, been treated for any **medical condition**, asked to take regular prescribed medication, or been seen by a specialist, or consultant at a hospital for tests, diagnosis or treatment?

**There is no cover for claims relating directly or indirectly to these existing medical conditions.**

If **you** have answered 'yes' to the questions on the left, **you** must tell **us** in order to obtain cover for **your medical condition(s)**. If **we** are able to provide cover, an increased premium or excess may be required.

To enable **us** to consider **your medical condition(s)** please declare **your medical condition(s)** using **our** online Medical screening facility via **our** website at

[www.insuratrip.com](http://www.insuratrip.com)

Alternatively, **you** can contact InsuraTrip Travel Insurance by telephone on 01483 806909. After **you** have declared **your medical condition(s)** and accepted and paid the premium due, full confirmation of **our** terms and conditions including all policy documentation will be emailed to **you**. **We** do not have the facility to exclude **medical conditions** from cover.

If **your** answer to any of the questions on the left changes to 'yes' at any point after the purchase of this policy, **you** must call InsuraTrip Travel Insurance by telephone on 01483 806909 to inform **us** of this **change in health** to ensure **you** are fully covered for **your trip**. Cover will only apply if such changes are accepted by **us** and confirmed in writing to **you**. See 'Change in health' on this page and in the General definitions on page 13.

### CHANGE IN HEALTH

If **your** health or **your** ongoing medication changes between the date **your** policy was purchased and the date of travel **you** must advise InsuraTrip Travel Insurance by phone on 01483 806909 as soon as possible. **We** will advise **you** what cover **we** are able to provide, after the date of diagnosis. Following **your change in health** **we** reserve the right to increase the premium, increase the excess, exclude the condition or withdraw the cover should the stability of the condition make it necessary (please refer to 'General definitions' for more information).

## How we use personal information

We will use the information from **your** policy for the purpose of providing **you** with insurance services and additional products and services. We fully accept **our** responsibility to promote the privacy of customers and the confidentiality and security of information entrusted to **us**.

The information provided by or on behalf of **you** when the policy was taken out, together with other information, will be used by **us**, **our** Group companies and **our** service providers and agents. It will be used for administration, customer service and claims.

It may also be used for the purpose of fraud prevention including passing details to other insurers and regulatory bodies. **You** have provided information in connection with the purchase and performance of this insurance policy and **you** have consented to the processing of the personal data, including sensitive personal data and **you** have consented to the transfer of this information abroad.

Unless **you** have informed **us** otherwise, **we** or **our** service providers and agents may contact **you** by mail or telephone to let **you** know about any goods, services or promotions that may be of interest to **you** and/or share **your** information with organisations that are **our** business partners. Under the UK Data Protection Act 2018 which incorporates the General Data Protection Regulation (EU)2016/679, **you** have certain rights regarding access to **your** information. **You** have the right to see a copy of the personal information held about **you**, if **you** believe that any of the information **we** are holding is incorrect or incomplete, please let **us** know as soon as possible. Any information which is found to be incorrect will be corrected promptly.

**We** may monitor and/or record communication with **us** either directly or by reputable organisations selected by **us**, to ensure consistent servicing levels and account operation. **We** will keep information about **you** only for as long as is appropriate.

In certain circumstances, **we** may need **your** consent to process certain categories of information about **you** (including sensitive details such as information about **your** health). Where **we** need **your** consent, **we** will ask **you** for it separately. **You** do not have to give **your** consent and **you** may withdraw **your** consent at any time. However, if **you** do not give **your** consent, or **you** withdraw **your** consent, this may affect **our** ability to provide the insurance cover from which **you** benefit and may prevent **us** from providing cover for **you** or handling **your** claims.

### Want more details?

For more information about how **we** use **your** personal information please see **our** full privacy notice(s), which is/are available online on **our** website [www.chaucerplc.com/privacycookie-policy/](http://www.chaucerplc.com/privacycookie-policy/) or in other formats on request.

If **you** require details of InsuraTrip Travel Insurance's privacy policy, this can be found online at <https://www.insuratrip.com/privacy-policy/>

## For Section J - End Supplier Failure

### Data Protection

If **you** require details of International Passenger Protection Limited's privacy policy, please refer to – <https://www.ipplondon.co.uk/privacy.asp>.

**We** will deal with any information **you** provide to **us** in compliance with the provisions of relevant Data Protection legislation. For the purposes of providing this insurance and the handling of any claims or complaints, **we** may need to transfer certain information which **you** have provided to other parties.

### Sanctions

**We** will not provide any benefit under this insurance to the extent of providing cover, payment of any claim or the provision of any benefit where doing so would breach any sanction, prohibition or restriction imposed by law or regulation.

### Non-Assignment

No title, right or interest under this policy may be assigned, transferred, conveyed or otherwise disposed of without the consent in writing of the Insurer hereon. Any attempt to assign rights or interests without the Insurer's written consent is null and void.

UK Data Protection Act 2018 which incorporates the General Data Protection Regulation (EU)2016/679.

## Residency

**You** and all other persons insured on this policy must have **your** main **home** in the **United Kingdom** and have a **United Kingdom** National Insurance number (when aged 16 years of age or older) and be registered with a **doctor** in the **United Kingdom** at the time **you** buy this policy. Residents of the Isle of Man must have their main **home** in the Isle of Man and be registered with a local **doctor**. Residents of the **Channel Islands** must have their main **home** on one of the **Channel Islands** and be registered with a local **doctor**.

## Health Agreements

### European Health Insurance Card (EHIC)/Global Health Insurance Card (GHIC)

The EHIC allows **you** to access state provided healthcare in all European Economic Area (EEA) countries and Switzerland. **Your** EHIC will be accepted for the remainder of its validity. From 4th January 2021, if **you** do not have a valid EHIC **you** will need to apply for a GHIC but please be aware that the GHIC does not cover Switzerland, Iceland, Liechtenstein or Norway. For more information or to apply for **your** GHIC: online at [www.dh.gov.uk/travellers](http://www.dh.gov.uk/travellers) or by telephoning 0845 606 2030.

Presenting **your** EHIC/GHIC at a public medical facility will allow **you** to obtain treatment at a reduced cost and in many cases free of charge, provided **you** are a **UK** resident (please note if **you** reside in the Isle of Man or the **Channel Islands** **you** are not eligible for an EHIC/GHIC). **You** must carry it with **you** when travelling abroad. Remember to check **your** EHIC/GHIC is still valid before **you** travel.

If **you** are travelling outside the EEA then there are some countries that have reciprocal agreements with the **UK** and these can be found on: [www.gov.uk/guidance/uk-reciprocal-healthcareagreements-with-non-eu-countries](http://www.gov.uk/guidance/uk-reciprocal-healthcareagreements-with-non-eu-countries).

### Australia or New Zealand

If **you** require medical treatment in Australia **you** must enrol with a local MEDICARE office. **You** do not need to enrol on arrival but **you** must do this after the first occasion **you** receive treatment. In-patient and outpatient treatment at a public hospital is then available free of charge. Details of how to enrol and the free treatment available can be found by visiting the MEDICARE Website on [www.humanservices.gov.au/medicare](http://www.humanservices.gov.au/medicare) or by emailing: [medicare@humanservices.gov.au](mailto:medicare@humanservices.gov.au).

If **you** require medical treatment in New Zealand, there are reciprocal agreements, but a person may not enrol with a Primary Health Organisation (PHO). They should get the same health subsidies as a New Zealand citizen visiting a general practitioner as a casual patient, if the **doctor** has decided the condition needs prompt attention. For more information, please go to [www.health.govt.nz](http://www.health.govt.nz) or email: [info@health.govt.nz](mailto:info@health.govt.nz). Alternatively please call the Medical Emergency Assistance Company for guidance.

If **you** are admitted to hospital contact must be made with the Medical Emergency Assistance Company as soon as possible and their authority obtained in respect of any treatment NOT available under MEDICARE or a Primary Health Organisation (PHO). In the event of liability being accepted for a medical expense which has been reduced by the use of either a EHIC/GHIC, Medicare in Australia or private health insurance, **we** will not apply the deduction of the policy excess under section B1 (Medical and other expenses outside of your home area).

## Travel Delays - EC Regulations

This policy is not designed to cover costs which are met under the EC Regulation No.261/2004. Under this Regulation if **you** have a confirmed reservation on a flight, and that flight is delayed by between 2 and 4 hours (length of time depends on the length of **your** flight) the airline must offer **you** meals, refreshments and hotel accommodation.

If the delay is more than 5 hours, the airline must offer to refund **your** ticket. The Regulations should apply to all flights, whether budget, chartered or scheduled, originating in the EU, or flying into the EU using an EU carrier.

If **your** flight is delayed or cancelled, **you** must in the first instance approach **your** airline and clarify with them what costs they will pay under the Regulation.

If **you** would like to know more about **your** rights under this Regulation, additional useful information can be found on the Civil Aviation Authority website ([www.caa.co.uk](http://www.caa.co.uk)).

## Cancellation and refunds

**We** will not refund the premium if **you** have travelled on the policy, or if **you** have made or if **you** intend to make a claim or an incident has occurred which is likely to give rise to a claim.

To cancel **your** policy, **you** must contact InsuraTrip Travel Insurance by phoning 01483 806909, or emailing [info@insuratrip.com](mailto:info@insuratrip.com) or by writing to:

**InsuraTrip c/o Voyager Insurance Services,  
13-21 High Street, Guildford,  
Surrey,  
GU1 3DG**

### If you wish to cancel the policy within the 14-day cooling off period

If **you** decide this policy is not suitable for **you** and **you** want to cancel **your** policy, **you** must contact InsuraTrip Travel Insurance within fourteen (14) days of buying the policy or the date **you** receive **your** policy documents. Any premium already paid will be refunded to **you** in full.

### If you wish to cancel the policy outside the 14-day cooling off period

**For single trip policies:**

If **you** cancel the policy at any time after the fourteen (14) day cooling off period, **you** will be entitled to a refund of the premium paid, subject to a deduction of 30% for the cancellation cover **you** have received.

**For annual multi-trip policies:**

If cover has started, **you** will be entitled to a pro-rata refund of premium, in accordance with the amounts shown below:

Period of cover	Refund due
If cover has not started	100%
Up to two (2) months	60%
Up to three (3) months	50%
Up to four (4) months	40%
Up to five (5) months	30%
Up to six (6) months	25%
Six (6) months or over	No refund

### Our right to cancel the policy

**We** have the right to cancel this policy by giving at least thirty (30) days' notice in writing to the **policyholder** at their last known address where **we** have serious grounds for doing so, including any failure by **you** to comply with the conditions on page 35 of this policy which is incapable of remedy or which **you** fail to remedy within fourteen (14) days of receiving a notice from **us** requiring **you** to remedy the breach. A proportionate refund of the premium paid will be made to the **policyholder** from the date **we** cancel the policy.

## Cover options available

### Single trip

This gives **you** cover to travel on one **trip** made by **you** within the geographical areas as shown on **your** policy certificate.

### Annual Multi-trip

**You** are covered to travel as many times as **you** like within the **period of cover** provided no single **trip** lasts longer than the durations shown in the table below. If any **trip** exceeds the durations shown below then there is absolutely no cover under this policy for that **trip** (not even for the first 22 days of the **trip** (Standard cover) or 32 days of the **trip** (Extra cover or Super cover)), unless **you** have contacted **us** and **we** have agreed in writing to provide cover.

If **you** have purchased a **winter sports** annual multi trip policy, cover is provided for **winter sports** for the maximum number of days shown in the table below within the **period of cover**.

Annual multi-trip durations		
Annual multi-trip - maximum single <b>trip</b> duration	Standard	22 days
	Extra	32 days*
	Super	32 days*
<b>Winter sports</b> coverage per <b>period of cover</b>		24 days

\*The maximum **trip** duration for this level of cover can be increased to either 45 or 60 days subject to the payment of an additional premium, as displayed on **your** policy certificate.

## Upgrades

The following upgrades are available by paying an additional premium.

### Winter sports cover

Please see pages 14 & 30 for a list of **winter sports** activities which are covered by this policy. If the winter sport **you** intend to take part in is not shown in the list, please check that cover will be provided by contacting InsuraTrip Travel Insurance Customer Services on 01482 806909 or by e-mailing [info@insuratrip.com](mailto:info@insuratrip.com). Please see section L for full details of cover.

### Cruises

This policy does not automatically cover **you** to travel on a **cruise**. However **your** policy may be extended to cover **you** on a **cruise** provided **you** contact InsuraTrip Travel Insurance Customer Services on 01483 806909 or by e-mailing [info@insuratrip.com](mailto:info@insuratrip.com) and **you** having paid the appropriate additional premium and cover is shown on **your policy certificate**.

### Gadget cover

This policy can be extended to cover **your gadgets** on **your trip**. Please see section Q for full details of cover. If **you** wish to extend **your** policy to include Gadget Cover, please contact InsuraTrip Travel Insurance Customer Services on 01483 806909 or by e-mailing [info@insuratrip.com](mailto:info@insuratrip.com).

## Geographical areas

One of the following areas will be shown on **your policy certificate**. This describes the area of the world which this policy provides cover for **you** to travel to. **You** will not be covered if **you** travel outside the area **you** have chosen, as shown on **your policy certificate**.

United Kingdom	England, Scotland, Wales, Northern Ireland and the Isle of Man.
Europe 1	Aland Islands, Albania, Algeria, Andorra, Armenia, Austria, Azerbaijan, Azores, Belarus, Belgium, Bosnia-Herzegovina, Bulgaria, <b>Channel Islands</b> , Croatia, Czech Republic, Denmark (including Faroe Islands), Estonia, Finland, France (including Corsica), Georgia, Germany, Gibraltar, Hungary, Iceland, Ireland, Italy (including Aeolian Islands, Sardinia, Sicily), Kosovo, Lapland, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Moldova, Monaco, Montenegro, Netherlands, Norway (including Jan Mayen, Svalbard Is), Poland, Portugal, Romania, Russia (west of Ural mountains), San Marino, Sardinia, Serbia, Slovakia, Slovenia, Sweden, Switzerland, Ukraine and Vatican City.
Europe 2	Those countries listed above and including: Cyprus, Greece (including Greek Isles), Madeira, Malta and Spain (including Balearic and Canary Islands).
Australia and New Zealand	Australia and New Zealand
Worldwide - excluding	Worldwide excluding: Canada, Caribbean, Mexico and USA
Worldwide - including	Worldwide including: Canada, Caribbean, Mexico and USA

**Please note:** This insurance policy will not cover **you** to travel to a specific country or to an area where, prior to **your trip** commencing, the Foreign, Commonwealth & Development Office (FCDO) have advised against all (or all but essential) travel. This exclusion does not apply where **your** destination is within Europe 1 or Europe 2 (see the 'Geographical Areas' above) and where the Foreign, Commonwealth & Development Office (FCDO) have advised against all (or all but essential) travel solely due to the **Coronavirus** risk.

It is **your** responsibility to check the latest advice from the FCDO prior to commencing **your trip**, which **you** can find at <https://www.gov.uk/foreign-travel-advice>.

## Period of cover

On single trip policies cover for cancellation starts at the time **you** book the **trip** or pay the insurance premium, whichever is later. Cover for cancellation ends as soon as **you** start **your trip**.

On annual multi trip policies cover starts on the chosen start date and cancellation cover is not in force until that date, subsequent **trips** start from the date of booking. Cover under all other sections starts when **you** leave **your home** address in **your home area** (but not earlier than twenty four (24) hours before the booked departure time) or from the first day of the **period of cover** as shown on **your policy certificate**, whichever is the later.

Cover ends when **you** return to **your home** address in **your home area** (but not later than twenty four (24) hours after **your** return to **your home area**) or for single trip policies at the end of the **period of cover** as shown on **your policy certificate**, whichever is earlier.

All cover ceases if **you** have to return to **your home area** under section C (Cutting your trip short) or section B1 (Medical and other expenses outside of your home area), cover cannot be provided to resume **your trip** or for further **trips**.

Any **trip** that had already begun when **you** purchased this insurance will not be covered.

Each **trip** must begin and end in **your home area**. Cover is only provided in **your home area** if **you** stay in accommodation which **you** have paid for in advance of the date **you** depart on **your trip** or if **you** have paid for **public transport** or air fares in advance of the date of departure to enable **you** to reach **your** destination in **your home area**. All **trips** within **your home area** must be for at least one night away from **home**.

## Trip extensions

### Trip extensions if you decide you wish to extend your trip

If, once **you** have left **your home area** and before the end of the **period of cover**, **you** decide **you** want to extend **your** policy, please contact InsuraTrip Travel Insurance Customer Services on 01483 806909 or by e-mailing [info@insuratrip.com](mailto:info@insuratrip.com).

Extensions can usually only be considered if there has been no change in **your** health (or that of a **relative** or **business associate**) and no claim has been made or is intended to be made and no incident likely to give rise to a claim has occurred. However, should there have been a change in **your** health or **you** are aware that a claim has been made or will need to be made under the original policy then **we** may still be able to consider the extension provided full details are disclosed to InsuraTrip Travel Insurance Customer Services for consideration.

### Trip extensions if you are unable to return home from your trip as planned

If, due to unexpected circumstances beyond **your** control, for example, due to illness, testing positive for **Coronavirus**, injury or unavoidable delays affecting **your** return flight or **public transport**, **your trip** cannot be completed within the **period of cover** outlined in **your policy certificate**, cover will be extended for **you** at no extra cost for up to thirty (30) days.

This also applies to:

- a. one person travelling with **you** who is authorised to stay with **you** by the Medical Emergency Assistance Company if the extension is due to medical reasons; or
- b. one **parent** (who is an **insured person** on this policy) to stay with **you** and travel **home** with **you**, where **you** are aged under 18 years (at the time of the incident) and **you** test positive for **Coronavirus** within fourteen (14) days of **your** booked **trip** return date and as a result **you** are unable to return to the **home** as planned; or
- c. one **insured person** who acts as **your** carer to stay with **you** and travel **home** with **you**.

All requests for more than thirty (30) days must be authorised by the Medical Emergency Assistance Company. Please see Medical and other emergencies on page 12 for details of how to contact the Medical Emergency Assistance Company.

### Trip extensions - travel disruption caused by a pandemic/epidemic (including coronavirus)

If, as a result of a **pandemic** and/or **epidemic** (including but not limited to **Coronavirus**), **you** are unable to return to the **UK** as planned, due to:

- a. a country closing their borders and/or
- b. the cancellation or delay of **your** booked **public transport**

and as a result **you** wish to extend coverage under **your** current policy, please contact InsuraTrip Travel Insurance Customer Services on: 01483 806909 or e-mail: [info@insuratrip.com](mailto:info@insuratrip.com). **We** will need full details of **your** circumstances, to allow **us** to consider any such request. Please be aware, that all such extension requests will be considered, but cannot be guaranteed.

## Medical and other emergencies

**Your** InsuraTrip Travel insurance policy is not a private medical insurance policy and does not cover private medical treatment, private hospital costs or other related expenses incurred unless these have been specifically agreed and authorised by the Medical Emergency Assistance Company.

This policy is only designed to cover **you** for emergency treatment. Emergency treatment means unforeseen and unplanned treatment that is needed for the sudden onset of an acute condition, which for medical reasons and in the opinion of **our** Medical Emergency Assistance Company, cannot be delayed until **you** return to **your home area** and could be undertaken in **your home area** if **you** were to return **home**. The decision of the Medical Emergency Assistance Company is final.

An acute condition means: A disease, illness or injury that is likely to respond quickly to treatment which aims to return **you** to the state of health **you** were in immediately before suffering the disease, illness or injury, or which leads to **your** full recovery.

**The Medical Emergency Assistance Company will provide immediate help if you are ill, injured or die outside your home area. They provide a 24-hour emergency service 365 days a year. The contact details are as follows:**

**Phone: +44 (0) 203 819 7170**

**Email: [internationalhealthcare@healix.com](mailto:internationalhealthcare@healix.com)**

Please have the following information available when **you** (or someone on **your** behalf) contact the Medical Emergency Assistance Company so that **your** case can be dealt with swiftly and efficiently:

- a. **Your** name and address;
- b. **Your** contact phone number abroad including the hospital and treating **doctors** details;
- c. **Your** policy number shown on **your policy certificate**; and
- d. The name, address and contact phone number of **your** GP.
- e. Quote the scheme name which is: InsuraTrip Travel Insurance.

**Please note:** This is not a private medical insurance. If **you** go into hospital abroad and **you** are likely to be kept as an in-patient for more than twenty four (24) hours or if **your** outpatient treatment is likely to cost more than £500, someone must contact the Medical Emergency Assistance Company for **you** as soon as reasonably possible. If they do not, **we** may not provide cover or **we** may reduce the amount **we** pay for **your** in-patient or outpatient treatment.

In the event that **you** require in-patient hospital treatment and/or evacuation/repatriation, it is imperative that the Medical Emergency Assistance Company is contacted and authorisation obtained prior to such treatment and/or evacuation/repatriation taking place.

Failure to contact the Medical Emergency Assistance Company and obtain authorisation may prejudice the claim and could mean that some or all of the costs involved may not be paid. **You** should not attempt to find **your** own solution and then expect full reimbursement from **us** without prior approval first having been obtained from the Medical Emergency Assistance Company.

If **you** have to return to **your home area** under section C (Cutting your trip short) or section B1 (Medical and other expenses outside of your home area) the Medical Emergency Assistance Company must authorise this. If they do not, **we** may not provide cover or **we** may reduce the amount **we** pay for **your** return to **your home area**.

## How to make a claim

**You must register a claim under sections A to I and sections K to M inclusive, by contacting the following company:**

**Claims Settlement Agencies**  
**308-314 London Road, Hadleigh,**  
**Benfleet, Essex, SS7 2DD**  
**Tel: 01702 553443**  
**E-mail: [info@csal.co.uk](mailto:info@csal.co.uk)**

To download a claim form please visit [www.csal.co.uk](http://www.csal.co.uk). The fastest and easiest way to make a claim is online at [www.submitclaim.co.uk/insa](http://www.submitclaim.co.uk/insa). The process should take approximately 10-15 minutes to complete (depending on the type of claim), but before continuing **you** should ensure **you** have **your policy certificate**, **trip** dates, supporting documentation and details of the incident. Claims Settlement Agencies are open Monday to Friday between 9am and 5pm. A claim form will be sent to **you** as soon as **you** tell them about **your** claim.

**You must register a claim under Section J only by contacting the following company:**

**IPP Claims at Sedgwick,**  
**Oakleigh House, 14-15 Park Place,**  
**Cardiff, CF10 3DQ.**  
**Telephone: +44 (0)345 266 1872**  
**Email: [Insolvency-claims@ipplondon.co.uk](mailto:Insolvency-claims@ipplondon.co.uk)**

Any occurrence, which may give rise to a claim, should be advised as soon as reasonably practicable to the following, by quoting **your** policy number, travel insurance policy name and reference: **IPP ESFI-V1-21**. To download a claim form please visit [www.ipplondon.co.uk/claims.asp](http://www.ipplondon.co.uk/claims.asp)

## Applicable to all claims

All claims must be notified as soon as it is reasonably practical after the event which causes **you** to submit a claim. Late notification of a claim may affect **our** acceptance of a claim or result in the amount **we** pay being reduced. **We** will ask the claimant to complete a claim form and to provide at their own expense all reasonable and necessary evidence required by **us** to support a claim. If the information supplied is insufficient, **we** will identify the further information which is required. If **we** do not receive the information **we** need, **we** may reject the claim. For further details about claims, please refer to 'General conditions' on page 35.

To help **us** prevent fraudulent claims, **we** store **your** personal details on computer and **we** may transfer them to a centralised system. **We** keep this information in line with the conditions of the UK Data Protection Act 2018 which incorporates the General Data Protection Regulation (EU)2016/679.

## General definitions

### Business associate

Any employee whose level of responsibility in the business is such that if both **you** and they were absent from the business for a period of five (5) full working days or more this would have a detrimental impact on the running of the business.

### Change in health

Any deterioration or change in **your** health between the date the policy was purchased and the date of travel, this includes, new medication, change in regular medication, deterioration of a previously stable condition, referral to a specialist, investigation of an undiagnosed condition or awaiting treatment/consultation.

### Channel Islands

Jersey, Guernsey, Alderney, Sark, Herm, Jethou, Brecqhou and Lihou.

### Child/Children

A person who is 17 years of age or under.

### Coronavirus

**Coronavirus** disease, including any related and/or similar conditions howsoever called, or any mutation of these.

### Couple

**You** and **your** husband/wife/civil **partner**/spouse or **partner** who **you** are living with at the same address.

### Cruise

A voyage on a ship/vessel sailing on the seas or oceans that includes stopping at various ports. No cover is provided for container or cargo ship travel.

### Doctor

A registered medical practitioner who is not **you** or related to **you**, who is currently registered with the General Medical Council in the **United Kingdom** (or foreign equivalent) to practice medicine.

### Epidemic

A widespread occurrence of an infectious disease in a community at a particular time.

### Existing medical condition(s)

Any serious or ongoing or recurring **medical condition** which has been previously diagnosed or been investigated or treated in any way, at any time prior to travel, even if this condition is currently considered to be stable and under control.

### Family

Up to two adults and any number of their **children**, step **children** or foster **children** aged 17 years of age or under at date of issue of the policy. If annual multi trip, all **insured persons** are insured to travel on their own (**children** must be accompanied by a responsible adult).

### Home

An **insured person's** usual place of residence within the **United Kingdom**.

### Home area

For residents of the **United Kingdom** excluding **Channel Islands** and the Isle of Man, **your home area** means the **United Kingdom** excluding the **Channel Islands** and the Isle of Man. For residents of the **Channel Islands** and the Isle of Man, **your home area** means either the particular Channel Island on which **you** live or the Isle of Man depending on where **your home** is.

### Individual

An individual **Insured person**.

### Insured person

The person or persons shown on the **policy certificate**.

### Irrecoverable costs

Any costs where **you** are not entitled to a refund by any other means, and/or costs that are not compensated elsewhere, and/or costs that are already accepted or offered by **your** transport and/or accommodation provider, even if this is a credit note or alternative travel arrangements.

### Manual labour

Work involving physical labour (which does not include office and clerical work, bar and restaurant work, music performance and singing, or fruit picking which does not involve machinery).

### Medical condition(s)

Any disease, illness or injury, including any psychological conditions.

### Natural catastrophe

Volcanic eruption, flood, tsunami, earthquake, landslide, hurricane, tornado or wildfire.

### Pair or set of items

Items of personal property which are substantially the same, complementary or designed to be used together.

### Pandemic

An **epidemic** that has spread across a large region.

### Parent

A person with parental responsibility including a legal guardian acting in that capacity.

### Partner

A person who is either an **insured person's** husband or wife, civil **partner**, fiancé or fiancée, boyfriend or girlfriend and who permanently lives at the same address and has done so for a minimum of 6 continuous months before the **trip** is booked and before the **trip** commences.

### Period of cover

As defined in the **policy certificate**.

### Policyholder

The person who has paid for this policy and is shown on the **policy certificate**.

### Policy certificate

The document showing details of the cover and which should be read with this policy wording.

### Public transport

A bus, coach, ferry, sea-vessel or train operating according to a published timetable.

### Relative

Husband or wife (or **partner** with whom **you** are living at the same address), **parent**, step-**parent**, grandparent, **parent-in-law**, brother, sister, step-brother, step-sister, **child**, grandchild, brother-in-law, sister-in-law, son-in-law, daughter-in-law or fiancé(e) or next of kin.

### Single parent family

One adult and any number of his or her **children**, step **children** or foster **children** aged 17 years or under at date of issue of the policy. If annual multi trip, all **insured persons** are insured to travel on their own (**children** must be accompanied by a responsible adult).

### Terrorism

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

### Trip

**Your** holiday or journey starting from the time that **you** leave **your home** in **your home area** or from the start date shown on **your policy certificate**, whichever is the later, until arrival back at **your home** address in **your home area**.

### Unattended

When **you** do not have full view of **your** property or where **you** are not in a position to prevent the unauthorised taking of **your** property, unless it is left in a locked room or a locked safety deposit facility. Property left in a motor vehicle is considered to be **unattended** even when the motor vehicle is locked and the property is out of view in an enclosed storage compartment, boot or luggage space.

### United Kingdom/UK

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

### Utilisation of Nuclear, Chemical or Biological 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, or any pathogenic (disease producing) microorganism(s) and/ or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins), or any solid, liquid or gaseous chemical compound which, when suitably distributed; which is capable of causing incapacitating disablement or death amongst people or animals.

### Valuables and electronic/other equipment

Photographic, audio, video, electronic, electrical equipment (including cd's, dvd's, video and audio tapes and electronic games), MP3 players, computer equipment (but not mobile or smart phones or tablet computers), binoculars, antiques, jewellery, watches, furs, silks, precious stones and articles made of or containing gold, silver or precious metals.

### War

Military action, either between nations or resulting from civil **war** or revolution.

### We, us, our

For sections A to I and sections K to M inclusive it means Chaucer Insurance Company DAC.

For section J it means International Passenger Protection Limited who provides the cover that is underwritten by Liberty Mutual Insurance Europe SE.

### Winter sports

Bigfoot skiing, blade skating, cat skiing (with guide), cross country skiing, curling, glacier walking (up to 4,000 metres), husky dog sledding, ice go carting, ice hockey, kick sledging, langlauf, mono skiing, mountain walking up to 1500m, off piste skiing (except in areas considered to be unsafe by local resort management), off piste snowboarding (except in areas considered to be unsafe by local resort management), passenger sledge, ski blading, ski boarding, ski dooing, skiing, skiing nordic, sledging/sleighing, sleigh riding (reindeer, horses or dogs), snowboarding, snow cat driving, snow mobile/ski doos, snow mobiling, snow parascending, snow shoe walking, speed skating, telemarking, tobogganing (not bobsleigh or luge).

### You, your, yourself

An **insured person**.

## Section A - Cancelling your trip



### What you are covered for under Section A

We will pay up to the amount shown in the table of benefits for:

- ✓ travel and accommodation expenses which **you** have paid or have agreed to pay under a contract and which **you** cannot get back;
- ✓ the cost of excursions, tours and activities which **you** have paid for and which **you** cannot get back; and
- ✓ the cost of visas which **you** have paid for and which **you** cannot get back.

**Please note:** If payment has been made using frequent flyer points, avios, airmiles, loyalty card points or similar loyalty card schemes, settlement of **your** claim will be based upon the lowest available published flight fare for the flight originally booked if they are non-transferable.

We will provide this cover if the cancellation of **your trip** is necessary and unavoidable as a result of the following:

1. **You** dying, becoming seriously ill or being injured.
2. **You** testing positive for **Coronavirus** within fourteen (14) days of **your trip** departure date.
3. **You** being admitted to hospital due to testing positive for **Coronavirus** since **you** purchased **your** policy.
4. The death, serious illness or injury of a **relative, business associate**, a person who **you** have booked to travel with, or a **relative** or friend living abroad who **you** had planned to stay with during **your trip**.

**Please note:** there is no cover if this is related to a **pandemic** and/or **epidemic**, including but not limited to **Coronavirus**, as this is excluded. The incident giving rise to the claim must have been unexpected and not something **you** were aware of when **you** purchased this insurance. Please see 'Important conditions relating to health & disclosure of your medical conditions' on page 7 and 'General exclusions' on pages 36 & 37 for further details.

5. **You** being made redundant, as long as **you** had been working at **your** current place of employment for a minimum continuous period of two years, and that at the time of booking the **trip** or the date **you** purchased this insurance cover, whichever is earlier, **you** had no reason to believe that **you** would be made redundant. This cover would not apply if **you** are self-employed or accept voluntary redundancy.
  6. **You** or a person who **you** have booked to travel with being called for jury service (and **your** request to postpone **your** service has been rejected) or attending court as a witness (but not as an expert witness).
  7. If the police or relevant authority need **you** to stay in **your home area** after a fire, storm, burglary or vandalism to **your home** or place of business within seven (7) days before **you** planned to leave on **your trip**.
  8. If **you** are a member of the armed forces or police, fire, nursing or ambulance services which results in **you** having to stay in **your home area** due to an unforeseen emergency or if **you** are posted overseas unexpectedly.
  9. If after the time **you** booked **your trip** or purchased **your** policy, whichever is later, the Foreign, Commonwealth & Development Office (FCDO) advises against all (or all but essential) travel to **your** intended destination.
- Please note:** there is no cover if this is related to a **pandemic** and/or **epidemic**, including but not limited to **Coronavirus**, as this is excluded.

10. If **you** become pregnant after the date **you** purchased this insurance cover (or booked **your trip** whichever is later) and **you** will be more than 26 weeks pregnant at the start of or during **your trip**. Or, if **you** become pregnant after the date **you** purchased this insurance cover and **your doctor** advises that **you** are not fit to travel due to complications in **your** pregnancy.



### What you are not covered for under Section A

1. The excess as shown in the table of benefits. The excess will apply for each **trip** that **you** have booked and for each **insured person**.
2. Cancelling **your trip** because of a **medical condition** or an illness related to a **medical condition** which **you** knew about and which could reasonably be expected to lead to a claim unless declared to **us** and accepted for cover in writing.
3. Any claim under 'What you are covered for under section A' point 4 or 9 above, that is related to a **pandemic** and/or **epidemic**, including but not limited to **Coronavirus**.
4. **You** not wanting to travel.
5. Any claims arising directly or indirectly from **Coronavirus**:
  - a. if **you** do not have an official positive test result confirming **your** diagnosis within fourteen (14) days of **your trip** departure date, or **you** have not been admitted to hospital due to testing positive for **Coronavirus** since **you** purchased **your** policy;
  - b. if **you** are advised to quarantine or **you** choose to self-isolate due to a person **you** have come into contact with having **Coronavirus**;
  - c. if a medical professional advises **you** not to travel as **you** have underlying health conditions that place **you** 'at a higher risk' from **Coronavirus**;
  - d. as a result of Foreign, Commonwealth & Development Office (FCDO) advice against all (or all but essential) travel to **your** intended destination;
  - e. as a result local government restrictions or directives prohibiting or restricting entry (for example, self-isolation, quarantine or lockdown measures) to **your** intended destination or on **your** return home;
  - f. any costs of **Coronavirus** testing.
6. Any extra costs resulting from **you** not telling the company with whom **you** have made **your** booking with as soon as **you** know **you** have to cancel **your trip**.
7. **You** being unable to travel due to **your** failure to obtain the passport, visa or other required documentation that **you** need for the **trip**.
8. Airport taxes and credit or debit card fees included in the cost of **your** holiday.
9. Costs that have not been incurred by or on behalf of an **insured person**.
10. Any costs **you** would have still had to pay even if **you** had not been due to travel such as time share management fees or holiday club membership fees.
11. Anything mentioned in 'General exclusions' on pages 36 & 37.

**You should also refer to 'Important conditions relating to health & disclosure of your medical conditions' on page 7.**

#### Claims evidence required for Section A may include:

- Proof of travel cost (confirmation invoice, travel tickets, unused excursion, tour or activity tickets)
- Cancellation invoice or letter confirming whether any refund is due
- A medical certificate which **we** will supply for the appropriate **doctor** to complete
- **You** must provide at **your** own expense a positive official test result confirming **your** diagnosis of **Coronavirus**
- An official letter confirming: redundancy, emergency posting overseas, the need for **you** to remain in the **your home area**.
- Summons for jury service

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

## Section B1 - Medical and other expenses outside of your home area

Please note: If you are admitted into hospital as an in-patient for more than twenty four (24) hours someone must contact the Medical Emergency Assistance Company on your behalf as soon as reasonably possible (please see the Medical and other emergencies section on page 12 for further details).



### What you are covered for under Section B1

We will pay up to the amount shown in the table of benefits for the necessary and reasonable costs as a result of **you** dying, becoming ill (including with symptoms of or testing positive for **Coronavirus**) or being injured during **your trip**. This includes:

1. Emergency medical, surgical and hospital treatment and ambulance costs.
2. Emergency dental treatment as long as it is for the immediate relief of pain only (please see the table of benefits for details of the sum **you** are entitled to claim).
3. The cost of **your** return to **your home area** earlier than planned if approved by the Medical Emergency Assistance Company and this is deemed to be a medical necessity.
4. If **you** cannot return to **your home area** as **you** originally planned due to illness or injury and the Medical Emergency Assistance Company agrees **your** extended stay is medically necessary, **we** will pay for:
  - ✓ Extra accommodation (room only) and travel expenses (economy class unless a higher grade of travel is confirmed as medically necessary and authorised by the Medical Emergency Assistance Company) to allow **you** to return to **your home area**; and
  - ✓ Extra accommodation (room only) for someone to stay with **you** and travel **home** with **you** if this is necessary due to medical advice; or
  - ✓ Reasonable expenses for one **relative** or friend to travel from **your home area** to stay with **you** (room only) and travel **home** with **you** if this is necessary due to medical advice.
5. If **you** cannot return to **your home area** as **you** originally planned because **you** test positive for **Coronavirus** within fourteen (14) days of **your** booked **trip** return date, **we** will pay for:
  - ✓ any additional costs of **your** return flights and/or **public transport** to **your home area** (economy class); and
  - ✓ any extra accommodation (room only) costs; and
  - ✓ the additional cost of return flights and/or **public transport** to **your home area** (economy class) and extra accommodation costs (room only) for one **parent** to stay with **you** and travel **home** with **you**, provided **you** are aged under 18 years (at the time of the incident); and
  - ✓ the additional cost of return flights and/or **public transport** to **your home area** (economy class) and extra accommodation costs (room only) for one **insured person** who acts as **your** carer to stay with **you** and travel **home** with **you**.

#### Please note:

- i. **You** must ensure **you** return to the **UK** upon receipt of a negative test for **Coronavirus**, following **your** confinement.
  - ii. Please refer to 'Trip extensions if you are unable to return home from your trip as planned' on page 11 for details of how to extend the cover under **your** policy until **you** are able to return to **your home area**.
  - iii. If **you** require any help with altering **your** return flight or **public transport**. Please contact the Medical Emergency Assistance Company.
6. The cost of returning **your** body or ashes to **your home area** or the cost of the funeral and burial expenses in the country in which **you** die if this is outside **your home area**.  
**Please note:** In the event of **your** injury or illness **we** reserve the right to relocate **you** from one hospital to another and/or arrange for **your** repatriation to **your home area** at any time during the **trip**. **We** will do this if in the opinion of the **doctor** in attendance or the Medical Emergency Assistance Company **you** can be moved safely and/ or travel safely to **your home area** to continue treatment.  
If the claim relates to **your** return travel to **your home area** and **you** do not hold a return ticket, **we** will deduct from **your** claim an amount equal to **your** original carrier's published one way airfare (based on the same class of travel as that paid by **you** for **your outward trip**) for the route used for **your** return.



### What you are not covered for under Section B1

1. The excess as shown in the table of benefits for each **insured person** and for each incident, except under sub section 2 emergency dental treatment. The excess will be reduced to nil if **your** medical expenses have been reduced by **you** using the European Health Insurance Card (EHIC) or Global Health Insurance Card (GHIC), Medicare or equivalent schemes (please refer to the 'Health agreements' section on page 8 for further details).
2. Any medical treatment that **you** receive because of a **medical condition** or an illness related to a **medical condition** which **you** knew about at the time of purchasing this insurance and / or at the time of commencing travel and which could reasonably be expected to lead to a claim unless declared to **us** and accepted for cover in writing.
3. Any costs relating to pregnancy or childbirth, if **you** are more than 26 weeks pregnant at the start of or during **your trip**.
4. Any treatment or surgery which the Medical Emergency Assistance Company thinks is not immediately necessary and can wait until **you** return to **your home area**. The decision of the Medical Emergency Assistance Company is final.
5. In-patient or private treatment which has not been notified as soon as possible to and agreed by **us** or the Medical Emergency Assistance Company.
6. The extra cost of a single or private hospital room unless this is medically necessary and authorised by the Medical Emergency Assistance Company.
7. Treatment in a private hospital or private clinic where suitable state facilities are available.
8. Any costs of **Coronavirus** testing, unless **you** are admitted to hospital as an in-patient as a result of an accident or illness that is covered under section B1 (Medical and other expenses outside of your home area).
9. Any claims arising directly or indirectly from **Coronavirus** under sub-section 5 (If **you** cannot return to **your home area** as **you** originally planned because **you** test positive for **Coronavirus**) if **you** do not have an official positive test result confirming **your** diagnosis within fourteen (14) days of **your** booked **trip** return date.
10. Any search and rescue costs (costs charged to **you** by a government, regulated authority or private organisation connected with finding and rescuing **you**. This does not include medical evacuation costs by the most appropriate transport).
11. Any costs for the following:
  - a. telephone calls (other than the first call to the Medical Emergency Assistance Company to notify them of the medical problem);
  - b. taxi fares (unless a taxi is being used in place of an ambulance to take **you** to or from a hospital); or
  - c. food and drink expenses (unless these form part of **your** hospital costs if **you** are kept as an in-patient).
12. Any costs incurred in **your home area**.
13. Expenses or treatment incurred in the **UK**, but outside **your home area**, which are:
  - a. for private treatment; or
  - b. funded by a reciprocal healthcare agreement (RHA) between these countries and/or islands.
14. Any costs **you** have to pay when **you** have refused to come back to **your home area** and the Medical Emergency Assistance Company considered **you** were fit to return **home**.
15. Any treatment or medication of any kind that **you** receive after **you** return to **your home area**.
16. If **you** become injured or die as a result of a **winter sports** activity and **you** have not purchased the additional **winter sports** cover.
17. Treatment in a private hospital or private clinic unless authorised and agreed by **us**.
18. Damage to dentures.
19. Anything mentioned in 'General exclusions' on pages 36 & 37.

**You should also refer to 'Important conditions relating to health & disclosure of your medical conditions' on page 7.**

## Section B2 - Medical and other expenses within the United Kingdom



### What you are covered for under Section B2

We will pay up to the amount shown in the table of benefits for the necessary and reasonable costs as a result of **you** dying, becoming ill, testing positive for **Coronavirus** or being injured during **your trip**. This includes:

1. The cost of **your** return **home** earlier than planned if this is medically necessary and the treating hospital **doctor** approves this.
2. If **you** cannot return **home** as **you** originally planned and the treating **doctor** approves this, **we** will pay for:
  - a. Extra accommodation (room only) and travel expenses (of the same mode of transport and class of travel as that was used by **you** on **your** outward **trip**) to allow **you** to return **home**. A maximum amount of £1,000 per **insured person** applies if **you** have to extend **your trip** because **you** have tested positive for **Coronavirus**; and
  - b. Extra accommodation (room only) for someone to stay with **you** and travel **home** with **you** if this is necessary due to medical advice; or
  - c. Reasonable expenses for one **relative** or friend to travel from their **home** in the **United Kingdom** to stay with **you** (room only) and travel **home** with **you** if this is necessary due to medical advice.
3. Up to £1,000 for the cost of returning **your** body or ashes to **your home** town if **you** die during **your trip**.

**Please note:** If **your trip** is within the **Channel Islands** cover is also provided for emergency medical, surgical and hospital treatment but only if **you** do not reside in the **Channel Islands**.



### What you are not covered for under Section B2

1. The excess as shown in the table of benefits for each **insured person** and for each incident.
2. Any claim arising from a **medical condition** or an illness related to a **medical condition** which **you** knew about at the time of purchasing this insurance and / or at the time of commencing travel and which could reasonably be expected to lead to a claim unless declared to **us** and accepted for cover in writing.
3. Any costs of **Coronavirus** testing.
4. Any claim if **you** are advised to quarantine or **you** choose to self-isolate due to a person **you** have come into contact with having **Coronavirus**.
5. Anything mentioned in 'General Exclusions' on pages 36 and 37.

**You should also refer to 'Important conditions relating to health & disclosure of your medical conditions' on page 7.**

## Section B3 - Hospital Stay Benefit

Please note: This section does not apply to trips taken within your home area.



### What you are covered for under Section B3

We will pay up to the amount shown in the table of benefits if, as a result of an accident or illness that is covered under section B1 (Medical and other expenses outside of your home area) of this insurance, **you** go into hospital as an in-patient. We will pay a benefit for each complete 24-hour period that **you** are kept as an in-patient.

**Please note:** This benefit is only payable for the time that **you** are kept as an in-patient abroad and ceases if **you** go into hospital upon **your** return to **your home area**. This amount is meant to help **you** pay any extra expenses such as taxi fares and phone calls.



### What you are not covered for under Section B3

1. Anything mentioned in 'General exclusions' on pages 36 & 37.

**You should also refer to 'Important conditions relating to health & disclosure of your medical conditions' on page 7.**

#### Claims evidence required for Sections B1, B2 & B3 may include:

- Proof of travel (confirmation invoice, travel tickets)
- Invoices and receipts for **your** expenses
- **You** must provide at **your** own expense a positive official test result confirming **your** diagnosis of **Coronavirus** (for claims under section B1 sub-section 5 - If **you** cannot return to **your home area** as **you** originally planned because **you** test positive for **Coronavirus**)
- Proof of **your** hospital admission and discharge dates and times (for claims under section B3)

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

## Section C - Cutting your trip short

Please note: If you need to return home earlier than planned, you must contact the Medical Emergency Assistance Company as soon as reasonably possible (please see the Medical and other emergencies section on page 12 for further details).



### What you are covered for under Section C

We will pay up to the amount shown in the table of benefits for:

- ✓ travel and accommodation expenses which **you** have paid or have agreed to pay under a contract and which **you** cannot get back;
- ✓ the cost of excursions, tours and activities which **you** have paid for either before **you** left **your home area** or those paid for locally upon arrival at **your** holiday destination and which **you** cannot get back; and
- ✓ reasonable additional travel costs to return back to **your home area** (or costs to return home if **your trip** is within **your home area**) if it is necessary and unavoidable for **you** to cut short **your trip**.

**Please note:** If payment has been made using frequent flyer points, avios airmiles, loyalty card points or similar loyalty card schemes, settlement of **your** claim will be based upon the lowest available published flight fare for the flight originally booked if they are non-transferable.

We will provide this cover if the cutting short of **your trip** is necessary and unavoidable as a result of the following.

1. **You** dying, becoming seriously ill or being injured.
2. **You** testing positive for **Coronavirus** and becoming seriously ill or dying.
3. The death, serious illness or injury of a **relative, business associate**, a person who **you** are travelling with, or a **relative** or friend living abroad who **you** had planned to stay with during **your trip**.

**Please note:** there is no cover if this is related to a **pandemic** and/ or **epidemic**, including but not limited to **Coronavirus**, as this is excluded. The incident giving rise to the claim must have been unexpected and not something **you** were aware of when **you** purchased this insurance. Please see 'Important conditions relating to health & disclosure of your medical conditions' on page 7 and 'General exclusions' on pages 36 & 37.

4. **Your** inability to use, or participate in, pre-paid activities, excursions or tours due to **you** becoming temporarily ill or injured during **your trip**.
5. If the police or relevant authority need **you** to return to **your home** in the **United Kingdom** after a fire, storm, burglary or vandalism to **your home** or place of business.
6. If **you** are a member of the armed forces, police, fire, nursing or ambulance services which results in **you** having to return to **your home** in the **United Kingdom** due to an unforeseen emergency or if **you** are posted overseas unexpectedly.

**Please note:** We will calculate claims for cutting short **your trip** from the day **you** return to **your home area** begins or the day **you** go into hospital outside **your home area** as an in-patient. **Your** claim will be based on the number of complete days **you** have not used.



### What you are not covered for under Section C

1. The excess as shown in the table of benefits for each **insured person** and for each incident.
2. Cutting short **your trip** because of a **medical condition** or an illness related to a **medical condition** which **you** knew about at the time of purchasing this insurance and / or at the time of commencing travel and which could reasonably be expected to lead to a claim unless declared to **us** and accepted for cover in writing.
3. Any claim under 'What you are covered for under section C' point 3 above, that is related to a **pandemic** and/or **epidemic**, including but not limited to **Coronavirus**.
4. Any claim arising directly or indirectly from **Coronavirus**:
  - a. if **you** do not have an official positive test result confirming **your** diagnosis, unless agreed by the Medical Emergency Assistance Company;
  - b. if **you** are advised to quarantine or **you** choose to self-isolate due to a person **you** have come into contact with having **Coronavirus**;
  - c. any costs of **Coronavirus** testing unless **you** are admitted to hospital as an in-patient as a result of an accident or illness that is covered under section B1 (Medical and other expenses outside of your home area).
5. Any claim where the Medical Emergency Assistance Company have not been contacted to authorise **your** early return back to **your home area**.
6. Any additional expenses incurred should **you** decide to travel to any destination other than **your home area** in the event of cutting short **your trip**. If **you** have to cut short **your trip** and **you** do not return to **your home area** we will only be liable for the equivalent costs which **you** would have incurred had **you** returned to **your home area**.
7. **You** being unable to continue with **your** travel due to **your** failure to obtain the passport or visa **you** need for the **trip**.
8. The cost of **your** intended return travel to **your home area** if **we** have paid additional travel costs for **you** to cut short **your trip**.
9. Costs where **your** inability to use prepaid activities, excursions, or tours due to temporarily illness or injury is not verified in writing by **your** treating **doctor**.
10. Anything mentioned in 'General exclusions' on pages 36 & 37.

**You should also refer to 'Important conditions relating to health & disclosure of your medical conditions' on page 7.**

#### Claims evidence required for Section C may include:

- Proof of travel cost (confirmation invoice, flight tickets)
- Invoices and receipts for **your** expenses
- **You** must provide at **your** own expense a positive official test result confirming **your** diagnosis of **Coronavirus**
- An official letter confirming: the need for **your** return to **your home area**, emergency posting overseas
- An official letter from **your** treating **doctor** to confirm **your** temporary illness or injury

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

## Section D - Missed Departure and Connections

Please note: This section does not apply to trips taken solely within your home area



### What you are covered for under Section D

We will pay up to the amount shown in the table of benefits for the reasonable extra costs of travel and accommodation **you** incur to reach **your** booked holiday destination if **you** cannot reach the final international departure point on the outward or return journey from or to **your home area** because:

- ✓ **public transport** services fail due to poor weather conditions (but not including weather conditions defined as **natural catastrophe**), a strike, industrial action or mechanical breakdown; or
- ✓ the vehicle in which **you** are travelling is directly involved in an accident or suffers a mechanical breakdown (this would not include **your** vehicle running out of fuel, oil or water or suffering a flat tyre, puncture or flat battery).

We will also pay up to the amount shown in the table of benefits for the reasonable extra costs of travel and accommodation **you** incur to enable **you** to continue with **your** pre-booked journey in accordance with **your** itinerary should **you** miss a flight connection due to:

- ✓ The airline with whom **you** are booked to travel being unable to deliver **you** in sufficient time to **your** connecting airport to meet **your** connecting flight due to poor weather conditions (but not including weather conditions defined as **natural catastrophe**), a strike, industrial action or mechanical breakdown.



### What you are not covered for under Section D

1. Any claims arising due to a **natural catastrophe** or volcanic ash carried by the wind.
2. Any claims where **you** have not allowed enough time to reach **your** initial departure point or check in, at or before the recommended time.
3. Any claims where **you** have not obtained written confirmation from the appropriate transport company or authority stating the reason for the delay and how long the delay lasted.
4. Any claims relating to **your** own vehicle suffering a mechanical breakdown if **you** are unable to provide evidence that the vehicle was properly serviced and maintained and that any recovery or repair was made by a recognised breakdown organisation.
5. Claims arising from strike or industrial action if the strike or industrial action was existing or publicly announced by the date **you** purchased this insurance or at the time of booking any **trip**.
6. Anything mentioned in 'General exclusions' on pages 36 & 37.

#### Claims evidence required for Section D may include:

- Proof of travel cost (confirmation invoice, flight tickets)
- Invoices and receipts for **your** expenses
- An official letter confirming the reason for **your** late arrival and the length of the delay

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

## Section E1 & E2 - Travel Delay & Abandonment

Please note: You are entitled to claim under section E1 or E2 but not both sections. Both sections do not apply to trips taken solely within your home area



### What you are covered for under Section E1 - Travel Delay

We will pay up to the amount shown in the table of benefits if **your** final international departure from or to **your home area** by aircraft, sea vessel, coach or train is delayed for more than twelve (12) hours due to poor weather conditions (but not including weather conditions defined as **natural catastrophe**), a strike, industrial action or mechanical breakdown.

We will pay a benefit for each complete twelve (12) hour period that **you** are delayed, as long as **you** eventually go on the holiday.



### What you are covered for under Section E2 - Abandonment

We will pay up to the amount shown in the table of benefits for the following costs which **you** have already paid for and cannot get back:

- ✓ travel and accommodation expenses; and
- ✓ excursions, tours and activities; and
- ✓ visas

if it is necessary for **you** to cancel **your trip** if **your** final international departure from **your home area** by aircraft, sea vessel, coach or train is delayed for more than twenty four (24) hours due to poor weather conditions (but not including weather conditions defined as **natural catastrophe**), a strike, industrial action or mechanical breakdown.

**Please note:** If payment has been made using frequent flyer points, avios, airmiles, loyalty card points or similar loyalty card schemes, settlement of **your** claim will be based upon the lowest available published flight fare for the flight originally booked if they are non-transferable.



### What you are not covered for under Sections E1 & E2

1. The excess as shown in the table of benefits for each **insured person** and for each incident (this only applies if **you** are claiming under section E2).
2. Any claims arising due to a **natural catastrophe** or volcanic ash carried by the wind.
3. Any claims where **you** have not checked in for **your trip** at the final international departure point at or before the recommended time. (However, if **you** are unable to check in, **you** may still be eligible to make a claim dependent upon the circumstances which have prevented **you** from checking in. Please contact Claims Settlement Agencies to discuss **your** circumstances and to obtain a claim form so **your** claim can be considered.)
4. Any claims where **you** have not obtained written confirmation from the appropriate transport company or authority stating the reason for the delay and how long the delay lasted.
5. Claims arising from strike or industrial action if the strike or industrial action was existing or publicly announced by the date **you** purchased this insurance or at the time of booking any **trip**.
6. Anything mentioned in 'General exclusions' on pages 36 & 37.

#### Claims evidence required for Sections E1 and E2 may include:

- Proof of travel (confirmation invoice, flight tickets)
- An official letter confirming the cause and length of the delay
- Official confirmation that **your** pre-paid expenses cannot be refunded (for claims under section E2 only)

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

## Sections F1, F2, F3 & F4 - Personal Baggage



### What you are covered for under Section F1 - Personal Baggage

**We** will pay for items which are usually carried or worn by **you** for **your individual** use during a **trip**. **We** will pay up to the amount shown in the table of benefits for items owned (not borrowed or rented) by **you** which are lost, stolen or damaged during **your trip**.

**Please note:**

- a. A lower limit applies to **children** who are 17 years of age or under as shown in the table of benefits.
- b. Payment will be based on the value of the property at the time it was lost, stolen or damaged. A deduction will be made for wear, tear and loss of value depending on the age of the property.
- c. The maximum amount **we** will pay for any one item, **pair or set of items** is shown in the table of benefits. Please refer to the definition of '**pair or set of items**' on page 13.
- d. The maximum amount **we** will pay for **valuables and electronic/other equipment** in total is shown in the table of benefits. Please refer to the definition of '**valuables and electronic/other equipment**' on page 14.
- e. The maximum **we** will pay for property which is lost or stolen from an **unattended** motor vehicle is £100 for each **insured person** if the property was kept in a locked boot, a locked and covered luggage compartment or a locked glove compartment and there was evidence of forced and violent entry to the vehicle.
- f. If the same costs are also covered under Section K – Gadget **you** can only claim for these under one section for the same event.



### What you are covered for under Section F4 - Personal money

**We** will pay up to the amount shown in the table of benefits for the loss or theft of the following if **you** can provide evidence **you** owned them and provide evidence of their value (this would include receipts, bank statements or cash- withdrawal slips):

- ✓ Cash and Travellers cheques (if these cannot be refunded by the provider).

**Please note:** The maximum amount **we** will pay for cash carried by one **insured person**, whether jointly owned or not, is the cash limit as shown in the table of benefits (please note a lower limit applies to **children** who are 17 years of age or under).



### What you are covered for under Section F2 - Delayed Baggage

**We** will pay up to the amount shown in the table of benefits for buying essential items if **your** baggage is delayed in reaching **you** on **your** outward international journey for more than twelve (12) hours.

**Please note:** **You** must get written confirmation of the length of the delay from the appropriate airline or transport company and **you** must keep all receipts for the essential items **you** buy.

If **your** baggage is permanently lost **we** will deduct any payment **we** make for delayed baggage from the payment **we** make for **your** overall claim for baggage.



### What you are covered for under Section F3 - Loss of passport and travel documents

**We** will pay up to the amount shown in the table of benefits for the cost of replacing the following items belonging to **you** if they are lost, stolen or damaged during **your trip**:

- ✓ Passport;
- ✓ Travel tickets; and
- ✓ Visas.

**Please note:** The cost of replacing **your** passport includes the necessary and reasonable costs **you** pay outside the **United Kingdom** associated with getting a replacement passport to allow **you** to return back to **your home area** (this would include travel costs to the Consulate as well as the cost of the emergency passport itself). A claim for the lost or stolen passport would be calculated according to its expiry date - depending upon how many years there were left to run on the original passport, an unused proportionate refund would be made of its original value.



## What you are not covered for under Sections F1, F2, F3 & F4

1. Property **you** leave **unattended** in a public place.
2. Any claim for loss or theft to personal belongings and baggage, personal money or passports and travel documents which **you** do not report to the police within twenty four (24) hours of discovering it and which **you** do not get a written police report for.
3. Any claim for loss, theft, damage or delay to personal belongings and baggage which **you** do not report to the relevant airline or transport company within twenty four (24) hours of discovering it and which **you** do not get a written report for. In the case of an airline, a property irregularity report will be required from the airline. If the loss, theft or damage to **your** property is only noticed after **you** have left the airport, **you** must contact the airline in writing with full details of the incident within seven (7) days of leaving the airport and get a written report from them.
4. Any loss or theft of **your** passport which **you** do not report to the consular representative of **your home** country within twenty four (24) hours of discovering it and get a written report for.
5. Any loss, theft or damage to **valuables and electronic/other equipment** which **you** do not carry in **your** hand luggage while **you** are travelling on **public transport** or on an aircraft.
6. Any loss, theft or damage to **your** gadgets, if section K is operative under **your** policy.
7. Money, passports and travel documents which **you** do not carry with **you** unless they are being held in a locked safety deposit facility.
8. Claims arising due to an authorised person fraudulently using **your** credit or debit cards.
9. Claims where **you** are unable to provide receipts or other reasonable proof of ownership wherever possible for the items being claimed.
10. Breakage of fragile objects or breakage of sports equipment while being used.
11. Damage due to scratching or denting unless the item has become unusable as a result of this.
12. Loss due to variations in exchange rates.
13. If **your** property is delayed or detained by Customs, the police or other officials.
14. Loss of jewellery (other than wedding rings) while swimming or taking part in sports and activities.
15. Losses caused by mechanical or electrical breakdown or damage caused by leaking powder or fluid carried within **your** baggage.
16. Loss, theft or damage to mobile phones (including smart phones and tablet computers), contact or corneal lenses, sunglasses, prescription glasses or spectacles, dentures, hearing aids, artificial limbs, paintings, household equipment, bicycles and their accessories, motor vehicles and their accessories (this would include keys), marine craft and equipment or items of a perishable nature (meaning items that can decay or rot and will not last for long, for example, food).
17. Any claim for loss, theft, damage or delay to **winter sports** equipment or golf equipment.
18. Anything mentioned in 'General exclusions' on pages 36 & 37.

### Important Information:

- **You** must act in a reasonable way to look after **your** property as if uninsured and not leave it **unattended** or unsecured in a public place;
- **You** must carry **valuables and electronic/other equipment** and money with **you** when **you** are travelling. When **you** are not travelling, keep **your** money, passport, **valuables and electronic/other equipment** with **you** at all times or leave them in a locked safety deposit box;
- **You** must report all losses, thefts or delays to the relevant authorities and obtain a written report from them within twenty four (24) hours of the incident; and
- **You** must provide Claims Settlement Agencies with all the documents they need to deal with **your** claim, including a police report, a property irregularity report, receipts for the items being claimed as applicable.

### Claims evidence required for Sections F1 to F4 may include:

- Loss or theft of property or money - police report
- Loss, theft or damage by an airline - property irregularity report, flight tickets and baggage check tags
- Delay by an airline - written confirmation of the length of delay from the airline, flight tickets, baggage check tags, receipts for emergency purchases
- Loss or theft of a passport - police report, consular report, receipts for additional expenses to get a replacement passport outside the **United Kingdom**
- Proof of value and ownership for property and money

**Please note:** If **you** are unable to provide any of the reports referred to above, **you** may still be eligible to make a claim dependent upon the circumstances which have prevented **you** from obtaining the necessary documentation. Please contact Claims Settlement Agencies to discuss why **you** have been unable to obtain the relevant reports and to obtain a claim form so **your** claim can be considered.

## Section G - Personal Accident

### Definitions relating to this section

#### Accident

A sudden, unexpected and specific event, external to the body, which occurs at an identifiable time and place.

#### Loss of limb

- a. In the case of a lower limb, loss by physical severance at or above the ankle, or
- b. Permanent and total loss of and/or total and irrecoverable loss of use of an entire leg or foot which lasts twelve (12) calendar months and at the expiry of that period being beyond hope of improvement, or
- c. In the case of an upper limb, loss by physical severance of the entire four fingers through or above the meta carpo phalangeal joints or permanent and total loss of and/or total and irrecoverable loss of use of an entire arm or hand which lasts twelve (12) calendar months and at the expiry of that period being beyond hope of improvement.

#### Loss of sight

- a. Permanent and total loss of sight in both eyes where an **insured person's** name has been added to the Register of Blind Persons on the authority of a qualified ophthalmic specialist; or
- b. Permanent and total loss of sight, if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale (seeing at least three feet what an **insured person** should see at sixty feet), which lasts twelve (12) calendar months and at the expiry of that period being beyond hope of improvement.

#### Permanent total disablement

Irrecoverable disablement arising from accidental bodily injury, which permanently and totally incapacitates the **insured person** for a continuous period of twelve (12) months from carrying out at least two (2) of the following activities of daily living:

- a. Transfer and Mobility – the ability to move from one room to an adjoining room or from one side of a room to another or to get in and out of a bed or chair,
- b. Dressing – putting on and taking off all necessary items of clothing,
- c. Toileting – getting to and from the toilet, transferring on and off the toilet and associated personal hygiene,
- d. Eating – all tasks of getting food into the body once it has been prepared,

and at the expiry of that period being beyond hope of improvement sufficient to carry out at least three of the previously described activities of daily living ever again.



### What you are covered for under Section G

We will pay up to the amount shown in the table of benefits to **you** (or to **your** executors or administrators if **you** die) if **you** are involved in an accident during **your trip** which solely and independently of any other cause results in one or more of the following within 12 months of the date of the accident:

- ✓ **Loss of limb** (a limb means an arm, hand, leg or foot);
- ✓ **Loss of sight;**
- ✓ Permanent total disablement; or
- ✓ Accidental death.

#### Please note:

- We will only pay for one personal accident benefit for each **insured person** during the **period of cover** shown on **your policy certificate**.
- Any claim arising from the result of a motorcycling accident will be subject to a maximum sum insured payable of £5,000 if **you** have purchased Standard cover or £10,000 if **you** have purchased Extra or Super cover.
- If **you** are 17 years of age or under or if **you** are 66 years of age or over, a reduced benefit will apply in the event of death, as set out in the table of benefits. For the avoidance of doubt age is at the date the policy was purchased.



### What you are not covered for under Section G

1. Anything mentioned in 'General exclusions' on pages 36 & 37.

You should also refer to 'Important conditions relating to health & disclosure of your medical conditions' on page 7.

#### Claims advice for Section G:

Please phone Claims Settlement Agencies on 01702 553443 to ask for advice as soon as **you** need to make a claim or see page 12, 'How to make a claim'.

## Section H - Personal Liability

Please note: This section does not apply to trips taken within your home area.



### What you are covered for under Section H

We will pay up to the total amount shown in the table of benefits if, during an insured **trip**, **you** are legally liable for accidentally:

- ✓ injuring someone; or
- ✓ damaging or losing someone else's property.



### What you are not covered for under Section H

1. The excess as shown in the table of benefits for each **insured person** and for each incident.
2. Any liability arising from an injury or loss or damage to property:
  - a. owned by **you**, a member of **your** family or household or a person **you** employ; or
  - b. in the care, custody or control of **you** or of **your** family or household or a person **you** employ (other than temporary holiday accommodation occupied but not owned by **you**).
  - c. any claim assumed by **you** under any contract or agreement unless such liability would have attached in the absence of such contract or agreement.
3. Any liability for death, disease, illness, injury, loss or damage:
  - a. to members of **your** family or household, or a person **you** employ;
  - b. arising in connection with **your** trade, profession or business;
  - c. arising in connection with a contract **you** have entered into;
  - d. arising due to **you** acting as the leader of a group taking part in an activity;
  - e. arising due to **you** owning, possessing or using mechanically-propelled vehicles, watercraft or aircraft of any description, animals (other than domestic cats or dogs), firearms or weapons; or
  - f. as a result of a **winter sports** activity if **you** have not purchased the additional **winter sports** cover.
4. Anything mentioned in 'General exclusions' on pages 36 & 37.

#### Important Information:

- **You** must give Claims Settlement Agencies notice of any cause for a legal claim against **you** as soon as **you** know about it, and send them any documents relating to a claim;
- **You** must help Claims Settlement Agencies and give them all the information they need to allow them to take action on **your** behalf;
- **You** must not negotiate, pay, settle, admit or deny any claim unless **you** get Claims Settlement Agencies permission in writing; and
- **We** will have complete control over any legal representatives appointed and any proceedings, and **we** will be entitled to take over and carry out in **your** name **your** defence of any claim or to prosecute for **our** own benefit any claims for indemnity, damages or otherwise against anyone else.

#### Claims evidence required for Section H:

- Do not admit liability, offer or promise compensation
- Give details of **your** name, address and travel insurance
- Take photographs and videos, and get details of witnesses if **you** can
- Tell Claims Settlement Agencies as soon as reasonably possible about any claim that is likely to be made against **you** and send them all the documents that **you** receive see page 12, 'How to make a claim'.

## Section I - Legal Expenses

Please note: This section does not apply to trips taken within your home area.

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 £5,000 if **you** have purchased Standard cover or £20,000 if **you** have purchased Extra or Super cover.



### What you are covered for under Section I

**We** will pay up to the amount shown in the table of benefits for legal costs and expenses arising as a result of dealing with claims for compensation and damages resulting from **your** death, illness or injury during **your trip**.



### What you are not covered for under Section I

1. Any legal costs and expenses which **we** have not agreed to accept beforehand in writing.
2. Any claim where **we** or **our** legal representative believe that an action is not likely to be successful or if **we** believe that the costs of taking action will be greater than any award.
3. The costs of making any claim against **us**, InsuraTrip Travel Insurance, **our** agents or representatives, or against any tour operator, travel agent, accommodation provider, carrier or any person who **you** have travelled with or arranged to travel with, pursuing any claim for compensation against the manufacturer, distributor or supplier of any drug, medication or medicine.
4. Any fines, penalties or damages **you** have to pay.
5. The costs of making any claim for bodily injury, loss or damage caused by or in connection with **your** trade, profession or business.
6. Any claims arising out of **you** possessing, using or living on any land or in any buildings.
7. Any claims arising out of **you** owning, possessing or using mechanically propelled vehicles, watercraft or aircraft of any description, animals, firearms or weapons.
8. Any claim reported more than 180 days after the incident took place.
9. Any claims from **you** becoming injured or dying as a result of a **winter sports** activity and **you** have not purchased the additional **winter sports** cover.
10. The costs incurred in the defence against any civil claim or legal proceedings made or brought against **you**.
11. The costs 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.
12. Anything mentioned in 'General exclusions' on pages 36 & 37.

#### Important Information:

- **We** will have complete control over any legal representatives appointed and any proceedings;
- **You** must follow **our** advice or that of **our** agents in handling any claim; and
- **You** must use reasonable efforts to get back all of **our** expenses where possible. **You** must pay **us** any expenses **you** do get back.

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.

**We** may at **our** discretion offer to settle a claim with **you** instead of initiating or continuing any claim or legal proceedings for damages and or compensation from a third party, 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.

#### Claims evidence required for Section I:

Please phone Claims Settlement Agencies on 01702 553443 to ask for advice as soon as **you** need to make a claim or see page 12 'How to make a claim'.

## Section J - End Supplier Failure

### Definitions relating to this section

#### Financial failure

Means the airline becoming insolvent or has an administrator appointed and does not fulfil the booked flight(s).

#### End Supplier

Means the company that owns and operates the services listed in point 1 below.



### What you are covered for under Section J

We will pay up to the amount shown in the table of benefits for each **insured person** named on the invoice and on the airline ticket for:

1. Irrecoverable sums paid prior to **financial failure** of the Scheduled Airline, hotel, train operator including Eurostar, car ferries; villas abroad & cottages in the **UK**; coach operator, car or camper hire company, caravan sites, campsites, mobile home, safaris; excursions; Eurotunnel; theme parks or attractions all known as the **End Supplier** of the travel arrangements not forming part of an inclusive holiday prior to departure or
2. In the event of **financial failure** after departure:
  - a. additional costs incurred by **you** in replacing that part of the flight arrangements to a similar standard of transportation as enjoyed prior to the curtailment of the travel arrangements; or
  - b. if curtailment of the **trip** is unavoidable - the cost of return flights to the **United Kingdom** to a similar standard of transportation as enjoyed prior to the curtailment of the travel arrangements.



### What you are not covered for under Section J

1. Travel or Accommodation not booked within the **United Kingdom, Channel Islands, Isle of Man or Northern Ireland** prior to departure
2. Any **End Supplier** which is, or which any prospect of **financial failure** is known by the Insured or widely known publicly at the date of the Insured's application under this policy
3. Any loss or part of a loss which at the time of the happening of the loss is insured or guaranteed by any other existing Policy, Policies, bond or is capable of recovery from under Section 75 of the Consumer Credit Act or from any bank or card issuer or any other legal means
4. The **financial failure** of any travel agent, tour organiser, booking agent or consolidator with whom the Insured has booked travel or accommodation
5. Any losses which are not directly associated with the incident that caused the Insured to claim. For example, loss due to being unable to reach **your** pre-booked hotel following the **financial failure** of an airline.

## Optional Sections of Cover

The following sections only apply if you have paid the additional premium as displayed on your policy certificate.

### Section K - Gadget Cover

**Please note:** No cover is provided for Gadget Cover unless you have paid the required extra premium and this is shown on your policy certificate.

#### Single trip policies:

Cover applies for the duration of **your trip**, as stated on **your policy certificate**.

#### Annual multi trip policies:

You are covered when taking part in **trips** up to the maximum **trip** duration dependent upon **your** chosen cover level and as stated in **your policy certificate**.

Gadget cover provides cover for **your gadget** against theft, accidental damage and **malicious damage** when **you** are on a **trip** that is covered by **your** travel insurance.

#### Definitions relating to this section

##### Gadget

The item(s) insured under this insurance, purchased by **you** and shown within the relevant **proof of purchase**. Only item(s) from the following list, which are under thirty-six (36) months old at the time **you** purchased this insurance shall be covered: MP3 players, ipods, ipads, smart phones, smart watches, smart glasses, head mounted displays, DVD players, games consoles, cameras including digital cameras, camera lenses, video cameras, mobile phones, PDA's, laptops, bluetooth headsets, satnavs, E-Reader, in-car computers, head/ear phones, tablets, wireless speakers.

##### Immediate family

**Your** mother, father, child, brother, sister, spouse/civil partner and **partner**, who permanently reside with **you**.

##### Malicious Damage

The intentional or deliberate actions of another party which causes damage to **your gadget**.

##### Proof of Purchase

The original purchase receipt provided at the point of sale that gives details of the **gadget** purchased, or similar documents that provide proof that **you** own the **gadget**.

##### Violent and Forcible Entry

Entry evidenced by visible damage to the fabric of the building, room, or vehicle at the point of entry.



#### What you are covered for under Section K

##### A. Accidental loss

**We** will pay up to the amount shown in the table of benefits for the cost of a replacement, less a deduction for wear, tear and depreciation (loss of value), if **your gadget** is accidentally lost.

##### B. Accidental Damage

**We** will pay up to the amount shown in the table of benefits for the repair or replacement cost, less a deduction for wear, tear and depreciation (loss of value), if **your gadget** is damaged as the result of an accident.

##### C. Theft

If **your gadget** is stolen **we** will pay up to the amount shown in the table of benefits for the cost of a replacement, less a deduction for wear, tear and depreciation (loss of value).

Where only part or parts of **your gadget** have been stolen, **we** will only pay to replace that part or those parts.

##### D. Malicious Damage

If **your gadget** is damaged as a result of intentional or deliberate actions of someone else **we** will pay up to the amount shown in the table of benefits for **you** to repair it.

Where only part or parts of **your gadget** are damaged, **we** will only pay to replace that part or those parts.

##### Please note:

The most **we** will pay for any one claim will be the replacement value of **your gadgets**, limited to a maximum of five (5) **gadgets** per policy, less a deduction for wear, tear and depreciation (loss of value); and in any case shall not exceed **our** maximum liability for the level of cover as shown in the table of benefits.

A deduction will be made for wear, tear and loss of value on claims made for **gadgets** owned by **you** as follows:

- Up to twelve (12) months old – 70% of the purchase price
- Up to twenty-four (24) months old – 50% of the purchase price
- Up to thirty-six (36) months old – 20% of the purchase price
- Thirty-six (36) months old or over – No cover



#### What you are not covered for under Section K

1. The excess as shown in the table of benefits for each **insured person** and for each incident.
2. Any claim for a **gadget** purchased under a private sale or by a business.
3. Any **gadget** which is thirty-six (36) months old or over at the date **you** purchased this insurance.
4. Any theft unless accompanied by a crime reference number. Lost property numbers are not acceptable in support of a theft claim.
5. Any claim involving theft unless reported to the appropriate local Police authorities and **your** mobile coverage provider (if applicable) within twenty-four (24) hours of discovery or as soon as possible after that.
6. Loss, theft or damage to the **gadget** contained in an **unattended** vehicle unless:
  - a. it is locked out of sight and in a secure baggage area, and
  - b. **violent and forcible entry** has been used by an unauthorised person to effect entry into the vehicle and evidence of such entry is available.
7. Any loss, theft or damage of the **gadget** left as checked in luggage or while in the custody of a carrier, tour operator or **public transport** operator.
8. Any loss, theft or damage to the **gadget** as a result of confiscation or detention by customs, other officials or authorities.
9. Theft of the **gadget** from an unoccupied premises whilst on holiday, unless there is evidence of **violent and forcible entry** to the premises.
10. Theft of the **gadget** left **unattended** in a public place or a place to which the public has regular access.
11. Theft of the **gadget** from the person unless force, pickpocket or threat of violence is used.
12. Theft or accidental damage to the **gadget** whilst on loan to anyone else other than **your immediate family**.
13. Theft of or damage to accessories other than SIM or PCIMA cards which were in the **gadget** at the time of the damage or theft.

14. Any claim resulting from the failure of any electrical or computer equipment, software, micro-controller, microchip, accessories or associated equipment to correctly recognise and process any calendar date or time.
15. Repair or other costs for:
  - a. routine servicing, inspection, maintenance or cleaning;
  - b. loss caused by a manufacturer's defect or recall of the **gadget**;
  - c. replacement of or adjustment to fittings, control knobs or buttons, batteries or aerials;
  - d. repairs carried out by anyone not authorised by **us**;
  - e. wear and tear or gradual deterioration of performance;
  - f. claims arising from abuse, misuse or neglect;
  - g. a **gadget** where the serial number has been tampered with in any way.
16. Any kind of damage whatsoever unless the damaged **gadget** is provided for repair.
17. The VAT element of any claim if **you** are registered for VAT.
18. Reconnection costs or subscription fees of any kind.
19. The cost of replacing any personalised ring tones or graphics, downloaded material (including apps) or software.
20. Any expense incurred as a result of not being able to use the **gadget**, or any loss other than the repair or replacement costs of the **gadget**.
21. Any claim that occurs whilst not on a **trip**.
22. Liability of any nature arising from ownership or use of the **gadget**, including any illness or injury resulting from it.
23. Any damage as a result of **you** participating in **winter sports** activities unless the appropriate premium has been paid to include cover for **winter sports** activities.
24. Any damage as a result of **you** participating in sports and activities which require payment of an additional premium unless the appropriate premium has been paid to cover that sport or activity.
25. Anything mentioned in 'General Exclusions' on pages 36 and 37.

**Please note:** If **you** are insuring an item without SIM or PCIMA card capability, all exclusions relating to these items are not applicable.

**Important information:**

- **You** must provide **us** with any receipts, documents or **proof of purchase**, that it is reasonable for **us** to request.
- **You** cannot transfer the insurance to someone else or to any other **gadget** without **our** written permission.
- Cover excludes costs or payments recoverable from any party, under the terms of any other contract, guarantee, warranty, or insurance.
- **You** must bring any damaged **gadget** back to the **United Kingdom** for inspection.
- **You** cannot claim for the same loss under Section F1 – Personal baggage and this section.

## Section L - Winter Sports Cover

**Please note:** No cover is provided for Winter Sports unless you have paid the required extra premium and this is shown on your policy certificate.

### Definitions relating to this section

#### Winter sports

Bigfoot skiing, blade skating, cat skiing (with guide), cross country skiing, curling, glacier walking (up to 4,000 metres), husky dog sledding, ice go carting, ice hockey, kick sledging, langlauf, mono skiing, mountain walking up to 1500m, off piste skiing (except in areas considered to be unsafe by local resort management), off piste snowboarding (except in areas considered to be unsafe by local resort management), passenger sledge, ski blading, ski boarding, ski dooing, skiing, skiing nordic, sledging/sleighbing, sleigh riding (reindeer, horses or dogs), snowboarding, snow cat driving, snow mobile/ski doos, snow mobiling, snow parascending, snow shoe walking, speed skating, telemarking, tobogganing (not bobsleigh or luge).

If the **Winter sports** activity in which **you** are participating is not listed above or **you** are participating in anything other than on a recreational or amateur basis please contact InsuraTrip Travel Insurance on 01483 806909 or by emailing info@insuratrip.com before taking part.

**Please note:** cover for **Winter sports** activities not listed above may require the **policyholder** to pay an additional premium over and above the normal **winter sports** premium. In some cases, **your** excess under section B1 (Medical and other expenses outside of your home area) will be increased to £250, and there will be no cover provided under section G (Personal accident) and section H (Personal liability) whilst taking part in the activity.

#### Winter sports equipment

Skis and snowboards and their bindings, ski poles, ski or snowboard boots, ski helmets, ice skates.



### What you are covered for under Section L1 - Winter sports equipment

We will pay up to the amount shown in the table of benefits for **winter sports equipment** owned or hired by **you** which is lost, stolen or damaged during **your trip**.

#### Please note:

A deduction will be made for wear, tear and loss of value on claims made for **winter sports equipment** owned by **you** as follows:

Age of equipment	Proportion of original purchase price
Up to 12 months old	90%
Up to 24 months old	70%
Up to 36 months old	50%
Up to 48 months old	30%
Over 60 months old	20%

The maximum amount **we** will pay for any one item, **pair or set of items** is shown in the table of benefits. Please refer to the definition of '**pair or set of items**' on page 13.

**You** must bring any damaged **winter sports equipment** **you** own back to **your home area** for inspection.



### What you are covered for under Section L2 - Winter sports equipment hire

We will pay up to the amount shown in the table of benefits for the cost of hiring **winter sports equipment** if **winter sports equipment** owned by **you** is:

- ✓ delayed in reaching **you** on **your** outward international journey for more than twelve (12) hours; or
- ✓ lost, stolen or damaged during **your trip**.

**Please note:** **You** must keep all receipts for the **winter sports equipment** that **you** hire.



### What you are covered for under Section L3 - Lift pass

We will pay up to the amount shown in the table of benefits for the loss or theft of **your** lift pass.

Claims would be calculated according to the expiry date of the lift pass - depending upon how many days there were left to run on the original lift pass, an unused proportionate refund would be made of its original value.



### What you are not covered for under Section L1, L2 and L3

1. The excess as shown in the table of benefits for each **insured person** and for each incident (this does not apply if **you** are claiming under section L2).
2. Any claim for loss or theft which **you** do not report to the police within twenty four (24) hours of discovering it and which **you** do not get a written police report for.
3. Any claim for loss, theft, damage or delay to **winter sports equipment** which **you** do not report to the relevant airline or transport company within twenty four (24) hours of discovering it and which **you** do not get a written report for. In the case of an airline, a property irregularity report will be required from the airline. If the loss, theft or damage to **your winter sports equipment** is only noticed after **you** have left the airport, **you** must contact the airline in writing with full details of the incident within seven (7) days of leaving the airport and get a written report from them.
4. **Winter sports equipment** **you** have left **unattended** in a public place unless the claim relates to skis, poles or snowboards and **you** have taken all reasonable care to protect them by leaving them in a ski rack between 8am and 6pm.
5. Claims where **you** are unable to provide receipts or other reasonable proof of ownership wherever possible for the items being claimed.
6. Anything mentioned in 'General exclusions' on pages 36 & 37.

#### Claims evidence required for Sections L1 to L3:

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

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



### What you are covered for under Section L4 - Ski Pack

We will pay up to the amount shown in the table of benefits for the unused proportion of **your** ski pack which **you** have already paid for and cannot get back if **you** become ill or are injured during **your trip** and cannot take part in the **winter sports** activities as planned. A ski pack includes ski school fees or ski tuition fees, **your** lift pass and **winter sports equipment** that **you** have hired.

**Please note:**

**Your** claim will be based on the number of complete days **you** have not used.

There is no cover if this is related to a **pandemic** and/or **epidemic**, including but not limited to **Coronavirus**, as this is excluded.

**You** must get written confirmation of the nature of **your** illness or injury from the treating **doctor** in the resort along with confirmation of how many days **you** were unable to ski.



### What you are covered for under Section L5 - Piste Closure

**Please note:** This section only applies between 1 December and 15 April for travel to the Northern hemisphere or between 1 May and 30 September for travel to the Southern hemisphere.

We will pay up to the amount shown in the table of benefits if, as a result of not enough snow, too much snow or high winds in **your** booked holiday resort, at least 80% of all lift systems are closed for more than twelve (12) hours. We will pay for either:

- ✓ the cost of transport to the nearest resort; or
- ✓ a benefit for each complete 24-hour period that **you** are not able to ski and there is no other ski resort available.

**Please note:** **You** must get written confirmation from the management of the resort stating the reason for the closure and how long the closure lasted.



### What you are covered for under Section L6 - Avalanche Cover

We will pay up to the amount shown in the table of benefits for reasonable additional travel and accommodation expenses if **you** are prevented from arriving at or leaving **your** booked ski resort for more than twelve (12) hours from the scheduled arrival or departure time because of an avalanche.

**Please note:** **You** must get written confirmation from the appropriate authority, for example, **your** tour representative, the ski resort management, stating the reason for the delay and how long the delay lasted.



### What you are not covered for under Section L4, L5 and L6

1. Anything mentioned in 'General exclusions' on pages 36 & 37.

**Claims evidence required for Sections L4 to L6:**

- Proof of travel (confirmation invoice, flight tickets)
- Invoices and receipts for **your** prepaid ski pack (if **you** are claiming under Section L4)
- An official letter from the treating **doctor** in the resort to confirm **your** inability to take part in the planned **winter sports** activities (if **you** are claiming under Section L4)
- An official letter confirming the cause and length of the piste closure (if **you** are claiming under Section L5)
- Receipts for **your** travel expenses if **you** travel to the nearest resort (if **you** are claiming under Section L5)
- An official letter confirming the cause and length of the delay in the event of avalanche (if **you** are claiming under Section L6)

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



### What you are covered for under Section L7 - Physiotherapy in the United Kingdom

**Please note:** there is no cover under this section if **you** have purchased Standard cover.

We will pay up to the amount shown in the table of benefits for fees **you** have to pay to a physiotherapist for continuation of treatment on **your** return home if **you** sustain an injury during **your trip** whilst taking part in **winter sports** activities.



### What you are not covered for under Section L7

1. The excess as shown in the table of benefits for each **insured person** and for each incident.
2. The cost of all treatment which is not directly related to the injury that caused the claim.
3. Any expenses which are not usual, reasonable or customary to treat **your** injury.
4. Anything mentioned in the 'General exclusions' on pages 36 and 37.

**You should also refer to 'Important conditions relating to health & disclosure of your medical conditions' on page 7.**

**Claims evidence required for Sections L7:**

- Invoices and receipts for **your** physiotherapy treatment.
- An official letter from the treating physiotherapist to confirm that the treatment provided is in respect of continuation of the treatment for an injury sustained during **your trip**.

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

## Section M - Cruise Cover

### Please note:

- There is no cover provided for cruises unless you have paid the appropriate additional premium and cover is shown on your policy certificate. In any event there is no cover for cargo ship travel.

### Definitions relating to this section

#### Formal cruise attire

Clothing which meets the **cruise** dress code for formal dining, which may include evening gowns, cocktail dresses, suits, tuxedos, dress trousers, dress shirts, sports jacket and ties.



### What you are covered for under Section M1 - Cruise Interruption

We will pay up to the amount shown in the table of benefits for necessary additional travel expenses by the most direct route and additional accommodation (room only), that is agreed by **us** and necessarily incurred by **you**:

- ✓ To reach the next docking port in order to re-join the **cruise**, or
  - ✓ To reach the final destination of **your cruise**, or
  - ✓ To return to the **United Kingdom**, following **your cruise** being necessarily and unavoidably interrupted as a result of:
1. **Your** temporary illness or injury requiring hospital treatment on dry land which is covered under Section B1 (Medical and other expenses outside of your home area), or
  2. **You** being disembarked from **your cruise** to quarantine or isolate on dry land because **you** test positive for **Coronavirus**, or
  3. **Your** passport being lost after **your** international departure but before embarkation of **your** planned **cruise** or during disembarkation ashore on one of the scheduled stops as a result of loss or theft, or
  4. It being deemed medically necessary by a **doctor** for **you** to accompany and assist an **insured person** who is admitted as an in-patient that is covered under section B1 (Medical and other expenses outside of your home area), or
  5. **You** being detained by local police as a result of being a witness or being required to give evidence as a result of **your** participation in a road traffic accident, or criminal investigation where **you** are not the accused.

### Please note:

1. **You** must ensure **you** re-join **your cruise** or return to the **UK** at the first available opportunity.
2. Please refer to 'Trip extensions if you are unable to return home from your trip as planned' on page 11 for details of how to extend the cover under **your** policy until **you** are able to return to the **UK**.
3. If **you** require any help with altering **your** return flight or **public transport**, please contact the Medical Emergency Assistance Company.



### What you are not covered for under Section M1

1. Any claim for loss of passport not reported to the police or other authority within forty eight (48) hours of discovery and for which **you** do not get a written report.
2. Any claim as a result of an **insured person** being a hospital in-patient where the condition was not covered under section B1 (Medical and other expenses outside your home area), or where **we** have not been contacted and/or a recommended hospital has not been appointed by **us** and where **you** have not obtained a medical certificate from the **doctor** in attendance confirming it was medically necessary for **you** to accompany and assist an **insured person** admitted as an in-patient for an insured condition.
3. Any claim where **you** have been detained by local police that is not evidenced by a written report from the local police confirming the reason and period of **your** detention, or reason and period in which **you** were required to give evidence, that necessitated **you** missing the scheduled departure of **your cruise**.
4. Any costs where transportation or accommodation costs are payable or refundable by the **cruise** operator.
5. Any claims arising directly or indirectly from **Coronavirus**:
  - a. if **you** do not have an official positive test result confirming **your** diagnosis;
  - b. if **you** are advised to quarantine or **you** choose to self-isolate due to a person **you** have come into contact with having **Coronavirus**;
  - c. if **you** have not received the recommended number of doses of an approved **Coronavirus** vaccine 14 days prior to **your trip** commencing. This vaccination requirement shall not apply where **you** were ineligible for vaccination, or unable to receive the vaccine for medical reasons, and this is shown in **your** medical records;
  - d. including any costs for **Coronavirus** testing.
6. Anything mentioned in the 'General exclusions' on pages 36 and 37.

**You should also refer to 'Important conditions relating to health & disclosure of your medical conditions' on page 7.**



## What you are covered for under Section M2 - Missed Port Departure

We will pay up to the amount shown in the table of benefits for necessary additional travel expenses by the most direct route and additional accommodation (room only) that is agreed by us to join **your cruise** at the next docking port if **you** fail to arrive at the international departure point in time to board the **cruise** on which **you** are booked to travel on the initial international journey of **your trip** as a result of:

1. The failure of scheduled **public transport** due to poor weather conditions (but not including weather conditions defined as **natural catastrophe**), a strike, industrial action or mechanical breakdown; or
2. The vehicle in which **you** are travelling is directly involved in an accident or suffers a mechanical breakdown (this would not include **your** vehicle running out of fuel, oil or water or suffering a flat tyre, puncture or flat battery).

If, at the time of requesting **our** assistance, satisfactory evidence required by **us**, is not supplied in order to substantiate the claim, **we** will make all necessary arrangements at **your** cost and arrange appropriate reimbursement as soon as **your** claim has been submitted and validated.

**Please note:** **You** should contact the Medical Emergency Assistance Company as soon as reasonably possible and before incurring any costs.



## What you are not covered for under Section M2

1. The excess as shown in the table of benefits for each **insured person** and for each incident.
2. Any claims arising due to a **natural catastrophe** or volcanic ash carried by the wind.
3. Any claims where **you** have not allowed enough time to reach **your** initial departure point or check in, at or before the recommended time.
4. Claims arising from strike or industrial action if the strike or industrial action was existing or publicly announced by the date **you** purchased this insurance or at the time of booking any **trip**.
5. Any claims where **you** have not obtained written confirmation from the appropriate transport company or authority stating the reason for the delay and how long the delay lasted.
6. Any claims relating to **your** own vehicle suffering a mechanical breakdown if **you** are unable to provide evidence that the vehicle was properly serviced and maintained and that any recovery or repair was made by a recognised breakdown organisation.
7. Additional expenses where the scheduled **public transport** operator has offered reasonable alternative travel arrangements.
8. Any travel costs where **you** failed to contact **us** for approval prior to arranging travel to enable **us** to provide assistance with any travel arrangements. Failure to do so can result in the claim being declined.
9. Anything mentioned in the 'General exclusions' on pages 36 and 37.

**You should also refer to 'Important conditions relating to health & disclosure of your medical conditions' on page 7.**

### Claims evidence required for Sections M2:

- Proof of travel cost (confirmation invoice, tickets)
- Invoices and receipts for **your** expenses
- An official letter confirming the reason for **your** late arrival and the length of the delay

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



## What you are covered for under Section M3 - Cabin Confinement

We will pay up to the amount shown in the table of benefits for each twenty four (24) hour period that **you** are confined, by the ship's medical officer, to **your** cabin or stateroom for medical reasons during the period of the **cruise**, unless this was related to a **pandemic** and/or **epidemic**, including but not limited to **Coronavirus**.



## What you are not covered for under Section M3

1. Any confinement to **your** cabin where **you** are unable to provide written confirmation from **your** ship's medical officer confirming **you** were confined to **your** cabin, the reason for and the length of **your** confinement.
2. Any additional period of confinement:
  - a. relating to treatment or surgery, including exploratory tests, which are not directly related to the injury or illness which made **your** confinement necessary;
  - b. following **your** decision not to be repatriated after the date when in **our** opinion, it is safe to do so.
3. Confinement:
  - a. relating to a **pandemic** and/or **epidemic**, including but not limited to **Coronavirus**;
  - b. relating to any form of treatment or surgery which in **our** opinion (based on information received from the ship's **doctor** or other **doctor** in attendance) can be delayed until **your** return to **your home** country;
  - c. as a result of a tropical disease where **you** had not had the recommended inoculations and/or taken the recommended medication.
4. Anything mentioned in the 'General exclusions' on pages 36 and 37.

**You should also refer to 'Important conditions relating to health & disclosure of your medical conditions' on page 7.**



## What you are covered for under Section M4 - Formal Cruise Attire

We will pay up to the amount shown in the table of benefits for:

1. the accidental loss of, theft of or damage to **your formal cruise attire**, and/or
2. the purchase or hire of replacement items of **formal cruise attire** if **your own formal cruise attire** is:
  - a. lost, stolen or damaged on **your** outward journey from **your home**, or
  - b. delayed in reaching **you** for more than twelve (12) hours from the time **you** boarded **your cruise ship** on **your** outward journey.

**Please note:** You must get written confirmation of the length of the delay from the appropriate airline or transport company and **you** must keep all receipts for the items of **formal cruise attire** **you** buy or hire.

If **your formal cruise attire** is permanently lost **we** will deduct any payment **we** make for delayed **formal cruise attire** from the payment **we** make for **your** overall claim for **formal cruise attire**.

### **Please note:**

- Payment will be based on the value of the **formal cruise attire** at the time it was lost, stolen or damaged. A deduction will be made for wear, tear and loss of value depending on the age of the property.
- The maximum amount **we** will pay for any one item, **pair or set of items** is shown in the table of benefits. Please refer to the definition of '**pair or set of items**' on page 13.
- The maximum **we** will pay for **formal cruise attire** which is lost or stolen from an **unattended** motor vehicle is shown in the table of benefits if the **formal cruise attire** was kept in a locked boot or a locked and covered luggage compartment and there was evidence of forced and violent entry to the vehicle.



## What you are not covered for under Section M4

1. The excess as shown in the table of benefits for each **insured person** and for each incident (this only applies if **you** are claiming for items that are lost, stolen or damaged).
2. **Formal cruise attire** **you** leave **unattended** in a public place.
3. Any claim for loss or theft of **your formal cruise attire** which **you** do not report to the police within twenty four (24) hours of discovering it and which **you** do not get a written police report for.
4. Any claim for loss, theft, damage or delay to **your formal cruise attire** which **you** do not report to the relevant airline or transport company within twenty four (24) hours of discovering it and which **you** do not get a written report for. In the case of an airline, a property irregularity report will be required from the airline. If the loss, theft or damage to **your formal cruise attire** is only noticed after you have left the airport, **you** must contact the airline in writing with full details of the incident within seven (7) days of leaving the airport and get a written report from them.
5. Claims where **you** are unable to provide receipts or other reasonable proof of ownership wherever possible for the items being claimed.
6. Loss due to variations in exchange rates.
7. Losses caused by damage caused by leaking powder or fluid carried within **your baggage**.
8. Anything mentioned in the 'General exclusions' on pages 36 and 37.

### **Important information:**

- **You** must act in a reasonable way to look after **your** property as if uninsured and not leave it **unattended** or unsecured in a public place;
- **You** must report all losses, thefts or delays to the relevant authorities and obtain a written report from them within twenty four (24) hours of the incident; and
- **You** must provide Claims Settlement Agencies with all the documents they need to deal with **your** claim, including a police report, a property irregularity report, receipts for the items being claimed as applicable.

### **Claims evidence required for Sections M4:**

- Loss or theft of **formal cruise attire** - police report
- Loss, theft or damage by an airline - property irregularity report, flight tickets and baggage check tags
- Delay by an airline - written confirmation of the length of delay from the airline, flight tickets, baggage check tags, receipts for emergency purchases
- Proof of value and ownership

**Please note:** If **you** are unable to provide any of the reports referred to above, **you** may still be eligible to make a claim dependent upon the circumstances which have prevented **you** from obtaining the necessary documentation. Please contact Claims Settlement Agencies to discuss why **you** have been unable to obtain the relevant reports and to register **your** claim so it can be considered.



## What you are covered for under Section M5 - Unused excursions

We will pay up to the amount shown in the table of benefits for the cost of pre-booked, prepaid and non-refundable excursions, which **you** were unable to use as a direct result of being a hospital in-patient or being confined to **your** cabin, due to an accident or illness which is covered under section B1 (Medical and other expenses outside of your home area).



## What you are not covered for under Section M5

1. The excess as shown in the table of benefits for each **insured person** and for each incident.
2. Any claim as a result of cabin confinement:
  - a. relating to a **pandemic** and/or **epidemic**, including but not limited to **Coronavirus**;
  - b. where written confirmation is not provided by **your** ship's medical officer that **you** were confined to **your** cabin and confirming the length of **your** confinement.
3. Anything mentioned in the 'General exclusions' on pages 36 and 37.

**You should also refer to 'Important conditions relating to health & disclosure of your medical conditions' on page 7.**

## General Conditions

The following conditions apply to all sections of this insurance.

1. **You** must tell **us** if **you** know about anything which may affect **our** decision to accept **your** insurance (for example, if **you** are planning to take part in a dangerous activity while **you** are on holiday).
2. **You** must comply with the 'Important conditions relating to health & disclosure of your medical conditions' on page 7.
3. **You** must take all reasonable steps to avoid or reduce any loss which may mean that **you** have to make a claim under this insurance. (For example if **you** receive hospital treatment in a European Union country, **you** should produce **your** European Health Insurance Card (EHIC) or Global Health Insurance Card (GHIC), if **you** have one).
4. **You** must give Claims Settlement Agencies all the documents they need to deal with any claim. **You** will be responsible for the costs involved in doing this. For example, in the event of a cancellation claim **you** will need to supply proof that **you** were unable to travel, such as a medical certificate completed by **your** doctor.
5. **You** must help **us** get back any money that **we** have paid from anyone or from other insurers (including the Department for Work and Pensions) by giving **us** all the details **we** need and by filling in any forms.
6. This insurance policy will only respond to claims for **irrecoverable costs** once those principally responsible for reimbursing the cost have been exhausted. For example transport and accommodation costs – **You** should, in the first instance, contact **your** tour operator, airline, accommodation provider, credit or debit card providers to source a refund, as in most instances, either as a result of the Package Travel & Linked Arrangement Regulations 2018; EU Transport Regulations; Consumer Credit Act; or Debit card charge backs, a refund is legally due.
7. Any fraud, deliberate mis-statement or hiding of information in connection with the application for this policy or when making a claim will make this policy invalid for the **insured person** who has committed the fraud, deliberate mis-statement or hid information. In this event, any benefit due to the **insured person** who has committed the fraud, deliberate mis-statement or hiding of information under this policy will be forfeited and any benefit that has previously been paid to them must be repaid to **us** in full. **We** will also under such circumstances not refund any premium paid on behalf of the **insured person** who has committed the fraud, deliberate mis-statement or hiding of information.
8. The **insured person** must give **us** permission to obtain any medical reports or records needed from any **doctor** who has treated the **insured person**; otherwise **we** may not pay any claim.
9. **We** may ask the **insured person** to attend one or more medical examinations. If **we** do, **we** will pay the cost of the examination(s) and for any medical reports and records and the **insured person's** reasonable travelling expense to attend (and any person required to travel with them), if these expenses are agreed by **us** in advance. If the **insured person** fails to attend without reasonable cause, **we** may reject the claim.
10. If an **insured person** dies, **we** have the right to ask for a post mortem examination at **our** expense.
11. **You** must pay **us** back any amounts that **we** have paid to **you** which are not covered by the insurance. This could include any overpayments and payments which **you** are not entitled to, for example, if **your** claim for lost luggage has been paid but **your** suitcase is subsequently returned to **you** by the airline.
12. After a claim has been settled, any damaged items which **you** have sent into Claims Settlement Agencies will become **our** property.
13. This policy may not be assigned or transferred unless agreed by **us** in writing. Any attempt to assign rights or interests without **our** written consent is null and void.
14. **We** will not pay any interest on any amount payable under this policy.
15. **We** will deal with claims under section G (Personal accident) in respect of accidental death as follows:
  - a. If an **insured person** is 18 years of age or over any sums payable will be made to the executor or personal representative of the deceased **insured person's** estate.
  - b. If an **insured person** is 17 years of age or under any sums payable will be made to a **parent** of the deceased **insured person**. For the avoidance of doubt age is at the date the policy is purchased.
16. **We** may also contact third parties who have or who were to provide services to the **insured person** (for example, an airline, travel company or hotel) to verify the information provided.
17. Only the **policyholder**, an **insured person** (or their **parent** if they are 17 years of age or under or their executor or personal representative in the event of the death of an **insured person**) or **us** may enforce the terms of this policy.
18. All claims must be notified as soon as is reasonably practical after the event which causes the claim. Failure to do so may result in **our** rejection of the claim if it is made so long after the event that **we** are unable to investigate it fully, or may result in **you** not receiving the full amount claimed for if the amount claimed is increased as a result of the delay.
19. Several Liability Notice. The subscribing (re)insurers' obligations under contracts of (re)insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing (re) insurers are not responsible for the subscription of any co-subscribing (re) insurer who for any reason does not satisfy all or part of its obligations.

### Conditions applicable to Sports and Activities (see page 38)

**We** are able to cover many activities as standard, however some may require the **policyholder** to pay an additional premium for cover to apply and for this to be shown on **your policy certificate** please refer to page 38 for a full list of activities covered. However should **you** decide to participate in an activity which is not listed on page 38, please ensure that **you** first check with InsuraTrip Travel Insurance Customer Services by phoning 01483 806909 or by e-mailing info@insuratrip.com before taking part. It is a condition of this insurance that:

- **You** follow the safety guidelines for the activity concerned and where applicable **you** use the appropriate and recommended safety equipment;
- The activity is not part of a competition or tournament; and
- The activity is not on a professional basis.

In the case of some sports and activities, **your** excess under section B1 (Medical and other expenses outside of your home area) & section B2 (Medical and other expenses within the United Kingdom) will be increased to £250 and there will be no cover under section G (Personal accident) and section H (Personal liability) whilst taking part in the activity, or exclude cover completely.

If **you** wish to take part in an activity during **your trip** please refer to page 38 for a full list of activities covered, but if **you** are in any doubt as to whether or not an activity **you** intend to participate in during **your trip** will be covered, please contact InsuraTrip Travel Insurance Customer Services by phoning 01483 806909 or by e-mailing info@insuratrip.com before taking part to make sure that cover is provided.

## General Exclusions

**General exclusions apply to all sections of this policy; with the exception of Section J (End supplier failure). In addition to these General exclusions, please also refer to 'What you are not covered for' under each policy section and 'Important conditions relating to health & disclosure of your medical conditions' on page 7, as these set out further exclusions which apply to certain sections.**

**We** will not cover the following:

1. **You** are travelling with the purpose of receiving medical treatment abroad.
2. Any claims arising as a result of an **existing medical condition** of a nontravelling close **relative**, close **business associate** or friend living abroad who **you** had planned to stay with, or any known or recognised complication of or caused by the **existing medical condition**.
3. Any claim relating to an incident or circumstances which were in the public domain or **you** were aware of, at the time **you** purchased this insurance, or at the time of booking any **trip**, which could reasonably be expected to lead to a claim.
4. Any claim arising from **you** acting in a way which goes against the advice of a **doctor**, or **you** travelling against the advice of **doctor** or where **you** would have been if **you** had sought their advice before beginning **your trip**.
5. Any claim if **you** are on any official government or police database of suspected or actual terrorists, members of terrorist organisations, drug traffickers or illegal suppliers of nuclear, chemical or biological weapons.
6. Any claim arising out of **war**, hostilities or warlike operations (whether **war** be declared or not), civil **war**, invasion, revolution or any similar event.
7. Any claim arising from **terrorism** but this exclusion shall not apply to losses under Section B1 (Medical and other expenses outside of your home area), Section B2 (Medical and other expenses within the United Kingdom), Section B3 (Hospital Stay Benefit) and Section G (Personal accident).
8. Any claim arising from civil riots, blockades, strikes or industrial action of any type (except for strikes or industrial action which were not existing or publicly announced by the date **you** purchased this insurance or at the time of booking any **trip**).
9. Loss or damage to any property, or any loss, expense or liability arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel or the radioactive toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of it, or being exposed to the **utilisation of nuclear, chemical or biological weapons of mass destruction**.
10. Any claim if **you** already have a more specific insurance covering this (for example, if an item **you** are claiming for under section F1 (Personal belongings and baggage) is a specified item on **your** household contents insurance policy).
11. Any loss that is insured or guaranteed by any other existing protection, specifically Package Travel Regulations, Air Passenger Rights, ATOL (including Civil Aviation Authority requirements), or ABTA protection, or from **your** credit card provider under section 75 of the Consumer Credit Act, or any other specific legislation for transport or travel providers.
12. Any costs already accepted or offered by **your** transport and/or accommodation provider, even if this is a credit note or alternative travel arrangements.
13. Any costs if **you** are unable to prove **your** financial loss.
14. Any claim arising as a result of **your** use of a two-wheeled motor vehicle unless:
  - a. as a passenger **you** wear a crash helmet and it is reasonable for **you** to believe that the driver holds a licence to drive the two-wheeled motor vehicle under the laws of the country in which the accident occurs; or
  - b. **you** are in the EU and as a rider **you** wear a crash helmet and **you** hold an appropriate **UK** licence which permits **you** to drive the capacity of the two-wheeled motor vehicle and **you** comply with the licencing laws of the country in which the accident occurs.
15. Any claims arising from **your** use of a quad bike.
16. Any claim where **you** are not wearing a seatbelt when travelling in a motor vehicle, where a seatbelt is available.
17. Any indirect losses, costs, charges or expenses (meaning losses, costs, charges or expenses which are not listed under the headings 'What you are covered for' in sections A to M, for example, loss of earnings if **you** cannot work after **you** have been injured or the cost of replacement locks if **your** keys are stolen).
18. Any claim arising from 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** (unless the policy **you** have purchased entitles **you** to cover under section M (End supplier failure)).
19. Any claim arising where **you** have travelled to a specific country or to an area where, prior to **your trip** commencing, the Foreign, Commonwealth & Development Office (FCDO) have advised against all (or all but essential) travel. This exclusion does not apply where **your** destination is within Europe 1 or Europe 2 (see the 'Geographical Areas' on page 10) and where the Foreign, Commonwealth & Development Office (FCDO) have advised against all (or all but essential) travel solely due to the **Coronavirus** risk.  
It is **your** responsibility to check the latest advice from the FCDO prior to commencing **your trip**, which **you** can find at <https://www.gov.uk/foreign-traveladvice>.
20. Any claim arising from **you** being involved in any deliberate, malicious, reckless, illegal or criminal act.
21. Motor racing, rallying or vehicle racing of any kind.
22. Any claim involving **you** taking part in **manual labour**.
23. Any claim involving **you** taking part in any sport or activity unless the **policyholder** has paid the necessary premium (if applicable) to extend **your** policy to provide cover for this. Please see the Sports and activities section on page 38 of this policy wording for further details.
24. Any claim relating to **winter sports** unless the **policyholder** has paid the necessary premium to extend **your** policy to provide cover for this.
25. Any claim arising from:
  - **your** suicide or attempted suicide; or
  - **you** injuring **yourself** deliberately or putting **yourself** in danger (unless **you** are trying to save a human life).
26. **Your** use of drugs.
27. **Your** excessive consumption of alcohol by which **we** mean where **you** have drunk so much alcohol that a **doctor** has stated that **your** alcohol consumption has caused or actively contributed to **your** injury or illness, the results of a blood test at the time of injury or illness shows that **your** blood alcohol level exceeds 0.19% that is approximately 1.5 litres of beer or four 175ml glasses of wine or a witness report of a third party that has advised that **you** have notably impaired **your** faculties and/or judgement.
28. **Your** alcohol intake whilst taking any combination of medication or drugs known (or would reasonably be suspected) to cause drowsiness, impaired vision or judgment when combined with alcohol whether such drugs are prescribed or not.
29. Any claim which is as a result of **you** having been diagnosed as suffering from acute alcohol intoxication, alcohol dependency or alcohol withdrawal.
30. Any costs which **you** would have had to or would have chosen to pay had the reason for the claim not occurred (for example, the cost of food which **you** would have paid for in any case).
31. Any claim arising as a result of **you** failing to get the inoculations and vaccinations that **you** need in relation to **your trip**.

There is no cover for off-roading.

32. Any loss, damage, liability, cost or expense caused deliberately or accidentally by:
- i. the use of, or inability to, use any application, software, or programme in connection with any electronic equipment (for example a computer, smartphone, tablet or internet-capable electronic device);
  - ii. any computer virus;
  - iii. any computer related hoax relating to i and/or ii above.
33. Any claim arising from a **cruise** unless **you** have paid the appropriate additional premium and cover is shown on **your policy certificate**. In any event there is no cover for cargo ship travel.
34. Flying (other than as a passenger in a fully licensed aircraft).
35. **We** shall not provide any cover or pay any claim or provide any benefit to the extent that this cover, payment of a claim or 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 the United States of America.
36. Any claim arising from **natural catastrophe** which were existing or in the public domain by the date **you** purchased this insurance or at the time of booking any **trip**, whichever is the later.
37. Anything shown as not covered in the 'Important Conditions relating to Health & disclosure of your medical conditions' on page 7.
38. Any claim directly or indirectly related to the fear or threat of a **pandemic** and/ or **epidemic**, including but not limited to **Coronavirus**.
39. Any claims directly or indirectly related to a **pandemic** and/or **epidemic**, including but not limited to **Coronavirus**. However, this general exclusion shall not apply to Section A (Cancelling your trip), Section B1 (Medical and other expenses outside of **your** home area), Section B2 (Medical and other expenses within the United Kingdom), Section C (Cutting your trip short) and Section J (End supplier failure); provided that **you** have received the recommended number of doses of an approved **Coronavirus** vaccine 14 days prior to **your trip** commencing. This vaccination requirement shall not apply where **you** were ineligible for vaccination, or unable to receive the vaccine for medical reasons, and this is shown in **your** medical records. **You** should also refer to general exclusion 19.

## Sports and activities

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, life jacket etc...).

**Please note:** The policy terms and conditions will still apply in all other respects. Please also refer to the 'General conditions' on page 35 and the 'General exclusions' on pages 36 & 37. This policy automatically covers **you** to undertake the activities listed below on a recreational and amateur basis.

### A

Aerobics  
Angling  
Archery\*  
Athletics - Track & Field

### B

Badminton  
Ballooning - Hot Air  
Banana Boating  
Bar Work  
Baseball  
Basketball  
Beach Games  
Biathlon  
Billiards  
Bird Watching  
Boating (any craft less than 10m long, inside 12 mile limit)\*  
Boardsailing\*  
Body Boarding  
Bowling  
Bowls  
Bungee Jumping (maximum of 2 jumps)

### C

Camel/Elephant Riding  
Camping  
Canoeing/Kayaking - cover included for white water rafting up to Grade 2 rivers  
Catamaran Sailing (In-shore)  
Clay Pigeon Shooting\*  
Cricket  
Croquet  
Cycling (leisure not racing or downhill cycling)

### D

Dancing  
Darts  
Diving (indoor up to 5 metres)

### E

Elephant Trekking (**UK-Booked**)

### F

Fell Walking  
Flag Football  
Flying a kite  
Football  
Fresh Water/Sea Fishing  
Frisbee  
Fruit or Vegetable Picking

### G

Glass Bottom Boats  
Golf  
Gymnastics

### H

Highland Games  
Hiking/Trekking/Walking up to 3000m excluding the use of ropes or guides  
Horse Riding (no hunting, juming or polo)

### I

Ice Skating

### J

Jet Boating  
Jet Skiing\*  
Jogging

### K

Keepfit  
Korfball

### M

Marathons (maximum of 2 and not extreme marathons)  
Model Flying  
Model Sports  
Motorcycling (EU only - on road wearing a helmet provided **you** hold an appropriate **UK** licence for the capacity of the motorcycle **you** are riding)  
Mountain Biking (not downhill or freeriding)

### N

Netball

### P

Petanque  
Pigeon Racing  
Pony Trekking  
Pool

### Q

Quoits

### R

Rackets  
Racquet Ball  
Rafting (Grade 1 rivers only)  
Rambling  
Restaurant Work  
Ringos  
River Walking  
Road Cycling  
Roller Blading  
Roller Skating  
Rounders  
Rowing  
Running Sprint/Long Distance

### S

Safari (**UK** organised)  
Sail Boarding (inside 12 mile limit)\*  
Sailing/Yachting (longer than 10m, within 60 miles of a safe haven)\*  
Scuba Diving to 30m with recognised school and qualified instructor  
Sea Fishing  
Sea Kayaking as a beach activity (subject to not kayaking alone, must wear a life jacket and be within sight of the shore)  
Shooting (target range-not hunting)  
Skateboarding  
Snooker  
Snorkelling  
Softball  
Squash  
Stoolball  
Surfing  
Swim Trekking  
Swimming  
Swimming with Dolphins  
Sydney Harbour Bridge

### T

Table Tennis  
Tai Chi (non-contact)  
Ten Pin Bowling  
Tennis  
Tubing  
Tug of War

### V

Volleyball

### W

Wake Boarding  
Water Skiing  
Whale Watching  
Windsurfing  
Working (excluding **manual labour** but including office and clerical work, bar and restaurant work, music performance and singing, fruit picking (not involving the use of machinery))

### Y

Yachting (longer than 10m, within 60 miles of a safe haven)\*  
Yoga

### Z

Zip Wiring

If the activity in which **you** are participating is not listed or **you** are participating in anything other than on a recreational or amateur basis please contact InsuraTrip Travel Insurance on 01483 806 909.

\* Whilst participating in any of the activities marked with an asterisk\* the following will apply:

a. no cover will be provided under Section G - Personal Accident

b. no cover will be provided under Section H - Personal Liability

Please note the policy terms and conditions will still apply in all other respects.

## How to make a complaint

We aim to provide the highest standard of service to every customer. If **our** service does not meet **your** expectations, **we** want to hear about it so **we** can try to put things right. All complaints **we** receive are taken seriously. The following will help **us** understand **your** concerns and give **you** a fair response.

### Does your complaint relate to a claim?

For complaints relating to sections A to I and sections K to M inclusive:

In the first instance, please contact:

**The Complaints Officer,  
Claims Settlement Agencies,  
308-314 London Road, Hadleigh, Benfleet,  
Essex, SS7 2DD.  
Tel: 01702 553443,  
Email: [info@csal.co.uk](mailto:info@csal.co.uk)**

When **you** make contact please provide the following information:

- **Your** name, address and postcode, telephone number and e-mail address (if **you** have one).
- **Your** policy and/or claim number, and the type of policy **you** hold.
- The reason for **your** complaint.

Any written correspondence should be headed 'COMPLAINT' and **you** may include copies of supporting material. If **we** are unable to resolve **your** complaint immediately, **we** will send **you** a written acknowledgement within two (2) days of receipt. **We** will then investigate **your** complaint and, in most cases, send **you** a full response in writing within two (2) weeks of receipt. In exceptional cases, where **we** are unable to complete **our** investigations within two (2) weeks, **we** will send **you** a full written response as soon as **we** can, and in any event within four (4) weeks of receipt of **your** complaint.

If **you** are dissatisfied with **our** response, then **you** can raise the matter with the Financial Services and Pensions Ombudsman (FSPO), an independent body that adjudicates on complaints, at the following address:

**Financial Services and Pensions,  
Ombudsman, Lincoln House, Lincoln Place,  
Dublin 2, D02 VH29  
Telephone: +353 1 567 7000  
Email: [info@fspo.ie](mailto:info@fspo.ie)  
Website: [www.fspo.ie](http://www.fspo.ie)**

For complaints relating to section J (End supplier failure) only:

In the first instance, please contact:

**Compliance Officer,  
Liberty Mutual Insurance Europe SE  
20 Fenchurch Street, London, EC3M 3AW  
Telephone: +44 (0) 20 3758 0840  
Email: [complaints@libertyglobalgroup.com](mailto:complaints@libertyglobalgroup.com)**

Please make sure that **you** quote **your** policy number, which can be found on **your** policy certificate or a claim number.

If **you** are not satisfied with the response **you** receive or **we** have failed to provide **you** with a written response, **you** may have the right to contact the Financial Ombudsman Service (FOS) at the following address:

**Financial Ombudsman Service Exchange Tower,  
London, E14 9SR  
Telephone: 0800 023 4567 – From UK Landline  
Telephone: 0300 123 9123 – From UK Mobile  
Email: [complaint.info@financialombudsman.org.uk](mailto:complaint.info@financialombudsman.org.uk)  
Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)**

To confirm whether **you** are eligible to ask the Financial Ombudsman Service to review **your** complaint please contact them at:  
<https://www.financial-ombudsman.org.uk/consumers/how-to-complain>.

Making a complaint will not affect **your** right to take legal action.

## Does your complaint relate to your policy?

For complaints relating to all sections of the policy:

In the first instance, please contact: InsuraTrip Travel Insurance:

**Voyager Insurance Services Ltd,  
13-21 High Street,  
Guildford,  
Surrey, GU1 3DG  
Tel: 01483 806680**

**Email: [enquiries@voyagerins.com](mailto:enquiries@voyagerins.com)**

When **you** make contact please provide the following information:

- **Your** name, address and postcode, telephone number and e-mail address (if **you** have one).
- **Your** policy number and the type of policy **you** hold.
- The reason for **your** complaint.

Any written correspondence should be headed 'COMPLAINT' and **you** may include copies of supporting material. If **we** are unable to resolve **your** complaint immediately, **we** will send **you** a written acknowledgement within two (2) days of receipt. **We** will then investigate **your** complaint and, in most cases, send **you** a full response in writing within two (2) weeks of receipt. In exceptional cases, where **we** are unable to complete **our** investigations within two (2) weeks, **we** will send **you** a full written response as soon as **we** can, and in any event within four (4) weeks of receipt of **your** complaint.

If **you** are dissatisfied with **our** response, then **you** can raise the matter with the Financial Ombudsman Service (FOS).

The FOS is an independent body that arbitrates on complaints about general insurance products. **You** have six (6) months from the date of **our** final response to refer **your** complaint to the FOS.

If **we** cannot resolve **your** complaint, **you** may refer it to Financial Ombudsman Service (FOS) at the following address:

**Financial Ombudsman Service Exchange Tower,  
London, E14 9SR  
Telephone: 0800 023 4567 – From UK Landline  
Telephone: 0300 123 9123 – From UK Mobile  
Email: [complaint.info@financialombudsman.org.uk](mailto:complaint.info@financialombudsman.org.uk)  
Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)**

Complaints about non-insured events and **your** travel arrangements must be referred to **your** travel organiser.

**You** have the right of referral within six months of the date of **your** final response letter. Whilst **we** and **our** UK service providers are bound by the decision of the Financial Ombudsman Service, **you** are not. Following the complaints procedure above does not affect **your** right to take legal action.

# Summary of important contact details

## Customer Service for existing Policy Holders

Email: [info@insuratrip.com](mailto:info@insuratrip.com)

Phone: 01483 806 909

Phone lines are open Monday to Friday 9am to 5:30pm

## Sales - Insuratrip Travel Insurance

[www.insuratrip.com](http://www.insuratrip.com)

Email: [info@insuratrip.com](mailto:info@insuratrip.com)

Phone: 01483 806 909

Phone lines are open Monday to Friday 9am to 5:30pm

## THE MEDICAL EMERGENCY ASSISTANCE COMPANY

Email: [internationalhealthcare@healix.com](mailto:internationalhealthcare@healix.com)

Phone: +44 (0) 203 819 7170

Phone lines are open 24 hours a day, 7 days a week

## For claims under sections A to I and K to M

The fastest and simplest way to submit a claim is by going to: [www.submitclaim.co.uk/insa](http://www.submitclaim.co.uk/insa)

Email: [info@csal.co.uk](mailto:info@csal.co.uk)

Phone: 01702 553 443

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

## For claims under sections J only

To download a claims form please visit: [www.ipplondon.co.uk/claims.asp](http://www.ipplondon.co.uk/claims.asp)

Email: [insolvency-claims@ipplondon.co.uk](mailto:insolvency-claims@ipplondon.co.uk)

Phone: +44 (0) 345 266 1872

Address: IPP Claims at Sedgwick, Oakleigh House, 14-15 Park Place, Cardiff, CF10 3DQ