

# VoyagerProtect



Group Business & Leisure Travel  
Insurance

## Policy Wording



Leisure

Business

Worldwide Cover

Annual Multi-Trip

100+ Activities Included

Designed and  
Administered by

*Voyager*  
Insurance

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## Welcome

Welcome to the VoyagerProtect - Group Business & Leisure Travel Insurance Policy.

This policy is only valid when issued in conjunction with a VoyagerProtect **Certificate of Insurance** and **Schedule of Insured Persons**, and provided the required insurance premium has been paid.

The insurance premium has been based upon the information shown in the schedules and recorded in the written application **The Policyholder** has signed and/or the declaration **The Policyholder** has made. Please read them carefully to make sure that they meet the requirements of the **Insured Persons** and that the details on the **Certificate of Insurance** and the schedules are correct. If after reading the **Certificate of Insurance** and schedules, **The Policyholder** or **Insured Persons** have any questions, please contact the insurance intermediary from which this policy was purchased.

Section 10 of the Insurance Act 2015 does not apply to the premium payment warranty (but will apply as usual to the rest of the policy). As a result, if **The Policyholder** fails exactly to comply with the premium payment warranty, **We** will irrevocably be discharged from liability from the time of such breach. Accordingly, **The Policyholder** cannot avail themselves of the defence that they have remedied the breach of the premium payment warranty before any loss has occurred.

**Please note:** terms shown in bold in this policy have the meanings given to them in the definitions General Definitions on pages 14 - 16.

**The Policyholder** must ensure that each **Insured Person**, upon enrolment into the policy, must as a minimum receive:

- **Certificate of Insurance**
- Travel Insurance Policy Summary & Member's Guide
- Policy Wording.

**Insured Persons** should check upon enrolment into this policy that the sums insured and sections of cover are adequate for their personal needs and if not, they should notify **The Policyholder** prior to travel to enquire if alternative cover arrangements can be made.

**Please note:** This policy covers **Business Travel** and **Leisure Travel**. **Business Travel** is a qualifying requirement of the policy, that also provides cover for **Leisure Travel**. However, **The Policyholder** may have opted to exclude **Leisure Travel** from this policy, in which case, **Insured Persons** will not be covered for **Leisure Travel**.

## Important information relating to this Policy

It is essential that **The Policyholder** provides **Us** with a fair representation of the risks **We** are accepting when applying for cover. It is also important that **The Policyholder** advises their broker, intermediary or **Us** of any changes which occur during the **Period of Insurance** which may alter information previously provided. If **The Policyholder** is in doubt as to whether they need to disclose information to **Us**, then this should be declared.

This means **The Policyholder** will need to make enquiries with **Insured Persons** to ensure that they have declared all necessary information.

It is **The Policyholder** or **Insured Person's** (where appropriate) responsibility to prove any loss. Therefore, **We** recommend that **The Policyholder** or **Insured Person's** (where appropriate) keep receipts, photographs and relevant documents to help with any claim to be made. It is advisable to always keep copies of all documents that are sent to **Us** when making a claim. This policy is a legal contract. **The Policyholder** must tell **Us** about any facts or changes which affect the insurance and which have occurred either since the policy started or since the last renewal date. If **The Policyholder** does not tell **Us** about relevant changes, this policy may not be valid or the policy may not cover **The Policyholder** or **Insured Persons** fully. **The Policyholder** should keep a written record (including copies of letters) of any information given to **Us** or the relevant insurance intermediary when renewing this policy.

This is not a Private Medical Insurance and only gives cover in the event of an **Accident** or sudden **Illness** that requires emergency treatment whilst on an **Insured Journey**. In the event of any medical treatment becoming necessary which results in a claim under this policy, the **Insured Person** will be required to allow **Us** or **Our** representatives unrestricted reasonable access to their medical records and information.

### COVID-19

#### Emergency medical expenses:

This insurance covers medical expenses necessarily incurred by **The Policyholder** or **Insured Person** (where appropriate) for treatment of **COVID-19**, or symptoms thereof, subject to the terms and conditions of the policy, under Section B1 Emergency Medical Expenses. **COVID-19** related Medical Expenses are only incurred as prescribed by a **Qualified Medical Practitioner**. This policy excludes elective medical expenses and **COVID-19** tests (unless this is used to substantiate a valid and successful claim with **us**). No coverage is provided in the **Insured Person's Country of Domicile** upon return, regardless of any continuation wording that might be in this policy.

#### Cancellation:

**The Policyholder** or the **Insured Person** (where appropriate) is covered up to the amount shown in the **Schedule of Benefits** for cancellation if the **Insured Person**, or someone the **Insured Person** is travelling with contracts **COVID-19** within 14 days of an **Insured Journey** departure date, or an **Insured Person** being admitted to hospital due to testing positive for **COVID-19** within 28 days of the **Insured Journey** departure date, subject to the terms and conditions of the policy, under Section B8.2 Cancellation in the event of a COVID-19 Diagnosis.

**Coronavirus (COVID-19) coverage is only applicable to the above sections (with appropriate terms and conditions met) and no other section of this policy.**

### Choice of law

The appropriate law as set out below will apply unless **The Policyholder** and **Us** agree otherwise. This contract will be subject to the law of England and Wales.

**The Policyholder** and **Us** shall submit to the exclusive jurisdiction of the courts of England and Wales. Payment of the insurance premium is evidence of **The Policyholder's** acceptance of this choice of law and jurisdiction.

This policy is subject to the Insurance Act 2015 (the "Act") and except as expressly varied by the terms of this policy, nothing herein shall be deemed to be a waiver of the **Our** rights under the Act.

### The Insurer

All sections are underwritten by Starr International (Europe) Limited, registered office address 4th Floor, 30 Fenchurch Avenue, London EC3M 5AD, United Kingdom. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Firm Reference Number 676783.

These details can be checked on the Financial Services Register by visiting the FCA's website on [www.fca.org.uk/register](http://www.fca.org.uk/register) or by contacting them on UK +44 (0) 800 111 6768.

Voyager Insurance Services Limited are the product manufacturer, and **We** have appointed Voyager Insurance Services Limited as **Policy Administrator**, on behalf of the Insurers for certain administration and customer services. Registered office: Bankside 300 Peachman Way, Broadland Business Park, Norwich, Norfolk, NR7 0LB. Registered no. 3251842.

### FCDO advice

This policy does not cover **Insured Person's** travel to a country or specific area or event to which the Foreign, Commonwealth & Development Office (FCDO) or **Appropriate Authority** have advised against all (or all but essential) travel.

It is the **Insured Person's** responsibility to check the latest advice from the FCDO prior to commencing an **Insured Journey**, which can be found at <https://www.gov.uk/foreign-travel-advice>.

**Please note:** if an **Insured Person** is commencing **Business Travel**, they will be covered to travel to a country where the Foreign, Commonwealth & Development Office (FCDO) or **Appropriate Authority** has advised against all but essential travel, provided **The Policyholder** or **Insured Person** (where appropriate) is able to justify that the **Insured Journey** is necessary and cannot be undertaken by alternative means, for example, via video conferencing.

### Automatic extension - leisure travel

This policy is automatically extended to include **Leisure Travel** without the need to pay an additional premium unless **The Policyholder** has opted to exclude **Leisure Travel** from this policy. If **Business Travel** only was selected, this will be displayed on the **Certificate of Insurance**, and **The Policyholder** or **Insured Person** (where appropriate) will not be covered for **Leisure Travel**.

## Schedule of Benefits

Provided the appropriate premium has been paid, **The Policyholder** or **Insured Person** (where appropriate) is covered in accordance with the policy shown herein, and subject to any endorsements or conditions issued by **Us**, up to the limits and sub-limits applicable to the **Level of Cover** selected by **The Policyholder**, as shown on the **Certificate of Insurance**.

All benefits are per **Insured Person**, per section, per **Insured Journey** unless otherwise stated.

Schedule of Benefits			
	Essentials	Super	Enhanced
Maximum age at inception of Period of Insurance	70 years	70 years	70 years
Maximum Business Travel duration	90 days	120 days	180 days
Maximum Leisure Travel duration	60 days	60 days	60 days
Section of cover	Sum insured / maximum payable (£)	Sum insured / maximum payable (£)	Sum insured / maximum payable (£)
SECTION A - PERSONAL ACCIDENT			
1. Death	10,000	50,000	100,000
Death if aged under 16 at date of Accident	10,000	20,000	20,000
2. Loss of limb	10,000	75,000	125,000
3. Loss of sight	10,000	75,000	125,000
4. Loss of hearing	10,000	50,000	100,000
5. Loss of speech	10,000	50,000	100,000
6. Permanent total disablement*	10,000	75,000	125,000
Permanent partial disablement:	Covered	Covered	Covered
(a) one thumb	15% of item 6	15% of item 6	30% of item 6
(b) forefinger	10% of item 6	10% of item 6	20% of item 6
(c) any finger other than forefinger	5% of item 6	5% of item 6	10% of item 6
(d) big toe	7.5% of item 6	7.5% of item 6	15% of item 6
(e) any toe other than the big toe	2.5% of item 6	2.5% of item 6	5% of item 6
(f) shoulder or elbow	12.5% of item 6	12.5% of item 6	25% of item 6
(g) wrist, hip, knee or ankle	10% of item 6	10% of item 6	20% of item 6
(h) lower jaw by surgical operation	15% of item 6	15% of item 6	30% of item 6
Funeral expenses	10,000	10,000	10,000
Catastrophic personnel replacement expenses	<i>No Cover</i>	<i>No Cover</i>	1,000,000 per event
<b>Any One Accident Limit (Business Travel only)</b>	<b>250,000</b>	<b>1,000,000</b>	<b>2,000,000</b>
<b>Multi-engined aircraft limit</b>	125,000	500,000	1,000,000
<b>Single-engined aircraft limit</b>	75,000	250,000	500,000

\* Once and **Insured Person** has attained the age of 66, this benefit is limited to 25% of the current sum insured or £25,000 whichever is the lesser.

## SECTION B - BUSINESS & LEISURE TRAVEL

### B1. Medical and Emergency Travel Expenses

<i>Excess:</i>	<b>35</b>	<b>35</b>	<b>Nil Excess</b>
Medical expenses, emergency travel expenses, repatriation and emergency medical evacuation <i>Including emergency dental treatment</i>	5,000,000 250	10,000,000 350	10,000,000 500
Medical expenses, emergency travel expenses, repatriation and emergency medical evacuation in relation to COVID-19 only	1,000,000 <b>250 Excess</b>	1,000,000 <b>250 Excess</b>	1,000,000 <b>250 Excess</b>
Hospital inconvenience	50 for each 24 hour period, increasing to 100 for bank holidays; up to a maximum of 365 days <b>(Nil Excess)</b>	50 for each 24 hour period, increasing to 100 for bank holidays; up to a maximum of 365 days <b>(Nil Excess)</b>	50 for each 24 hour period, increasing to 100 for bank holidays; up to a maximum of 365 days <b>(Nil Excess)</b>
Continuing medical charges	<b>No Cover</b>	25,000 <b>(Nil Excess)</b>	50,000 <b>(Nil Excess)</b>

### B2. Search and Rescue Expenses

Limit	<b>No Cover</b>	25,000 25,000 in the aggregate annually for <b>Business Travel</b>	50,000 50,000 in the aggregate annually for <b>Business Travel</b>
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### B3. Kidnap, Hostage and Hijack Expenses

Section B3.1 - Consultants Costs Limit	<b>No Cover</b>	25,000 Annual aggregate limits for <b>Business Travel</b> : 150,000 for <b>Consultants Costs</b> No cover for <b>Ransom Monies</b>	50,000 Annual aggregate limits for <b>Business Travel</b> : 250,000 for <b>Consultants Costs</b> No cover for <b>Ransom Monies</b>
Section B3.2 - Hijack and Kidnap Payments	<b>No Cover</b>	300 for each 24 hour period, up to a maximum of 20,000	300 for each 24 hour period, up to a maximum of 20,000

### B4. Political and Natural Disaster Evacuation

Evacuation and repatriation costs	<b>No Cover</b>	25,000	50,000
Expenses	<b>No Cover</b>	100 per day for maximum 30 days	100 per day for maximum 30 days

### B5. Personal Security Specialist Expenses

Limit	<b>No Cover</b>	5,000 5,000 in the aggregate annually for <b>Business Travel</b>	10,000 10,000 in the aggregate annually for <b>Business Travel</b>
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### B6. Personal Belongings

<i>Excess:</i>	<b>35</b>	<b>35</b>	<b>Nil Excess</b>
Personal belongings	2,000	5,000	10,000
Single item, pair or set limit	500	1,000	2,000
Personal Valuables limit	500	1,000	2,000
Temporary loss	<b>No Cover</b>	1,000	1,000
Business samples	<b>No Cover</b>	1,000	1,000
Business equipment	<b>No Cover</b>	2,000	2,000
Electronic business equipment	<b>No Cover</b>	2,000	2,000
Loss of keys	<b>No Cover</b>	1,000	1,000

### B7. Money & Important Documents

Loss or theft of money	Up to 500	Up to 500	Up to 1,000
Cash limit	Up to 300	Up to 500	Up to 1,000
Cash limit (aged under 18)	Up to 50	Up to 50	Up to 50
Fraudulent use of credit card	5,000	5,000	5,000
Lost or damaged passport and/or visa	2,000	2,000	2,000
Theft of passport and visa	1,000	1,000	1,000
<b>Per person limit</b>	<b>2,000</b>	<b>5,000</b>	<b>10,000</b>
<b>Aggregate limit - all insureds (Business Travel only)</b>	<b>20,000</b>	<b>50,000</b>	<b>100,000</b>

**B8. Cancellation, Curtailment, Replacement and Change of Itinerary**

<i>Excess:</i>	<b>35</b>	<b>35</b>	<i>Nil Excess</i>
B8.1 Cancellation, curtailment, replacement personnel and change of itinerary	Up to 3,000	Up to 5,000	Up to 10,000
B8.2 Cancellation in the event of a COVID-19 diagnosis	Up to 3,000	Up to 5,000	Up to 10,000
<b>Aggregate limit – all insureds (Business Travel only)</b>	<b>30,000</b>	<b>50,000</b>	<b>100,000</b>

**B9. Travel Delay**

Limit	50 for first complete 12 hour delay, and 50 for each subsequent 12 hour period, up to a maximum of 2,000 <i>(Nil Excess)</i>	50 for first complete 12 hour delay, and 50 for each subsequent 12 hour period, up to a maximum of 2,000 <i>(Nil Excess)</i>	50 for first complete 12 hour delay, and 50 for each subsequent 12 hour period, up to a maximum of 2,000 <i>(Nil Excess)</i>
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**B10. Missed Departure**

Limit	<i>No Cover</i>	1,000	1,000
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**B11. Personal Liability**

Limit	Limit of liability 1,000,000	Limit of liability 1,000,000	Limit of liability 1,000,000
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**B12. Legal Expenses**

Limit	5,000	25,000	50,000
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**Sports Activities - Leisure List**

(Excludes Winter Sports & professional sports) Winter Sports and adventure sports and activities options available below.  
100+ activities covered refer to section

## Optional Additional Covers Schedule of Benefits

Each of the following options is only applicable if **The Policyholder** has paid the appropriate additional premium as shown on the **Certificate of Insurance**.

Optional Additional Covers Schedule of Benefits			
Section of Cover	Essentials	Super	Enhanced
	Sum Insured / Maximum Payable (£)	Sum Insured / Maximum Payable (£)	Sum Insured / Maximum Payable (£)
<b>SECTION C - WINTER SPORTS ACTIVITES</b>			
21 days limit in total for each annual period of cover.			
<i>Excess:</i>	<b>35</b>	<b>35</b>	<i>Nil Excess</i>
<b>C1. Ski Equipment &amp; Hire</b>			
Overall limit	500	750	1,000
Maximum per item, pair or set owned or borrowed	250	500	500
Maximum per item, pair or set hired	250	500	500
Necessary ski equipment hire (amount per day)	300 (15) <i>(Nil Excess)</i>	500 (50) <i>(Nil Excess)</i>	500 (50) <i>(Nil Excess)</i>
<b>C2. Ski Pack</b>			
Limit	400	500	600
<b>C3. Piste Closure</b>			
Limit (amount per day)	200 (20) <i>(Nil Excess)</i>	300 (30) <i>(Nil Excess)</i>	400 (40) <i>(Nil Excess)</i>
<b>SECTION D - TERRORISM DISRUPTION PROTECTION</b>			
<i>Excess:</i>	<b>35</b>	<b>35</b>	<i>Nil Excess</i>
D1. Pre-trip cancellation due to security reasons	5,000	5,000	5,000
D2. Trip interruption due to an act of terrorism	5,000	5,000	5,000
<b>SECTION E - HAZARDOUS ACTIVITIES &amp; SPORTS</b>			
<i>Excess:</i>	<b>250</b>	<b>250</b>	<b>250</b>
Cover as per Hazardous Activites & Sports list			



## Cancellation rights

**We** hope both the **Insured Persons** and **The Policyholder** are happy with the cover this policy provides. However, if after reading this policy, the insurance does not meet with **The Policyholder's** requirements, **The Policyholder** must notify the **Policy Administrator** in writing (or the insurance intermediary who arranged this insurance) within fourteen (14) days from receipt of the policy documents.

**The Policyholder** may return the policy to **Us** within 14 days for cancellation and a full refund of the premium will be made providing no claim exists or has been made, no incident likely to result in a claim has occurred and no **Insured Persons** listed on the **Schedule of Insured Persons** has already undertaken an **Insured Journey**.

The policy will be retroactively cancelled and **The Policyholder** or **Insured Persons** (where appropriate) cannot make a claim under it and neither **The Policyholder** or **Insured Persons** (where appropriate) nor **Us** will have any further rights, liabilities or obligations under this insurance policy.

**Please note:** If **The Policyholder** wishes to cancel this policy after 14 days from the date of receipt of the policy documents, or a claim exists or has been made, or an incident likely to result in a claim has occurred or an **Insured Person** listed on the **Schedule of Insured Persons** on the **Certificate of Insurance** has already undertaken an **Insured Journey**, **We** cannot refund the premium to **The Policyholder**.

If **The Policyholder** has any questions regarding the terms of this policy, they should contact the **Policy Administrator** directly for clarification, otherwise it shall be assumed that all terms are understood and accepted.

## Financial Services Compensation Scheme

**We** are covered by the Financial Services Compensation Scheme (FSCS), which means that **The Policyholder** may be entitled to compensation if **We** are unable to meet **Our** obligations to **The Policyholder**.

For further information on the FSCS, please visit [www.fscs.org.uk](http://www.fscs.org.uk) or by contacting:

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

**Telephone:** 0800 678 1100 or 020 7741 4000

**Email:** [enquiries@fscs.org.uk](mailto:enquiries@fscs.org.uk)

## How to Make a Claim

For all claims other than medical emergencies the fastest and simplest way to make a claim is by using **Our** online claims system.

[www.submitclaim.co.uk/voyager](http://www.submitclaim.co.uk/voyager)

Alternatively, please request the appropriate claim form by telephoning the number below or via their website. Please quote Voyager Protect 2023/24.

**Claims Settlement Agencies Ltd,  
308-314 London Road,  
Hadleigh,  
Benfleet, Essex,  
SS7 2DD, UK  
Tel: 01702 840299  
Email: [info@csal.co.uk](mailto:info@csal.co.uk)  
Website: [www.csal.co.uk](http://www.csal.co.uk)**

Please do not send in any documentation until **The Policyholder** or **Insured Person** (where appropriate) have a completed claim form to go with it. The claim form lists the additional documentation necessary to support a claim. Always make sure that any loss or theft of **Personal Valuables** or any items are reported to the police within 24 hours of discovering the loss or as soon as possible after that, and a written report obtained in the country where the incident occurred. If **The Policyholder's** or **Insured Person's** (where appropriate) **Baggage** is damaged or lost in transit whilst "checked-in" they must report it to the handling agents or airline as soon as possible on collection and obtain a Property Irregularity Report. These reports (if applicable to the claim), together with all available receipts and any other requested documentation, must be submitted with the claim form.

By enrolling **Insured Persons** into this policy, **The Policyholder** gives permission to the **Insured Person** to make claims and receive payments on their behalf. Any payment made to **Insured Persons** in respect of a claim shall be deemed to have been paid to **The Policyholder**.

## Important Note Regarding Making a Claim for Non-UK Residents

If an **Insured Person**, who is a **Non-UK Resident** needs to make a claim under certain sections of this policy, they may be required to do so through **The Policyholder**.

If a **Non-UK Resident** needs to make a claim under the following sections, they must contact **The Policyholder** who will be able to submit a claim on their behalf:

1. Section A - Personal Accident
2. Section B6 - Personal Belongings
3. Section B7 - Money & Important Documents
4. Section B8 - Cancellation, Curtailment, Replacement, and Change of Itinerary
5. Section B9 - Travel Delay
6. Section B10 - Missed Departure
7. Section B11 - Personal Liability
8. Section B12 - Legal Expenses
9. Section C - Winter Sports Activities (if this option has been selected and the appropriate additional premium paid)
10. Section D - Terrorism Disruption Protection (if this option has been selected and the appropriate additional premium paid).

If an **Insured Person** or **The Policyholder** have any questions, please contact the insurance intermediary from which this policy was purchased.

# Emergency Assistance

## Security Assistance

In the event of a security emergency for political and natural disaster evacuation or personal security specialist expenses or claim for **Kidnap** and ransom please contact **Our** Crisis Management Company - Northcott Global Solutions.

**Our** Crisis Management Company provides responses in respect of:

- Political or Natural Disaster Evacuation Section
- Kidnap and Ransom Section
- Personal Security Specialist Expenses Section.

Their contact details are listed below.

## Medical Assistance

**Our** Crisis Management Company is operated by a specialist assistance provider who will advise on and where appropriate arrange all medical treatment, medical evacuation or repatriation, travel and accommodation.

If an **Insured Person** requires any of the following whilst on an **Insured Journey** they must contact **Our** Crisis Management Company on the telephone number provided below and obtain their authorisation before:

- They go into a hospital or clinic as an in-patient or day-patient.
- They wish to return to their **Country of Domicile** by any means other than originally booked.

Provided medical treatment, travel or accommodation has been approved by **Our** Crisis Management Company **We** will pay all associated costs incurred by **The Policyholder** or **Insured Person** (where appropriate) for the following:

- Making arrangements for the **Insured Person** to travel to their **Country of Domicile** and where necessary ensure they are escorted by a medical attendant.
- Ensure assistance is provided upon arrival in the **Insured Person's Country of Domicile** following a medical repatriation.
- Making arrangements for the outward and return journeys for the next of kin or other nominated person to visit a sick or injured **Insured Person**.
- Assist in locating and sending drugs if not available locally.
- Where to seek advice on minor ailments.

Northcott Global Solutions must be informed that this policy covers the **Insured Person** and the following details must be provided:

- Their name, location and detail (including passport/visa etc).
- Their Employer, Company or Organisation.
- The policy number and **Period of Insurance** shown in the **Certificate of Insurance**
- The name and phone number of the doctor and hospital treating the **Insured Person**.
- The telephone or facsimile number on which the **Insured Person** or the **Insured Person's** representatives can be contacted.
- Their address abroad.
- The nature of the Emergency and/or medical problem.

## Northcott Global Solutions:

**Email: ops@northcottglobalsolutions.com**

**Phone: +44 (0) 207 183 8927 Press 1**

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

**The Policyholder** or **Insured Persons** should not attempt to find their own solutions and then expect full reimbursement from **Us** without prior approval having first been obtained from **Our** Crisis Management Company.

# NGS SOS App Plus



## This insurance policy grants access to the NGS SOS App Plus.

The NGS SOS App Plus, at a touch of a button, sends all information from the **Insured Person's** smartphone to the NGS 24/7/365 Operations Room, along with the GPS location of the GPS enabled smartphone device at that time.

The app is free and can be downloaded and accessed where 3G/4G or wifi signal permits to any compatible smartphone mobile device in seconds:

1. Remotely downloadable
2. Secure, comprehensive user profile
3. Travel advice and comprehensive country risk profiles
4. 24/7 access to global emergency response
5. SOS initiation
6. Recorded calls for quality control and auditing
7. Access to over 200 real-time language translations.

The NGS SOS App Plus ensures awareness and oversight at all times – protecting the **Insured Person's** safety by helping them avoid risk and speeding the NGS emergency response.

## We recommend installing and setting up the app before travelling

### To download the NGS SOS App Plus:

1. Please register as a new user on the NGS website: <https://www.northcottglobalsolutions.com/>
2. Select INSURANCE – USER REGISTRATION +
3. The next step is to simply fill in as much information as possible. The fields marked with an asterisk are the only required ones, however the more information filled in the better as this will be used if assistance is required. It is important the **Insured Person** fills in the insurance policy details, existing medical conditions and medication which will help the NGS Operations team help in a time of need.
4. Once the sign-up process has been completed, the **Insured Person** will be presented with an option to download the app from either the APP store for IOS or the GOOGLE play store for Android.
5. Scan the below QR code to download the app.



6. In order to use the app, the **Insured Person** will be required to log in using their email address and password previously created.

Please ask for a step-by-step guide for more information.

Any queries contact [InsExec@northcottglobalsolutions.com](mailto:InsExec@northcottglobalsolutions.com).

### Please note:

1. If the app is pressed without an accompanying phone call to NGS Ops, NGS is not required to contact the holder of the app. It is for the **Insured Person** to officially inform NGS of a request for assistance by a phone call or email.
2. A request for NGS assistance using the app is to be communicated verbally in line with their policy instruction through the initial phone call that automatically opens up when the app is triggered.
3. For the avoidance of doubt, the purpose of the app is for information transfer only and not for triggering any kind of emergency response. This information consists of the information that the app holder entered into the device on setup.
4. For the call to go through successfully, the device will need signal. The email specifying the GPS coordinate requires data coverage in the **Insured Person's** area and to be from a GPS enabled device. Data and GPS location services on the **Insured Person's** device will also need to be switched on. There is an option to manually switch to SMS should there be no data coverage or where the **Insured Person's** device is not data enabled; they will need GSM coverage for this.
5. One Touch Emergency App is not an alternative solution to live GPS or satellite personal tracking or distress beacons or devices. These are available from Northcott Global Solutions for an additional charge.

## Reciprocal Health Agreements

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

Check with the relevant embassy before travelling to see if there is a reciprocal health agreement that exists between the **Insured Person's** country of citizenship and destination. If it does then it is recommended that the **Insured Person** enrolls in the reciprocal health programme before departure.

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

### EU/EEA or Switzerland

If the **Insured Person** is travelling to countries within the European Union (EU), the European Economic Area (EEA) or Switzerland they are advised to obtain a UK Global Health Insurance Card (GHIC). An application form can be obtained from a Post Office or an **Insured Person** can apply for a GHIC online at [www.gov.uk/global-health-insurance-card](http://www.gov.uk/global-health-insurance-card) (for UK citizens) or by telephoning 0300 330 1350 .

This will entitle the **Insured Person** to benefits from the reciprocal health care arrangements which exist between countries within the EU/EEA or Switzerland.

### Australia/New Zealand

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

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

Alternatively, please call **Our** Crisis Management Company helpline for guidance. If an **Insured Person** is admitted to hospital, they must contact **Our** Crisis Management Company as soon as possible and their authority obtained in respect of any treatment or costs not available under MEDICARE or similar reciprocal health agreement.

## Have A Safe Trip

Before **Insured Person's** go overseas, check out the Foreign, Commonwealth & Development Office (FCDO) website at [www.gov.uk/foreign-travel-advice](http://www.gov.uk/foreign-travel-advice). It is packed with essential travel advice and tips, and up to date country specific information.

This policy does not cover **Insured Person's** travel to a country or specific area or event to which the Foreign, Commonwealth & Development Office (FCDO) or **Appropriate Authority** have advised against all (or all but essential) travel.

It is the **Insured Person's** responsibility to check the latest advice from the FCDO prior to commencing an **Insured Journey**, which can be found at <https://www.gov.uk/foreign-travel-advice>.

**Please note:** if an **Insured Person** is commencing **Business Travel**, they will be covered to travel to a country where the Foreign, Commonwealth & Development Office (FCDO) or **Appropriate Authority** has advised against all but essential travel, provided **The Policyholder** or **Insured Person** (where appropriate) is able to justify that the **Insured Journey** is necessary and cannot be undertaken by alternative means, for example, via video conferencing.

## European Union (EU) Travel Regulations

Under European Union (EU) travel regulations, an **Insured Person** may be entitled to claim compensation from their carrier if any of the following happen:

### 1. Denied Boarding

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

### 2. Long Delays

If they are delayed two hours or more, the airline must offer them meals and refreshments, hotel accommodation and communication facilities. If they are delayed for more than five hours, the airline must also offer to refund their ticket.

### 3. Luggage

If an **Insured Person's** checked-in luggage is damaged or lost by an EU airline, they must claim compensation from the airline within 7 days. If their checked-in luggage is delayed, they must claim compensation from the airline within 21 days of its return.

### 4. Death or Injury

If an **Insured Person** is injured in an **Accident** on a flight by an EU airline, they may claim damages from the airline. If an **Insured Person** dies as a result of these injuries their **Family** may claim damages from the airline.

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

## General definitions

Listed below are certain words that appear throughout the policy in bold. In all cases they will have the meanings shown below.

### Accident / Accidental

Shall mean a sudden, unexpected, unusual, specific, external event which occurs at an identifiable time and location during the **Period of Insurance**.

### Any One Accident Limit

The maximum amount **We** will pay in the aggregate under this **Certificate of Insurance** in respect of all **Insured Persons** suffering **Bodily Injury** following an **Accident**, in the same **Accident**, or series of **Accidents** contributed to, caused by, or consequent upon the same original cause, event or circumstance.

**Please note:** Any One Accident Limits apply to **Business Travel** only.

### Appointed Representative

The lawyer or other suitably qualified person appointed by **Us** to act on **The Policyholder's** or **Insured Person's** behalf, or the individual selected at the end of the **Appointed Representative** dispute process.

### Appropriate Authorities

The United States Department of State, the Foreign Office of Canada or similar authority of the **Insured Person's Country of Domicile**.

### Bodily Injury

1. Injury caused by **Accidental** and/or violent means; or
2. Injury resulting from exposure to the elements.

occurring within 12 months from the date of the **Accident** by which such injury is caused.

### Business Equipment

Any property which is owned hired or borrowed by **The Policyholder** or **Insured Person** (where appropriate) other than **Electronic Business Equipment** or **Business Samples**.

### Business Samples

Business and trade samples owned hired or borrowed by **The Policyholder** or **Insured Person** (where appropriate).

### Business Travel

Means travelling on assignment for or at the direction of **The Business**, for business purposes and in a working capacity. **Business Travel** begins when the **Insured Person** leaves their place of residence or regular employment (whichever occurs last), for the purpose of beginning the **Insured Journey**, and ends when they return to their residence or place of regular employment (whichever occurs first).

### Certificate of Insurance

The **Certificate of Insurance** issued by **Us** in respect of this policy which sets out the name of **The Policyholder**, the **Period of Insurance**, **Schedule of Insured Persons**, as well as the **Level of Cover** and any applicable policy options active, endorsements, alterations of coverage or special conditions and terms. This along with this policy, any endorsements or special terms issued by **Us**, **The Policyholders** application and declarations made to **Us** or **Our** agents, form the contract of insurance between **The Policyholder** and **Us**.

### Consultants Costs

The reasonable fees and expenses of **Our** Crisis Management Company incurred during a response to a **Kidnapping** including but not limited to the costs of travel accommodation, qualified interpretation communication and payments to informants.

### Coronavirus or COVID-19

Means Coronavirus disease including Severe Acute Respiratory Syndrome Coronavirus 2 (SARSCoV-2) including any related and/or similar conditions howsoever caused or any mutation of these.

### Legal Costs and Legal Expenses

1. All reasonable and necessary legal costs incurred by the **Appointed Representative** in pursuing a claim or legal proceeding against a third party who has caused the **Bodily Injury** or **Illness** of the **Insured Person** including other amounts reasonably incurred by the **Appointed Representative** in appealing or resisting an appeal against the judgment of a court or tribunal or arbitrator.
2. Legal costs which **The Policyholder** or **Insured Person** (where appropriate) is legally liable to pay following an award of court or tribunal or any legal costs payable following an out of

court settlement made in connection with any claim or legal proceedings.

### Country of Domicile

The country in which the **Insured Person** resides in and/or the country to which the **Insured Person** shall return to when repatriated.

### Electronic Business Equipment

Electronic articles hired or borrowed by **The Policyholder** or **Insured Person** (where appropriate) other than **Business Equipment** or **Business Samples**.

### Evacuation and Repatriation

The costs incurred by **The Policyholder** or **Insured Person** (where appropriate) for the emergency evacuation of an **Insured Person** to the nearest place of safety or their **Country of Domicile** following an **Insured Event**.

### Excess

The first part of each and every claim that **The Policyholder** or **Insured Person** (where appropriate) are responsible for paying per incident claimed for, under each section by **The Policyholder** or each **Insured Person** (where appropriate).

### Excluded Territory

Shall include Belarus, Cuba, Iran, North Korea, Russia, Syria & Ukraine. **Excluded Territories** shall also include any country or specific area or event that the Foreign, Commonwealth & Development Office (FCDO) or **Appropriate Authority** have advised against all, or all but essential, travel.

For the purposes of **Business Travel**, **Excluded Territories** shall not include countries or specific areas or events that the FCDO has advised against all but essential travel to, provided **The Policyholder** or **Insured Person** (where appropriate) is able to justify that the **Insured Journey** is necessary and cannot be undertaken by alternative means, for example, via video conferencing.

### Expenses

The cost of accommodation, transportation and food and any other reasonable and necessary expenses.

### Family

Means two adults (or one adult for a Single Parent Family), one of whom must be a Director or employee of **The Policyholder**, the other of whom must be the **Insured Person's Partner**, and all of their dependent children no older than 18 years of age or 23 years of age, if in full time education. Once a dependent child leaves full time education cover will cease immediately. All persons must live at the same home address and are entitled to travel separately, providing they are named on the **Schedule of Insured Persons**.

### Hijack

Unlawful seizure or unlawful control of an aircraft or other conveyance in which the **Insured Person** is travelling as a passenger.

### Hostage

The unlawful detention of an **Insured Person** by a third party who threatens to kill, injure or to continue to detain an **Insured Person** in order to compel a state, international organisation or person to do or abstain from doing any act.

### Illness

Means sickness or disease (not resulting from **Bodily Injury**) contracted anywhere in the world that declares itself during the **Period of Insurance** and occasions the total disablement of the **Insured Person** during the **Period of Insurance**.

### Insured Event

1. The Foreign, Commonwealth & Development Office or **Appropriate Authority** issues travel advice for a particular country or region where the **Insured Person** is on an **Insured Journey**, recommending that certain categories of person which includes the **Insured Person** should leave that country or region.  
- or -
2. The recognised Government in their **Host Country**:
  - a. Declares a state of emergency necessitating immediate evacuation; or
  - b. Formally recommends or instructs that the **Insured Person** should leave that country or region for safety; or
  - c. Seizes, confiscates or expropriates the **Insured** or **Insured Person's** property, plant or equipment; or

- d. Expels the **Insured Person** or declares the **Insured Person** “persona non grata”; or
  - e. Withdraws all scheduled international commercial flights for a period in excess of 24 hours as a result of political or military action intervention which has a direct impact on the **Insured Person's** safety and prevents them leaving the country.
3. **Natural Disaster** within their **Host Country** which puts the **Insured Person** in a life-threatening situation(s).
  4. The political or military events in the country the **Insured Person** is staying puts them in a life-threatening situation(s).

#### Insured Journey

A **Business Travel** and/or **Leisure Travel** trip or journey commencing during the effective date until the policy expiry date shown in the **Certificate of Insurance** undertaken by an **Insured Person** outside their **Country of Domicile** not exceeding the maximum duration per trip for the **Level of Cover** shown on the **Certificate of Insurance** (unless otherwise agreed by Us).

If the **Insured Journey** is solely within the **Insured Person's Country of Domicile**, cover will only be operative if the journey involves an air flight and/or overnight pre-booked pre-paid accommodation at least 50 miles from home. Emergency medical expenses cover is not applicable to an **Insured Journey** solely within the **Insured Person's Country of Domicile**.

#### Insured Person

Any Director or employee under a contract of employment, contract of service or apprenticeship with **The Policyholder** and who's name appears in the **Schedule of Insured Persons** for whom the appropriate premium has been paid and who at the commencement of the **Period of Insurance** is less than 71 years of age.

Subject to the appropriate **Family** premium having been paid by **The Policyholder** and the **Insured Person(s)** being listed on the **Schedule of Insured Persons**, this definition and cover is extended to apply to any member of the **Insured Person's Family**.

#### Insured Person's Partner

The spouse or partner of an **Insured Person**, living at the same address as the **Insured Person** for the last 12 months and sharing financial, and where applicable, responsibility for their natural or legally adopted children or legal wards.

#### Kidnap

Unlawful seizure, detention or taking by force or fraud of an **Insured Person** (except a child by its parent or legal guardian) by a third party without the consent of that **Insured Person**.

#### Leisure Travel

Means travelling for the purposes of relaxation, enjoyment or participation in hobbies. **Leisure Travel** begins when the **Insured Person** leaves their place of residence for the purpose of beginning the **Insured Journey** and ends when they return to their place of residence.

#### Level of Cover

The applicable sections of cover and the respective limits and **Excesses** identified within the **Schedule of Benefits** as indicated in the policy. The levels of cover available are 'Essentials', 'Standard' and 'Super'.

#### Loss of Hearing

Total and permanent loss of hearing in one or both ears to the extent that the hearing loss is greater than 95 decibels across all frequencies using a pure tone audiogram.

#### Loss of Limb

Shall mean in respect of:

1. An arm – physical severance of all 4 fingers at or above the metacarpal phalangeal joints (where the fingers join the palm of the hand) or permanent and total loss of use of a complete arm or hand at or above the metacarpal phalangeal joints (where the fingers join the palm of the hand).
2. A leg – physical severance at or above the level of the ankle (talo-tibial joint) or permanent total loss of use of an entire leg at or above the level of the ankle (talo-bial joint).

#### Loss of Sight

Loss of Sight shall include total and permanent loss of sight, which shall be deemed to have occurred:

1. In both eyes when the **Insured Person's** name has been added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist.
2. In one eye when the degree of sight remaining after correction is 3/60 or less on the Snellen Scale.

Which means the **Insured Person** is only able to see at 3 feet that which they should normally be able to see at 60 feet and **We** are satisfied that the condition is permanent and without expectation of recovery.

#### Loss of Speech

Total and permanent loss of speech.

#### Money

Coins, bank or currency notes, cheques, postal orders, travellers cheques, travel tickets, luncheon vouchers, petrol or other coupons with a monetary value and credit vouchers which belong to or are under the custody and control of the **Insured Person**.

#### Multi-Engined Aircraft

Any vehicle or other machine capable of flight, propelled by more than one engine such as an aeroplane.

#### Natural Disaster

Any event caused by natural phenomenon including earthquake, flood, hurricane, landslide, tornado, tsunami or volcanic eruption.

#### Non-UK Resident

An **Insured Person** not residing in the **United Kingdom**.

#### Period of Insurance

From the effective date until the policy expiry date shown in the **Certificate of Insurance** and any subsequent period for which **We** accept payment for renewal of this policy. This insurance covers an unlimited number of business, holiday or leisure **Insured Journey's** starting between the effective date and policy expiry date as shown in the **Certificate of Insurance**, provided that no single **Insured Journey** is intended to be for longer than the maximum duration shown in the **Schedule of Benefits** applicable to the **Level of Cover** shown on the **Certificate of Insurance**.

There is no cover offered by the policy whatsoever for **Insured Journey's** which are longer than the maximum duration shown in the **Schedule of Benefits** applicable to the **Level of Cover** shown on the **Certificate of Insurance**, this would include not insuring the **Insured Person** for part of an **Insured Journey** which is longer than the maximum duration shown in the **Schedule of Benefits** applicable to the **Level of Cover** shown on the **Certificate of Insurance**. If the **Insured Persons** return is unavoidably delayed for an insured reason, cover will be extended free of charge for the period of the delay.

#### Permanent Total Disablement

Permanent disablement wholly preventing the **Insured Person** from engaging in or giving attention to their usual occupation caused other than by **Loss of Limb** or **Sight** or **Speech** or **Hearing** which disablement lasts without interruption for more than 12 months from the date of **Accident**, and in all probability shall continue for the remainder of the **Insured Person's** life.

#### Personal Belongings

Items which are the property of the **Insured Person** or property for which they are personally responsible (other than **Business Equipment**, **Electronic Business Equipment** or **Business Samples**) and which are taken on or acquired during an **Insured Journey**.

#### Physical Manual Work

Any hands-on work whether paid or not, involving physical labour such as but not limited to building, butchery, construction, farming, fishing, forestry, meat packing, mining, maintenance of, or involving the use or repair of power tools, electrical, mechanical or hydraulic plant or hazardous equipment such as explosives. **Physical manual work** does not include work of a purely managerial, supervisory, sales or administrative nature.

### Policy Administrator

Voyager Insurance Services Limited, 13-21 High Street, Guildford, Surrey, GU1 3DG, United Kingdom and it acts solely as the disclosed and authorised agent and representative of **Us** and on **Our** behalf, and has and shall have no direct, indirect, joint, several, separate, independent responsibility, liability or obligation of any kind whatsoever under the policy, **Schedule of Benefits** or **Certificate of Insurance**.

### Prospect of Success

The probability that **The Policyholder** or **Insured Person** will:

1. Recover damages or obtain any other legal remedy which **We** have agreed to.
2. Make a successful appeal.
3. Make a successful appeal or defence of an appeal.

Prospects of Success will be assessed by **Us** or an **Appointed Representative** on **Our** behalf.

### Qualified Medical Practitioner

A doctor or specialist who is registered or licensed to practice medicine under the laws of the country they practice in other than an **Insured Person**, **Insured Person's Partner**, or a member of the immediate **Family** of the **Insured Person** or an employee of **The Policyholder**.

### Ransom Monies

Cash, monetary instruments, bullion or the fair market value of any securities property or services.

### Repatriation

With prior approval from **Us** and due solely for medical reasons the return of the **Insured Person** to their **Country of Domicile** by normal scheduled airlines or by an air ambulance or other suitable means of transport as deemed medically necessary by **Our** Crisis Management Company.

### Schedule of Benefits

The **Schedule of Benefits** as shown on pages 5-8 which summarises details of the benefits covered, sums insured, and any **Excesses** applicable to each **Level of Cover**, all of which are subject to the full terms of this policy and any endorsements and conditions issued by **Us** applying to the policy.

### Schedule of Insured Persons

The document which may form part of the **Certificate of Insurance** or a stand-alone document specifies details of **The Policyholder**, the **Insured Persons**, the **Period of Cover** and **The Business**.

### Security Specialist

The security specialist appointed by **Our** Crisis Management Company.

### Security Specialists Expenses

The reasonable and necessary costs of and expenses incurred by the **Security Specialist** appointed by **Our** Crisis Management Company.

### Single-Engined Aircraft

Any vehicle or other machine capable of flight, propelled by a single engine such as a helicopter.

### The Business

Activities directly connected with **The Business** described in the **Schedule of Insured Persons**.

### The Policyholder

The companies, partnerships or unincorporated associations named in the **Certificate of Insurance** as **The Policyholder**.

### Unattended

When the **Insured Person** is not in full view of and not in a position to prevent unauthorised interference with or theft of their property or vehicle.

### United Kingdom

For the purposes of this policy means England, Scotland, Wales, Northern Ireland, Channel Islands, Isle of Man and Gibraltar.

### Personal Valuables

Cameras, photographic, audio, video, computer, e-readers, telecommunications and electrical equipment (including computer games machines, mobile telephones, tablets, smart phones and sat navs) and any other related accessories (including CDs, DVDs, MP3 discs or similar, films, cartridges and headphones), telescopes, binoculars, spectacles, sunglasses, antiques, watches, jewellery, furs and articles made of or containing precious or semi-precious stones and metals. **Personal Valuables** must be owned by the **Insured Person**.

### War

Shall mean armed conflict between nations, invasion act of foreign enemy, civil war, military or usurped power.

### We/Us/Our

Shall mean the Starr International (Europe) Limited. **We** are solely obligated and liable for all covers and benefits provided under the terms of this policy, **Certificate of Insurance** and any endorsements.

### Winter Sports

Big Foot Skiing, Curling, Glacier Crossing/Hiking, Cat/Heli-skiing/Boarding, Ice skating (other than on an indoor rink), Kite Skiing, Mono Skiing, Skiing (including off piste with a guide), Ski Bobbing, Skiing Cross Country, Snow Blading (on piste only), Snowboarding (including off piste with a guide), Snow Kiting, Snow Mobiles/Skidoos, Snow Shoeing, Tobogganing.



# Section A - Personal Accident

A

## Cover under Section A

**Please note:** if the **Insured Person** is a **Non-UK Resident**, they will need to submit claims through **The Policyholder**. Please see page 10 for more details on this process.

In accordance with the **Level of Cover** as shown on the **Certificate of Insurance** and for which **The Policyholder** has paid the appropriate premium, **We** will pay the appropriate sums insured shown in the **Schedule of Benefits** to **The Policyholder** or **Insured Person** (where appropriate) for **Bodily Injury** during the course of an **Insured Journey** to an **Insured Person** which within 12 months of the date of the **Accident** solely, directly, and independently of any other cause, results in any of the benefits listed below:

1. Death
2. Capital Benefits – **Loss of Hearing, Loss of Limb, Loss of Sight, Loss of Speech, Permanent Total & Partial Disablement**

### Amount Payable

The amount payable to **The Policyholder** or an **Insured Person** (where appropriate) for any **Insured Person** shall be the amount as stated in the **Schedule of Benefits** for that category of **Insured Person**. Subject to that benefit being noted as being covered at the time of sustaining **Bodily Injury**.

### Disappearance

If an **Insured Person** has been missing for a period of 180 consecutive days and there is sufficient evidence to support the conclusion that death has been caused by **Bodily Injury**, that person will be presumed to have died. However, **The Policyholder** or **Insured Person** (where appropriate) will repay any benefit if the **Insured Person** is found to have been alive or is found alive.

### Permanent Partial Disablement

If as a result of **Bodily Injury**, the **Insured Person** sustains disablement not resulting in **Permanent Total Disablement**, **We** will, depending on the seriousness in degree of disablement, pay the benefit shown in the **Schedule of Benefits** as a percentage of the **Permanent Total Disablement** benefit. No consideration shall be given to the **Insured Person's** occupation, business or profession when assessing the seriousness in the degree of disablement.

### Funeral Expenses

In the event of the death of the **Insured Person** and the payment of a death benefit under this policy, **We** will indemnify the **Insured Person's** estate for the reasonable costs of a funeral up to a maximum payment of £10,000, subject to this not being included in any claim under the Medical and Emergency Travel Expenses Insurance section of this policy.

### Catastrophic Personnel Replacement Expenses (applicable for Level 3 – Enhanced cover only)

In the event that five or more of the **Insured Persons** are involved in the same **Accident** and which results in their death or **Permanent Total Disablement**, **We** will indemnify **The Policyholder** for additional costs incurred for:

1. paying out overtime and/or for hiring temporary staff to carry out their duties up to a maximum of 23 weeks.
2. finding permanent replacements including any advertisement or recruitment fees and a joining bonus paid direct to such replacements of up to 1 x annual gross salary.
3. the internal and external costs and expenses incurred in training the replacements.

## Conditions applicable to Section A

The following conditions apply to this section. Please also refer to the **General Conditions** on pages 37 & 38.

### 1. Accumulation Limit

#### Any One Accident Limit:

The maximum amount **We** will pay in the aggregate under this **Certificate of Insurance** in respect of all **Insured Persons** suffering **Bodily Injury** following an **Accident**, in the same **Accident**, or series of **Accidents** contributed to, caused by, or consequent upon the same

original cause, event or circumstance shall not exceed the **Any One Accident limit** stated in the **Schedule of Benefits**. Individual benefits shall, where necessary, be reduced proportionally until the total aggregate of individual benefits does not exceed the maximum **Any One Accident limit**.

**Please note:** **Any One Accident Limits** apply to **Business Travel** only.

### Single and Multi-Engined Aircraft Limits:

The maximum **We** will pay, in respect of all benefits under this section in aggregate, in respect of all **Insured Persons** involved in the same **Single-engined or Multi-engined aircraft Accident** or series of **Single-engined or Multi-engined aircraft Accidents** caused by, contributed by or consequent upon the same original cause or event shall not exceed the single-engined aircraft limit or multi-engined aircraft limit stated in the **Schedule of Benefits**. Individual benefits shall, where necessary, be reduced proportionately until the total aggregate of individual benefits does not exceed the maximum Single-engined or Multi-engined aircraft limit.

### 2. Limitation of Benefits

Once an **Insured Person** has attained the age of 66, the **Permanent Total Disablement** benefit payable under this policy is limited to 25% of the current sum insured or £25,000 whichever is the lesser.

### 3. Minors

If the **Insured Person** is under age 16 at the date of the **Accident** giving rise to a claim, the maximum amount payable for death will be £20,000 or the sum insured shown in the **Schedule of Benefits** whichever is lesser.

### 4. Non Employees

In respect of **Insured Persons** who are not a Director or employee of **The Policyholder**, the definition of **Permanent Total Disablement** will be:

Permanent disablement wholly preventing the **Insured Person** from engaging in or giving attention to any and every occupation caused other than by **Loss of Limb or Sight or Speech or Hearing** which disablement lasts without interruption for more than 12 months from the date of **Accident**, and in all probability shall continue for the remainder of the **Insured Person's** life.

### 5. Payment of Benefit

**We** will not pay more than one of the benefits listed in the **Schedule of Benefits** in conjunction with the same **Accident** for the same **Insured Person**, unless this is for Funeral Expenses following death.

### 6. Payment of Permanent Total Disablement

Benefit under **Permanent Total Disablement** will be payable after expiry of 52 consecutive weeks disablement and on certification that disablement is permanent and without expectation of recovery by a medical examiner appointed by **Us**.

### 7. Payment of Partial Disablement

Where more than one form of disablement results from one **Accident** for the same **Insured Person**, **We** will not pay more than 100% of the **Permanent Total Disablement** benefit due.

## Exclusions applicable to Section A

The following exclusions apply to this section. Please also refer to the **General Exclusions** on pages 39 & 40.

**We will not pay** any claim for **Bodily Injury** directly or indirectly caused by:

1. Gradually operating cause or any naturally occurring condition or degenerative process.
2. **Illness** or disease (unless resulting directly from **Bodily Injury**).
3. Motorcycling either as a rider or passenger.
4. Participating in any of the activities listed under Hazardous Activities & Sports Section.
5. any amount in excess of the **Accumulation Limits** (for **Business Travel** only).

## B1. Medical and Emergency Travel Expenses

### Cover under Section B1. Medical and Emergency Travel Expenses

In accordance with the **Level of Cover** as shown on the **Certificate of Insurance** and for which **The Policyholder** has paid the appropriate premium, **We** will pay up to the appropriate sums insured shown in the **Schedule of Benefits** to **The Policyholder** or **Insured Person** (where appropriate) if the **Insured Person** sustains **Injury** or contracts **Illness** (including **COVID-19**) during the course of an **Insured Journey** for:

#### 1. Medical Expenses

Reasonable and necessary emergency medical, surgical, hospital and nursing home charges or emergency dental (for the relief of pain and suffering) fees, incurred outside the **Insured Person's Country of Domicile**, including the cost of rescue services to take the **Insured Person** to hospital.

#### 2. Emergency Travel Expenses

Reasonable and necessary additional costs of transport and accommodation incurred in respect of the **Insured Person** or any one relative or friend who has to travel to remain with or escort the **Insured Person** to the **Insured Person's Country of Domicile**.

#### 3. Repatriation

Upon medical advice the **Repatriation** of the **Insured Person** to the **Insured Person's Country of Domicile**.

#### 4. Emergency Medical Evacuation

Upon the advice of **Our** Crisis Management Company the reasonable and necessary costs of transporting the **Insured Person** to the nearest suitable hospital.

#### 5. Hospital Inconvenience

In the event that an **Insured Person** is admitted as a hospital in-patient outside their **Country of Domicile**, **We** will pay **The Policyholder** or **Insured Person** (where appropriate) £50 for each complete 24 hour period that the **Insured Person** spends as an in-patient increasing to £100 for each complete 24 hour period on public or bank holidays, up to a maximum of 365 days.

**Please note:** An **Excess** amount is not payable under this section.

#### 6. Continuing Medical Charges

(applicable for **Level 2 – Super cover** and **Level 3 – Enhanced cover only**)

In the event of a valid claim for Medical Emergency Travel Expenses **We** will pay the reasonable and necessary cost of hospital in-patient medical charges incurred within 3 months immediately following the date of the **Insured Person's Repatriation** to their **Country of Domicile** up to the amount shown in the **Schedule of Benefits** as applicable to the **Level of Cover** as shown in the **Certificate of Insurance**. **Our** obligation to pay benefits under this section will be excess of any other valid and collectible insurance. This shall include, but is not limited to, National Health Schemes and/or the **Insured Person's** Private Medical Insurance.

**Please note:** An **Excess** amount is not payable under this section.

### Conditions applicable to Section B1

The following conditions apply to this section. Please also refer to the **General Conditions** on pages 37 & 38.

In the event of a conflict between a specific condition in this section and a term in the **General Conditions**, the specific condition will apply in relation to this section.

1. The **Insured Person** must as soon as reasonably possible contact **Our** Crisis Management Company if they require in-patient hospital treatment, emergency medical evacuation or **Repatriation** and obtain their pre-approval for such inpatient hospital treatment, emergency medical evacuation or **Repatriation**.

2. Failure to obtain **Our** Crisis Management Company preapproval for in-patient hospital treatment, emergency medical evacuation or **Repatriation** means **We** will not pay or reimburse the costs incurred.
3. If **We** incur costs as a result of advice or assistance being provided or the settlement of any expenses being made in good faith by **Our** Crisis Management Company to any person who is not insured under this policy, **The Policyholder** or **Insured Person** (where appropriate) shall reimburse **Us** in respect of such costs and expenses.

### Special conditions applicable to COVID-19 cover under Section B1

For cover under Section B1, it is a requirement of this insurance that **Insured Persons** must;

1. provide proof from the treating facility that the **Insured Person** has received treatment for **Illness** caused by **COVID-19**.
2. return to their **Country of Domicile** within 48 hours of their isolation period ending. In the event that multiple persons are insured on this policy, this requirement shall take effect from the end of the isolation period of the last **Insured Person** who received a diagnosis of **COVID-19**.
3. have received the recommended number of doses of an approved **COVID-19** vaccine (including any booster) recommended by the Government of the country in which they ordinarily reside, 14 days prior to the **Insured Journey** commencing. This vaccination requirement shall not apply where an **Insured Person** is ineligible for vaccination, or unable to receive the vaccine for medical reasons, and this is shown in their medical records.

### Exclusions applicable to Section B1

The following exclusions apply to this section. Please also refer to the **General Exclusions** on pages 39 & 40.

**We will not be liable** for any claim resulting from:

1. The **Excess** amount shown in the **Schedule of Benefits** or as shown on the **Certificate of Insurance**.
2. In-patient hospital treatment, emergency medical evacuation or **Repatriation** which does not have the prior approval of **Our** Crisis Management Company.
3. Medical expenses incurred when the specific purpose of the **Insured Journey** is for the **Insured Person** to receive medical treatment or advice.
4. Medical expenses or claims arising directly or indirectly from an **Illness** which the **Insured Person** is aware of and is travelling against medical advice or where a terminal prognosis has been given.
5. The cost of any treatment when the **Insured Person** has been told by a **Qualified Medical Practitioner** that the treatment can be safely delayed until they return home.
6. Any costs the **Insured Person** incurs abroad after the date **Our** Crisis Management Company's Senior Medical Officer tells them they should return to their **Country of Domicile**.
7. Medical expenses (other than continuing medical charges or the cost of transporting the **Insured Person** or the body or ashes of anyone insured under this policy to their **Country of Domicile**) incurred within the **Insured Person's Country of Domicile**.
8. Any expenses incurred 12 months after the date the need for treatment first arises.
9. Any expenses incurred whilst on an **Insured Journey** longer than the maximum duration per **Insured Journey** shown in the **Schedule of Benefits** applicable to the **Level of Cover** shown on the **Certificate of Insurance**, unless such **Insured Journey** has been declared to and accepted by **Us**.

10. Normal pregnancy, without any accompanying **Bodily Injury, Illness** or complication. This section is designed to provide cover for unforeseen events, **Accidents** and **Illnesses** and normal childbirth would not constitute an unforeseen event.
11. Treatment for or related to any congenital condition, anxiety, stress or mental health disorders.
12. Surgeries, treatments, services or supplies which are investigational, experimental or for research purposes.
13. Dental treatment, except for emergency dental treatment (for the relief of pain and suffering) as covered above.
14. Eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, and any examination or fitting related to these devices, and all vision and hearing tests and examinations for eye surgery, such as radial keratotomy, when the primary purpose is to correct near-sightedness, farsightedness or astigmatism, immunisations and routine physical exams.
15. Any services or supplies performed or provided by a close relative or any other **Family** member or any person who ordinarily resides with the **Insured Person**.
16. The supply of medications commonly available without prescription.
17. Treatment costs for cosmetic reasons.

## B2

### B2. Search and Rescue Expenses

(applicable for Level 2 – Super cover and Level 3 – Enhanced cover only)

#### Cover under Section B2. Search and Rescue Expenses

In accordance with the **Level of Cover** as shown on the **Certificate of Insurance** and for which **The Policyholder** has paid the appropriate premium, **We** will pay up to the appropriate sums insured shown in the **Schedule of Benefits** per **Insured Person**, per **Insured Journey** for **Leisure Travel** or, for **Business Travel**, in the aggregate annually for all **Insured Persons** during the **Period of Insurance**, to **The Policy Holder** or **Insured Person** (where appropriate) for all reasonable and necessary costs incurred by the authorities in searching for the **Insured Person** and bringing them to a place of safety, if during the course of an **Insured Journey** whilst outside the **Country of Domicile** the **Insured Person** is either:

1. reported missing and it is known or reported that the **Insured Person** may have sustained **Bodily Injury** or suffered **Illness**, or
2. the weather conditions are such that in order to prevent **Bodily Injury** or the suffering of **Illness** the police or rescue authorities instigate a search and rescue for the **Insured Person**.

#### Conditions applicable to Section B2

The following conditions apply to this section. Please also refer to the **General Conditions** on pages 37 & 38.

1. The **Insured Person** must comply at all times with local safety advice and must comply with all recommendations and restrictions prevalent at the time.
2. Expenses are only payable for the **Insured Person's** chargeable proportion of any search and rescue operation.
3. **Our** Crisis Management Company must be informed immediately of any emergency that potentially might give rise to a claim.
4. Expenses will only be covered up to the point where the **Insured Person** is recovered by search and rescue team or up to the time the authorities advise that continuing the search is no longer viable.
5. In the event of a claim a written report must be obtained from the search and rescue authority and provided to **Us** before a claim can be paid.

#### Exclusions applicable to Section B2

The following exclusions apply to this section. Please also refer to the **General Exclusions** on pages 39 & 40.

**We will not be liable** for any claim resulting from:

1. The **Excess** amount shown in the **Schedule of Benefits** or as shown on the **Certificate of Insurance**.
2. The **Insured Person** knowingly endangering either their own life or of any other person(s).
3. The **Insured Person** engaging in activities where their experience or skill levels fall below those reasonably required to participate in such activities.
4. The **Insured Person** disregarding or not complying with any local safety advice, warnings, restrictions or rescue or police authority warnings in force during or at the time of undertaking such activities.

## B3. Kidnap, Hostage and Hijack

### Expenses

(applicable for Level 2 – Super cover and Level 3 – Enhanced cover only)

#### Cover under Section B3. Kidnap, Hostage and Hijack Expenses

##### Section B3.1 - Consultants Costs

In accordance with the **Level of Cover** as shown on the **Certificate of Insurance** and for which **The Policyholder** has paid the appropriate premium, **We** will pay up to the appropriate sums insured shown in the **Schedule of Benefits** to **The Policyholder** or **Insured Person** (where appropriate) for **Consultants Costs** incurred if during an **Insured Journey** an **Insured Person** is **Kidnapped** and held for Ransom or **Hostage**.

##### Section B3.2 - Hijack and Kidnap Payments

In accordance with the **Level of Cover** as shown on the **Certificate of Insurance** and for which **The Policyholder** has paid the appropriate premium, **We** will pay up to the appropriate sums insured shown in the **Schedule of Benefits** to **The Policyholder** or **Insured Person** (where appropriate) in the event of the conveyance in which the **Insured Person** is travelling being subject to **Hijack** during an **Insured Journey** and the **Insured Person** being detained as a result for a period in excess of 24 hours, or, if during an **Insured Journey** the **Insured Person** is detained as a result of **Kidnap**.

### Conditions applicable to Section B3

The following conditions apply to this section. Please also refer to the **General Conditions** on pages 37 & 38.

1. This policy will not cover the payment of any claim or provision of any benefit which would be contrary to the law of the **Country of Domicile** of the **Insured Person** or country where the incident occurred.
2. **The Policyholder** and the **Insured Person** shall take all reasonable and necessary steps to ensure that the existence of this policy is not made common knowledge.
3. **Our** Crisis Management Company must be advised immediately of any situation that may give rise to a claim. If **Our** Crisis Management Company is not contacted immediately **Our** liability to pay any subsequent claim under this section will cease.
4. **The Policyholder** or **Insured Person** must provide **Us** and **Our** Crisis Management Company with all assistance and information requested in a timely manner.
5. **The Policyholder** or **Insured Person** must not make or attempt to make arrangements without the agreement of **Our** Crisis Management Company.
6. **Our** Crisis Management Company shall take over and control all negotiations on **The Policyholder's** or **Insured Person's** (where appropriate) behalf and no offer, promise or payment shall be made without **Our** prior approval.

### Exclusions applicable to Section B3

The following Exclusions apply to this section. Please also refer to the **General Exclusions** on pages 39 & 40.

**We will not be liable** for any claims resulting from:

1. The **Excess** amount shown in the **Schedule of Benefits** or as shown on the **Certificate of Insurance**.
2. The fraudulent dishonest or criminal acts of **The Policyholder**, the **Insured Person** or any person authorised by **The Policyholder** or **Insured Person** (where appropriate) to have custody of the **Ransom Monies**.
3. Any claim for an **Insured Person** whilst in their **Country of Domicile**.
4. **Kidnapping** which occurs in an **Excluded Territory**.
5. Any amount that **The Policyholder** or an **Insured Person** became legally liable to pay as the result of any legal action for damages including legal costs incurred in defence of such action, resulting from alleged negligence or incompetence in **Hostage** retrieval operations or negotiations following the **Kidnap** of an **Insured Person** or alleged negligence in not preventing the **Kidnap** of an **Insured Person**.
6. Any amount of **Ransom Monies**.
7. Any claim if **The Policyholder** or **Insured Person** (where appropriate) have had any Kidnap Insurance cancelled or declined in the past.
8. The **Kidnapping** of a child by its parent(s) or legal guardian.
9. Any claim for **Kidnapping** where an attempt to **Kidnap** an **Insured Person** or a threat to **Kidnap** an **Insured Person** had been made in the 12 months before taking out this policy and such attempt or threat was not made known to **Us** and accepted by **Us** at such time.

## B4 Political and Natural Disaster Evacuation

(applicable for Level 2 – Super cover and Level 3 – Enhanced cover only)

### Cover under Section B4. Kidnap and Hostage Expenses

In accordance with the **Level of Cover** as shown in the **Certificate of Insurance** and for which **The Policyholder** has paid the appropriate premium, **We** will pay up to the appropriate sums insured shown in the **Schedule of Benefits** to **The Policyholder** or **Insured Person** (where appropriate) if, during an **Insured Journey** outside the **Insured Person's Country of Domicile**, the **Insured Person** incurs **Evacuation and Repatriation** costs and/or **Expenses** as a result of an **Insured Event**.

### Conditions applicable to Section B4

The following conditions apply to this section. Please also refer to the **General Conditions** on pages 37 & 38.

1. The **Insured Person** must not be travelling to a country or region contrary to the advice of the Foreign, Commonwealth & Development Office (FCDO) or **Appropriate Authority**.
2. **Our** Crisis Management Company must be advised immediately of any situation that may give rise to a claim or as soon as reasonably possible thereafter. If **Our** Crisis Management Company is not contacted immediately **Our** liability to pay any subsequent claim under this section will cease.
3. **The Policyholder** or **Insured Person** (where appropriate) must provide **Us** and the Crisis Management Company with all assistance and information requested in a timely manner.
4. The **Insured Person** must follow the advice of the Crisis Management Company at all times. Any failure to follow such advice will discharge **Our** liability to pay any subsequent claim under this section.
5. Where **The Policyholder** or an **Insured Person** (where appropriate) is entitled to any refund on unused tickets or returnable deposits or advanced payments **We** will be entitled to deduct these from the value of any claim.

### Exclusions applicable to Section B4

The following Exclusions apply to this section. Please also refer to the **General Exclusions** on pages 39 & 40.

**We will not be liable** for any claims resulting from or (if applicable) attributable to:

1. The **Excess** amount shown in the **Schedule of Benefits** or as shown on the **Certificate of Insurance**.
2. An alleged violation of the laws of the host country by **The Policyholder** or the **Insured Person**.
3. **The Policyholder's** failure or the **Insured Person's** failure to maintain and possess duly authorised and issued required immigration, work, residence or similar visas or permits or other relevant documentation for the country where they are visiting on an **Insured Journey**.
4. Accommodation or evacuation **Expenses** incurred more than 30 days before or 10 days after the **Insured Event**.
5. In whole or in part to a debt insolvency, commercial failure, the repossession of any property by any title holder or lien holder, or any other financial cause.
6. **The Policyholder** or the **Insured Person** failing to honour any contractual obligation, bond or specific performance condition in a licence.
7. The conditions leading to the **Insured Person's** departure being in existence prior to the **Insured Person** entering the country or where such conditions were reasonably foreseeable prior to the **Insured Person** entering the country on an **Insured Journey**.
8. More than one **Insured Event** in any one **Period of Insurance**.
9. The **Insured Person** being in their own **Country of Domicile**.

## B5 B5. Personal Security Specialist Expenses

(applicable for Level 2 – Super cover and Level 3 – Enhanced cover only)

### Cover under Section B5. Personal Security Specialist Expenses

In accordance with the **Level of Cover** as shown in the **Certificate of Insurance** and for which **The Policyholder** has paid the appropriate premium, **We** will pay up to the appropriate sums insured shown in the **Schedule of Benefits** to **The Policyholder** or **Insured Person** (where appropriate) if during an **Insured Journey** outside their **Country of Domicile** the **Insured Person** becomes involved in a life-threatening situation(s) in respect of the **Security Specialists Expenses** incurred in extracting the **Insured Person** from such situation.

### Conditions applicable to Section B5

The following conditions apply to this section. Please also refer to the **General Conditions** on pages 37 & 38.

1. **The Policyholder** and the **Insured Person** (where appropriate) shall take all reasonable and necessary steps to ensure that the existence of this policy is not made common knowledge.
2. Any extraction of an **Insured Person** must be organised by **Our** Crisis Management Company.
3. **Our** Crisis Management Company must be advised immediately of any situation that may give rise to a claim. If **Our** Crisis Management Company is not contacted immediately **Our** liability to pay any subsequent claim under this section will cease.
4. **The Policyholder** or **Insured Person** (where appropriate) must provide **Us** and **Our** Crisis Management Company with all assistance and information requested in a timely manner.
5. **The Policyholder** or the **Insured Person** (where appropriate) must not attempt to or make any arrangements without the prior approval of **Our** Crisis Management Company.
6. **The Policyholder** or the **Insured Person** (where appropriate) must follow the advice of **Our** Crisis Management Company at all times. Any failure to follow such advice will discharge **Our** liability to pay any subsequent claim under this section.

### Exclusions applicable to Section B5

The following Exclusions apply to this section. Please also refer to the **General Exclusions** on pages 39 & 40.

**We will not be liable** for any claims resulting from:

1. The **Excess** amount shown in the **Schedule of Benefits** or as shown on the **Certificate of Insurance**.
2. Any unpaid debt or fraudulent, dishonest or criminal acts of **The Policyholder** or the **Insured Person**.
3. Any life-threatening situation arising in the **Insured Person Country of Domicile** or in Colombia, Iraq, Mexico, Nigeria, Pakistan, Philippines, Somalia, Venezuela, Yemen or in any other **Excluded Territory**.
4. Any amount that **The Policyholder** or an **Insured Person** became legally liable to pay as the result of any legal action for damages, including but not limited to legal costs incurred in defence of such action, resulting from alleged negligence or incompetence in extraction from the life-threatening situation or alleged negligence in not preventing the involvement of the **Insured** in such a situation.
5. Any amount in excess of the annual aggregate limit for **Business Travel** only.
6. Any claim arising from an **Insured Event** in a destination, region or country where prior to the commencement of the **Insured Journey** warnings had been issued by the Foreign, Commonwealth & Development Office (FCDO) or **Appropriate Authorities** against all, or all but essential travel to such destination, region or country.  
**Please note:** if an **Insured Person** is commencing **Business Travel**, they will be covered to travel to a country where the Foreign, Commonwealth & Development Office (FCDO) or **Appropriate Authority** has advised against all but essential travel, provided **The Policyholder** or **Insured Person** (where appropriate) is able to justify that the **Insured Journey** is necessary and cannot be undertaken by alternative means, for example, via video conferencing.
7. Any claims in a destination, region or country where after the commencement of the **Insured Journey** the local authorities, the Foreign, Commonwealth & Development Office (FCDO) or **Appropriate Authorities**, had issued instructions to leave or evacuate the destination, region or country and the **Insured Person** had not done so in a timely manner.
8. The **Insured Person** deliberately exposing themselves to danger.
9. Any claim in relation to **Hijack**, **Kidnapping** or political and **Natural Disaster** evacuation.

## B6. Personal Belongings

**Please note:** if the **Insured Person** is a **Non-UK Resident**, they will need to submit claims through **The Policyholder**. Please see page 10 for more details on this process.

### Cover under Section B6. Personal Belongings

In accordance with the **Level of Cover** as shown in the **Certificate of Insurance** and for which **The Policyholder** has paid the appropriate premium, **We** will pay up to the appropriate sums insured shown in the **Schedule of Benefits to The Policyholder or Insured Person** (where appropriate) in the event of the **Insured Person** suffering loss of or damage to their **Personal Belongings** or **Personal Valuables** during an **Insured Journey**.

#### Temporary Loss

(applicable for Level 2 – Super cover and Level 3 – Enhanced cover only)

In the event of an **Insured Person** being temporarily deprived of their **Personal Belongings** for at least 4 hours from the time of arrival at their destination during an **Insured Journey**, **We** will reimburse **The Policyholder** or the **Insured Person** (where appropriate) in respect of emergency and necessary purchases subject to a maximum of £1,000 for any one claim.

**Please note:** An **Excess** amount is not payable under this section.

#### Business Samples

(applicable for Level 2 – Super cover and Level 3 – Enhanced cover only)

In the event of **Business Samples** in the care, custody or control of the **Insured Person** being lost or destroyed during an **Insured Journey** **We** will indemnify **The Policyholder** or the **Insured Person** (where appropriate) in respect of such loss or damage up to £1,000.

**Please note:** The **Excess** amount shown in the **Schedule of Benefits** or as shown on the **Certificate of Insurance** is payable per claim.

#### Business Equipment

(applicable for Level 2 – Super cover and Level 3 – Enhanced cover only)

In the event of loss of or damage to **Business Equipment** in the care, custody and control of the **Insured Person** during an **Insured Journey** **We** will indemnify **The Policyholder** or the **Insured Person** (where appropriate) in respect of such loss up to £2,000.

**Please note:** The **Excess** amount shown in the **Schedule of Benefits** or as shown on the **Certificate of Insurance** is payable per claim.

#### Electronic Business Equipment

(applicable for Level 2 – Super cover and Level 3 – Enhanced cover only)

In the event of loss of or damage to **Electronic Business Equipment** in the care, custody and control of the **Insured Person** during an **Insured Journey** **We** will indemnify **The Policyholder** or the **Insured Person** (where appropriate) in respect of such loss up to £2,000.

**Please note:** The **Excess** amount shown in the **Schedule of Benefits** or as shown on the **Certificate of Insurance** is payable per claim.

#### Loss of Keys

(applicable for Level 2 – Super cover and Level 3 – Enhanced cover only)

In the event of the **Insured Person** losing their keys to their main permanent residence whilst on an **Insured Journey** **We** will indemnify the **Insured Person** for the costs (parts and labour) of replacing the relevant locks up to a maximum of £1,000. **We** will not arrange for the work to be carried out and will not be liable for any damage caused in the process of replacing the locks.

**Please note:** The **Excess** amount shown in the **Schedule of Benefits** or as shown on the **Certificate of Insurance** is payable per claim.

## Conditions applicable to Section B6

The following conditions apply to this section. Please also refer to the **General Conditions** on pages 37 & 38.

1. The **Insured Person** shall take all reasonable care in avoiding any loss or damage to **Personal Belongings, Personal Valuables, Business Equipment, Electronic Business Equipment** and **Business Samples**.
2. **We** shall be entitled in the event of a loss and at **Our** sole option to replace any article lost (whether wholly or in part) or to reimburse **The Policyholder** or the **Insured Person** (where appropriate) not exceeding in any event the insured value thereof. The maximum amount payable in respect of any one item will be up to the single item, article pair or set limit shown in the **Schedule of Benefits** applicable to the **Level of Cover** shown on the **Certificate of Insurance**.
3. In the event of the total loss or destruction of any item of **Personal Belongings** or **Personal Valuables** the basis of settlement shall be on a full replacement value of the item provided that the replacement item is substantially the same but not better than the original item when new and proof of purchase /ownership must be provided for items valued in excess of £700.
4. Total Loss or destruction of **Personal Valuables, Business Equipment, Electronic Business Equipment** and **Business Samples** shall be dealt with on a full replacement value of the item at the date of loss subject to taking into account wear and tear and depreciation.
5. Any amount paid for temporary loss will be deducted from any subsequent payment for total loss or subsequent damage where the temporary loss becomes permanent
6. **The Policyholder** or the **Insured Person** (where appropriate) must retain any damaged articles for **Our** inspection. **We** shall be entitled to take up and keep possession of any damaged property and to deal with it as salvage following such damage.

## Exclusions applicable to Section B6

The following Exclusions apply to this section. Please also refer to the **General Exclusions** on pages 39 & 40.

**We will not be liable** for any claim resulting from:

1. The **Excess** amount shown in the **Schedule of Benefits** or as shown on the **Certificate of Insurance**.
2. Breakage of articles of a brittle or fragile nature unless caused by fire or an **Accident** to the conveyance in which the article is being carried.
3. Loss or damage caused by:
  - a. moth or vermin or gradual deterioration, atmospheric or climatic conditions, wear and tear (this does not apply to the loss of or damage to any item resulting from wear and tear to a clasp setting or other fastening to a carrier or container).
  - b. Mechanical or electrical failure or breakdown.
  - c. Any process of cleaning, dying, restoring, repairing or alteration.
4. Loss of **Money**, except as specifically included.
5. Loss or damage caused by delay, detention or confiscation by customs or order of any Government or Public Authority.
6. Loss which is not reported to the local Police or appropriate authorities within 24 hours of its discovery and a written report obtained (in the case of an airline the **Insured Person** will need to obtain a Property Irregularity Report).
7. Loss or damage from the effect of pressure in an aircraft cargo hold.
8. Theft or attempted theft of **Personal Belongings, Personal Valuables, Business Samples, Business Equipment** or **Electronic Business Equipment** from any **Unattended** vehicle unless kept out of sight in a locked boot or compartment or in the case of a hatchback or estate car under a purpose-built luggage cover. There must be evidence that the vehicle has been broken into.

- 9. Loss or damage to vehicles, their parts or accessories.
- 10. Loss or damage to **Personal Belongings** or **Personal Valuables** sent as freight or under a bill of lading.
- 11. Loss or damage to sports equipment (including **Winter Sports** equipment) while in use.
- 12. Loss of **Business Equipment, Electronic Business Equipment** or **Business Samples** not involving theft by violent and forcible means.
- 13. Loss of **Business Equipment, Electronic Business Equipment** or **Business Samples** insured under any other insurance.
- 14. Any **Personal Valuables** left **Unattended** by **The Policyholder** or **Insured Person** (where appropriate) in their accommodation if the accommodation is left unlocked or the **Personal Valuables** were not left in a suitable sized safe or safety deposit box. However, this exclusion will not apply if a suitable sized safe or safety deposit box was not available and there is evidence that entry into the accommodation was effected by violent and forcible means.
- 15. Loss of or damage to **Personal Valuables** contained in baggage whilst such baggage is in the custody of an airline or other carrier outside of **The Policyholder's** or **Insured Person's** (where appropriate) control.
- 16. Loss or corruption of or damage to software, information or data contained in any computer, tapes, recording equipment or data storage device, or any consequential loss arising therefrom.
- 17. Any loss in excess of the single item limit stated in the **Schedule of Benefits**.
- 18. Any additional value an item may have because it forms part of a pair or set.
- 19. Any article more specifically insured or recoverable under any other insurance.



## B7 Money & Important Documents

## Exclusions applicable to Section B7

The following Exclusions apply to this section. Please also refer to the General Exclusions on pages 39 & 40.

We will not be liable for any claim resulting from:

1. The Excess amount shown in the Schedule of Benefits or as shown on the Certificate of Insurance.
2. The:
  - a. Delay, confiscation, errors or omissions in receipts or payment or accountancy or depreciation in value.
  - b. Loss which is not reported to the local Police or appropriate authorities within 24 hours of its discovery and a written report obtained (in the case of an airline the Insured Person will need to obtain a property irregularity report).
3. We will not pay for any loss or theft of a credit, charge, cash, debit or bankers card which results in fraudulent use unless The Policyholder or Insured Person (where appropriate) has complied with all the terms, conditions and reporting requirements under which the card was issued.
4. We will not pay for any single loss of coins; bank or currency notes in excess of £2,000 unless The Policyholder or Insured Person (where appropriate) bears the first 25% of any amount in excess of the £2,000 up to the total sum insured stated in the Schedule of Benefits.
5. We will not pay for theft or attempted theft of Money from any Unattended vehicle unless kept out of sight in a locked boot which is separate from the passenger compartment or locked glove compartment. There must be evidence that the vehicle has been broken into.

**Please note:** if the Insured Person is a Non-UK Resident, they will need to submit claims through The Policyholder. Please see page 10 for more details on this process.

### Cover under Section B7. Money & Important Documents

#### 1. Loss or theft of Money:

We will pay up to the appropriate sums insured shown in the Schedule of Benefits to The Policyholder or Insured Person (where appropriate), in accordance with the Level of Cover as shown in the Certificate of Insurance and for which The Policyholder has paid the appropriate premium for financial loss in the event of the Insured Person suffering the loss or theft of Money:

- a. During the course of an Insured Journey or
- b. During the 120 hours immediately prior to such Insured Journey or the 120 hours immediately following such Insured Journey if obtained for the purposes of undertaking the Insured Journey and in the custody and control of the Insured Person.

#### 2. Fraudulent Use of Credit Cards:

We will pay up to the appropriate sums insured shown in the Schedule of Benefits to The Policyholder or Insured Person (where appropriate), in accordance with the Level of Cover as shown in the Certificate of Insurance and for which The Policyholder has paid the appropriate premium if The Policyholder or the Insured Person sustains financial loss as a direct result of a credit, charge, debit or bankers card being lost or stolen during an Insured Journey and it being fraudulently used by someone other than the Insured Person, provided that The Policyholder or the Insured Person has fully complied with all terms, conditions and reporting requirements under which such card has been issued up to a maximum of £5,000 for any Insured Journey.

#### 3. Lost or damaged passport and/or visa

We will pay up to the appropriate sums insured shown in the Schedule of Benefits to The Policyholder or Insured Person (where appropriate), in accordance with the Level of Cover as shown in the Certificate of Insurance and for which The Policyholder has paid the appropriate premium if the Insured Person sustains loss or damage resulting in any visa and/or passport required for an Insured Journey becoming lost or void during the course of the Insured Journey in respect of fees charged by the appropriate consular visa and/or passport office for any additional travel or accommodation expenses in obtaining any official or temporary travel documents or replacement visa and/or passport up to a maximum of £2,000 for any Insured Journey.

**Please note:** The Excess amount shown in the Schedule of Benefits or as shown on the Certificate of Insurance is payable per claim.

#### 4. Theft of passport and visa

We will pay up to the appropriate sums insured shown in the Schedule of Benefits to The Policyholder or Insured Person (where appropriate), in accordance with the Level of Cover as shown in the Certificate of Insurance and for which The Policyholder has paid the appropriate premium if an Insured Person sustains theft of any visa and/or passport within 7 days prior to the Insured Journey for any additional accommodation and/or travel expenses necessarily incurred prior to the Insured Journey by the Insured Person or nominated representative in travelling to and obtaining replacement documents at the nearest issuing office from which a replacement can be obtained subject to a maximum of £1,000 for any claim.

**Please note:** The Excess amount shown in the Schedule of Benefits or as shown on the Certificate of Insurance is payable per claim.

## B8. Cancellation, Curtailment, Replacement or Change of Itinerary

**Please note:** if the **Insured Person** is a **Non-UK Resident**, they will need to submit claims through **The Policyholder**. Please see page 10 for more details on this process.

### Section B8.1 - Cancellation, Curtailment, Replacement or Change of Itinerary

#### Cancellation:

We will pay up to the appropriate sums insured shown in the **Schedule of Benefits to The Policyholder or Insured Person** (where appropriate), in accordance with the **Level of Cover** as shown in the **Certificate of Insurance** and for which **The Policyholder** has paid the appropriate premium if the **Insured Person** is forced to cancel an **Insured Journey** as a direct and necessary result of any cause outside **The Policyholder's** or the **Insured Person's** (where appropriate) control. We will only reimburse **The Policyholder** or the **Insured Person** (where appropriate) for all non returnable deposits, advance payments and other charges paid or due to be paid by **The Policyholder** or the **Insured Person** (where appropriate) for travel and accommodation in respect of the **Insured Journey**.

**Please note:** The **Excess** amount shown in the **Schedule of Benefits** or as shown on the **Certificate of Insurance** is payable per claim.

#### Curtailment:

We will pay up to the appropriate sums insured shown in the **Schedule of Benefits to The Policyholder or Insured Person** (where appropriate), in accordance with the **Level of Cover** as shown in the **Certificate of Insurance** and for which **The Policyholder** has paid the appropriate premium if the **Insured Person** is forced to cut short an **Insured Journey** and return to the **Country of Domicile** as a direct and necessary result of any cause outside **The Policyholder's** or the **Insured Person's** control. We will reimburse **The Policyholder** or the **Insured Person** (where appropriate) for:

1. All non-returnable deposits, advance payments and other charges paid or due to be paid by **The Policyholder** or the **Insured Person** for travel and accommodation in respect of the **Insured Journey**.
2. The reasonable additional cost of travel and accommodation necessarily incurred to return the **Insured Person** to their **Country of Domicile**.

**Please note:** The **Excess** amount shown in the **Schedule of Benefits** or as shown on the **Certificate of Insurance** is payable per claim.

#### Replacement Personnel:

We will pay up to the appropriate sums insured shown in the **Schedule of Benefits to The Policyholder or Insured Person** (where appropriate), in accordance with the **Level of Cover** as shown in the **Certificate of Insurance** and for which **The Policyholder** has paid the appropriate premium when an **Insured Journey** has been cut short following departure as a direct and necessary result of any cause outside **The Policyholder's** or the **Insured Person's** control We will reimburse **The Policyholder** or **Insured Person** (where appropriate) for the additional cost of travel and accommodation necessarily incurred as a direct result of:

1. Returning the **Insured Person** to their normal **Country of Domicile**.
2. Sending a replacement to assume the duties of the original **Insured Person**.

**Please note:** The **Excess** amount shown in the **Schedule of Benefits** or as shown on the **Certificate of Insurance** is payable per claim.

#### Change of Itinerary:

We will pay up to the appropriate sums insured shown in the **Schedule of Benefits to The Policyholder or Insured Person** (where appropriate), in accordance with the **Level of Cover** as shown in the **Certificate of Insurance** and for which **The Policyholder** has paid the appropriate premium if following departure, **The Policyholder** or the **Insured Person** (where appropriate) is forced to alter pre-booked travel arrangements in connection with an **Insured Journey** as a direct and necessary result of any cause outside **The Policyholder's**

or the **Insured Person's** control, for the additional costs of travel and accommodation necessarily incurred to enable the **Insured Person** to continue that **Insured Journey**.

**Please note:** The **Excess** amount shown in the **Schedule of Benefits** or as shown on the **Certificate of Insurance** is payable per claim.

### Conditions applicable to Section B8.1

The following conditions apply to this section. Please also refer to the **General Conditions on pages 37 & 38**.

1. The maximum We will pay in respect of all benefits under this policy in the aggregate in respect of all **Insured Persons** per **Insured Journey** shall not exceed the maximum aggregate limit stated in the **Schedule of Benefits** in respect of the **Level of Cover** as shown in the **Certificate of Insurance** and for which **The Policyholder** has paid the appropriate premium. If the aggregate amount of benefits exceed this limit the benefit amount payable shall reduce proportionately until the total of all benefits does not exceed the aggregate limit.  
**Please note:** aggregate limits apply to **Business Travel** only.
2. **The Policyholder** or **Insured Person** (where appropriate) must immediately tell their carrier, holiday, travel or accommodation provider or travel agent immediately following them gaining the knowledge that the **Insured Journey** is to be cancelled or cut short.
3. **The Policyholder** or **Insured Person** (where appropriate) must provide a cancellation invoice provided by their travel agent, tour operator and/or accommodation or transport provider in support of any claim for cancellation.
4. Where reasonable **The Policyholder** or **Insured Person** (where appropriate) must obtain prior approval from **Our Crisis Management Company** before incurring additional travel and accommodation costs when curtailing an **Insured Journey**.

### Exclusions applicable to Section B8.1

The following Exclusions apply to this section. Please also refer to the **General Exclusions on pages 39 & 40**.

We will not be liable for any claim resulting from:

1. The **Excess** amount shown in the **Schedule of Benefits** or as shown on the **Certificate of Insurance**.
2. The **Insured Person** travelling against or planning to travel against the medical advice of a **Qualified Medical Practitioner** or for the purpose of obtaining medical treatment.
3. Disinclination to travel, loss of enjoyment, or if on an **Insured Journey**, deciding not to continue.
4. **The Policyholder's** or the **Insured Person's** financial circumstances.
5. Redundancy or resignation of an **Insured Person** or the termination of an **Insured Person's** contract of employment within 30 days of a pre-booked **Insured Journey** or once an **Insured Journey** has started.
6. Any expenses incurred where an **Insured Journey** is subject to curtailment, altered, rearranged or an **Insured Person** must be replaced as a result of redundancy or resignation of the **Insured Person** or the termination of their contract of employment once the **Insured Journey** has commenced.
7. The financial failure, error, omission, default or neglect of any provider or their agent of transport or accommodation.
8. Withdrawal from service temporarily or permanently of any means of transport on the orders or recommendation of the manufacturer, the Civil Aviation Authority, any port authority or similar body in any country except where on the day the **Insured Person** is due to depart from their **Country of Domicile** such **Insured Person** is prevented from making their **Insured Journey** due to:
  - a. Aerospace being closed for 24 hours from the date and time of their scheduled departure as shown on their ticket/itinerary; or
  - b. A port or airport they are scheduled to travel from or through being closed for 24 hours from the date and time of their scheduled departure as shown on their ticket/itinerary. All claims must be supported by documentary evidence that **The Policyholder** or **Insured Person** (where appropriate) has been able to obtain a refund from their travel and or accommodation provider.

- 9. Strike, labour dispute or failure of the means of transport other than where the departure of any means of transport on which the **Insured Person** is booked to travel is delayed by at least 24 hours unless the delay is due to a strike or industrial action which existed or the possibility of which existed and for which advance warning had been given prior to the date on which the **Insured Journey** was booked.
- 10. Any **Insured Journey** cancelled or subject to curtailment where the Foreign, Commonwealth & Development Office’s (FCDO) or **Appropriate Authorities** advice at the time the **Insured Journey** was booked is against all, or all but essential travel to the chosen destination, region or country.  
**Please note:** if an **Insured Person** is commencing **Business Travel**, they will be covered to travel to a country where the Foreign, Commonwealth & Development Office (FCDO) or **Appropriate Authority** has advised against all but essential travel, provided **The Policyholder** or **Insured Person** (where appropriate) is able to justify that the **Insured Journey** is necessary and cannot be undertaken by alternative means, for example, via video conferencing.
- 11. An **Insured Person** failing to check-in according to the itinerary provided unless the failure was due to strike or industrial action.
- 12. Any amount in excess of the aggregate limit stated in the **Schedule of Benefits** for all **Insured Persons** per **Insured Journey**.  
**Please note:** aggregate limits apply to **Business Travel** only.
- 13. If **The Policyholder** or **Insured Person** (where appropriate) fail to notify their travel agent, tour operator and/or accommodation or transport provider immediately upon finding it necessary to cancel the **Insured Journey**, **Our** liability shall be restricted to the cancellation charges that would have applied had the failure not occurred.
- 14. Any claim for cancellation which is not supported by a cancellation invoice provided by **The Policyholder’s** or **Insured Person’s** (where appropriate) travel agent, tour operator and/or accommodation or transport provider.
- 15. normal pregnancy, without any accompanying **Bodily Injury, Illness** or complication. This section is designed to provide cover for unforeseen events, **Accidents** and **Illnesses** and normal childbirth would not constitute an unforeseen event.
- 16. Any amounts where **The Policyholder** or **Insured Person** (where appropriate) are legally entitled to be indemnified from any other source.
- 17. Any circumstance that could have been reasonably foreseen as giving rise to a claim at the time an **Insured Journey** was booked, or reasons which are unnecessary and avoidable.
- 18. Any costs incurred in respect of visas obtained in connection with the **Insured Journey**.
- 19. Failure to obtain necessary passport, visa or permit for **The Policyholder’s** or **Insured Person’s** (where appropriate) **Insured Journey**.
- 20. Accommodation costs paid for using any Timeshare, Holiday Property Bond or other holiday points scheme.
- 21. Claims arising from an **Insured Person’s** anxiety, stress or any other mental health disorder unless they provide a medical certificate from a **Qualified Medical Practitioner** stating that this necessarily prevented them from travelling.
- 22. The cost of **The Policyholder’s** or **Insured Person’s** (where appropriate) unused original tickets where **Our** Crisis Management Company or **We** have arranged and paid for them to come home following curtailment of the **Insured Journey**. If however **The Policyholder** or **Insured Person** (where appropriate) have not purchased a return ticket, **We** reserve the right to deduct the cost of an economy flight from any additional costs **We** have incurred which are medically necessary to repatriate the **Insured Person**.

### Section B8.2 - Cancellation in the event of a COVID-19 diagnosis

**We** will pay up to the appropriate sums insured shown in the **Schedule of Benefits** to **The Policyholder** or **Insured Person** (where appropriate), in accordance with the **Level of Cover** as shown in the **Certificate of Insurance** and for which **The Policyholder** has paid the appropriate premium for cancellation if the **Insured Person**, or someone the **Insured Person** is travelling with, contracts **COVID-19** within 14 days of the **Insured Journey** departure date, or an **Insured Person** being admitted to hospital due to testing positive for **COVID-19** within 28 days of the **Insured Journey** departure date. **We** will only reimburse **The Policyholder** or the **Insured Person** (where appropriate) for all non returnable deposits, advance payments and other charges paid or due to be paid by **The Policyholder** or the **Insured Person** (where appropriate) for travel and accommodation in respect of the **Insured Journey**. The cover described above further extends, to non-travelling close **Family** member(s) (Spouse, Partner or Child only) of the **Insured Person** where they contract **COVID-19**, under the same terms and conditions as stated in this section, that means the **Insured Person** is unable to travel.

### Special Conditions applicable to Section B8.2

If **The Policyholder** or the **Insured Person** (where appropriate) wishes to cancel the **Insured Journey** for the reasons specified above, **The Policyholder** or **Insured Person** (where appropriate) must:

- 1. provide a positive official test result confirming diagnosis of **COVID-19**. The test must be an approved PCR Test with a CE mark. **We** will reimburse the cost of the test subject to this being used to substantiate a valid and successful claim with **Us**.
- 2. have been unaffected and able to travel at the time they booked the **Insured Journey**.
- 3. have received the recommended number of doses of an approved **COVID-19** vaccine (including any booster) recommended by the Government of the country in which they ordinarily reside, 14 days prior to the **Insured Journey** commencing. This vaccination requirement shall not apply where an **Insured Person** is ineligible for vaccination, or unable to receive the vaccine for medical reasons, and this is shown in their medical records.

### Exclusions applicable to Section B8.2

The following **Exclusions** apply to this section. Please also refer to the **General Exclusions** on pages 39 & 40.

- We** will not be liable for any claim resulting from:
- 1. the curtailment of the **Insured Journey** due to **COVID-19**.
  - 2. the **Insured Person** being advised to quarantine or the **Insured Person** choosing to self-isolate due to a person they have come into contact with having **COVID-19**.
  - 3. if a medical professional advises the **Insured Person** not to travel as they have underlying health conditions that place them 'at a higher risk' from **COVID-19**.
  - 4. if the Foreign, Commonwealth & Development Office (FCDO) or **Appropriate Authority** advise against all (or all but essential) travel to the **Insured Person's** intended destination.  
**Please note:** if an **Insured Person** is commencing **Business Travel**, they will be covered to travel to a country where the Foreign, Commonwealth & Development Office (FCDO) or **Appropriate Authority** has advised against all but essential travel, provided **The Policyholder** or **Insured Person** (where appropriate) is able to justify that the **Insured Journey** is necessary and cannot be undertaken by alternative means, for example, via video conferencing.
  - 5. if local government restrictions or directives prohibiting or restricting entry (for example, self isolation, quarantine or lockdown measures) to the **Insured Person's** intended destination or on the **Insured Persons** return to their **Country of Domicile**.
  - 6. for any costs of **COVID-19** testing (unless this is used to substantiate a valid and successful claim with **us**).

## B9. Travel Delay

**Please note:** if the **Insured Person** is a **Non-UK Resident**, they will need to submit claims through **The Policyholder**. Please see page 10 for more details on this process.

### Cover under Section B9. Travel Delay

We will pay up to the appropriate sums insured shown in the **Schedule of Benefits** to **The Policyholder** or **Insured Person** (where appropriate), in accordance with the **Level of Cover** as shown in the **Certificate of Insurance** and for which **The Policyholder** has paid the appropriate premium if the outward or homeward departure of an aircraft, train or sea vessel in which **The Policyholder** or **Insured Person** (where appropriate) has booked to travel, during the course of an **Insured Journey**, is delayed due to strike, industrial action, adverse weather conditions, mechanical breakdown or structural defect affecting that aircraft, train or sea vessel, or if the **Insured Person** has to travel on a later departure due to the transport provider overbooking, which results in delay, not exceeding the amount paid in respect of the fares or £2,000 whichever is the greater.

**Please note:** An **Excess** amount is not payable under this section.

## Exclusions applicable to Section B9

The following **Exclusions** apply to this section. Please also refer to the **General Exclusions** on pages 39 & 40.

We will not be liable for any claim resulting from:

1. The failure of the **Insured Person** to check in not later than the time indicated by the carriers.
2. The failure of **The Policyholder** or **Insured Person** (where appropriate) to obtain written confirmation from the carriers or their handling agents of the number of hours delay and the reason for such delay.
3. Withdrawal from service temporarily or otherwise of any aircraft or sea vessel on the orders or recommendation of the manufacturer, the civil aviation authority, any port authority or any similar body in any country except where on the day the **Insured Person** is due to depart from their **Country of Domicile** such **Insured Person** is prevented from making their **Insured Journey** due to
  - a. Aerospace being closed for 24 hours from the date and time of their scheduled departure as shown on their ticket/itinerary.
  - b. A port or airport they are scheduled to travel from or through being closed for 24 hours from the date and time of their scheduled departure as shown on their ticket/itinerary. All claims must be supported by documentary evidence that **The Policyholder** or **Insured Person** (where appropriate) has been able to obtain a refund from their travel and or accommodation provider.
4. The failure of **The Policyholder** or **Insured Person** (where appropriate) to accept alternative equivalent means of transport within the period of delay where this is offered on reasonable terms in lieu of the original mode of conveyance.
5. Strike, labour dispute or industrial action which existed or the possibility of which existed and for which advance warning had been given prior to the date on which the **Insured Journey** was booked.
6. Delay where compensation is recoverable from the airline or other carrier.
7. Any circumstance that could have been reasonably foreseen as giving rise to a claim at the time an **Insured Journey** was booked.

## B10. Missed Departure

(applicable for Level 2 – Super cover and Level 3 – Enhanced cover only)

**Please note:** if the **Insured Person** is a **Non-UK Resident**, they will need to submit claims through **The Policyholder**. Please see page 10 for more details on this process.

### Cover under Section B10. Missed Departure

We will pay up to the appropriate sums insured shown in the **Schedule of Benefits** to **The Policyholder** or **Insured Person** (where appropriate), in accordance with the **Level of Cover** as shown in the **Certificate of Insurance** and for which **The Policyholder** has paid the appropriate premium for additional accommodation and transport expenses incurred for the **Insured Person** to reach their final destination caused by their late arrival at any departure point shown on their itinerary to start the **Insured Journey** caused by:

1. The public transport used by the **Insured Person** being delayed.
2. The car the **Insured Person** is travelling in being involved in an accident.
3. The car the **Insured Person** is travelling in breaking down.

Up to a limit of £1,000 per **Insured Journey**.

### Exclusions applicable to Section B10

The following Exclusions apply to this Section. Please also refer to the General Exclusions on pages 39 & 40.

**We will not be liable** for any claim:

1. In relation to the **Excess** amount shown in the **Schedule of Benefits** or as shown on the **Certificate of Insurance**.
2. Unless a police report or insurer's accident report form has been obtained showing the time and place of the accident.
3. Unless a written repairer's report has been obtained if claiming because the vehicle the **Insured Person** was travelling in has broken down.
4. If the **Insured Person** does not do everything possible to get to the international departure point from or to their **Country of Domicile** for the time specified on the travel tickets.
5. Any circumstance that could have been reasonably foreseen as giving rise to a claim for at the time an **Insured Journey** was booked.

## B11. Personal Liability

**Please note:** if the **Insured Person** is a **Non-UK Resident**, they will need to submit claims through **The Policyholder**. Please see page 10 for more details on this process.

### Cover under Section B11. Personal Liability

**We** will pay up to the appropriate sums insured shown in the **Schedule of Benefits to The Policyholder or Insured Person** (where appropriate), in accordance with the **Level of Cover** as shown in the **Certificate of Insurance** and for which **The Policyholder** has paid the appropriate premium for sums which the **Insured Person** shall become legally liable to pay as damages and the **Insured Person's** costs and expenses in respect of **Accidental death or Bodily Injury** to any other person or **Accidental** loss of or damage to material property of any other person which occurs during the course of an **Insured Journey**.

### Conditions applicable to Section B11

The following conditions apply to this Section. Please also refer to the **General Conditions on pages 37 & 38**.

- The Policyholder or Insured Person** (where appropriate) shall give immediate notice to **Us** of any occurrence for which there may be liability under this policy and shall provide **Us** with such particulars and information **We** may require and shall forward to **Us** immediately on receipt of every letter, writ or summons, and shall advise **Us** in writing immediately if **The Policyholder or Insured Person** (where appropriate) has knowledge of any impending prosecution, inquest or fatal inquiry in connection with the said occurrence.
- The Policyholder or Insured Person** (where appropriate) must not admit any liability or pay, offer to pay or negotiate any claim without **Our** written consent.
- We** shall be entitled at **Our** discretion to take over and conduct in the name of **The Policyholder or Insured Person** (where appropriate) the defence or settlement of any claim and to prosecute at **Our** own expense and for **Our** own benefit any claim for indemnity or damages against any other persons and **The Policyholder or Insured Person** (where appropriate) shall give all information and assistance required.
- We** may at any time at **Our** sole discretion pay to **The Policyholder or Insured Person** (where appropriate) the limit of liability stated for Personal Liability in respect of any occurrence or any lesser sums for which the claim or claims arising from such occurrence can be settled and **We** shall not be under any further liability in respect of that occurrence except for the payment of costs and expenses of litigation incurred prior to such payment.
- In the event of a claim or series of claims resulting in a liability of **The Policyholder or Insured Person** (where appropriate) to pay a sum in excess of the limit of liability stated in the **Schedule of Benefits Our** liability for such costs and expenses shall not exceed an amount being in the same proportion as **Our** payments to **The Policyholder or Insured Person** (where appropriate) bears to the total payment made by or on behalf of **The Policyholder or Insured Person** (where appropriate) in settlement of the claim or claims.
- Our** liability under this policy for all damages payable by **The Policyholder or Insured Person** (where appropriate) to any claimant or number of claimants in respect of any one occurrence or all occurrences of a series arising out of one original cause shall not exceed the limit of liability shown in the **Schedule of Benefits**.

## Exclusions applicable to Section B11

The following Exclusions apply to this Section. Please also refer to the **General Exclusions on pages 39 & 40**.

**We will not be liable** for any claim resulting from:

- The **Excess** amount shown in the **Schedule of Benefits** or as shown on the **Certificate of Insurance**.
- Any liability in respect of **Accidental death or Bodily Injury** sustained by any member of the **Insured Person's Family** or any person who is under a contract of service with **The Policyholder or Insured Person** (where appropriate) and which arises out of and in the course of their employment by **The Policyholder or Insured Person** (where appropriate) or liability arising in connection with any business profession or occupation.
- Liability for loss of or damage to property belonging to or in the custody or control of the **Insured Person**, their **Family** or of any servant or agent of the **Insured Person** or liability arising out of the ownership possession or use by the **Insured Person** of any land or buildings (except temporarily for the purposes of the **Insured Journey**).
- Liability arising from the **Insured Person** or any of their **Family** owning, possessing or using of any aircraft, hovercraft, horse-drawn vehicle, motorised or mechanically propelled or assisted or towed vehicle or watercraft (other than hand propelled watercraft), jet skis, jet bikes or wet bikes or animals (other than horses, domestic dogs or cats) or firearms (other than sporting guns).
- Liability assumed by the **Insured Person** by agreement unless such liability would have attached to the **Insured Person** in the absence of such agreement.
- Liability which is the result of any claim resulting from the transmission of any communicable disease or virus.
- Liability which is the result of any wilful malicious or unlawful act.
- Liability which is the result of any deliberate act or omission.
- Participating in any of the activities listed under Hazardous Activities & Sports Section.
- Any punitive or exemplary damages.

## B12. Legal Expenses

**Please note:** if the **Insured Person** is a **Non-UK Resident**, they will need to submit claims through **The Policyholder**. Please see page 10 for more details on this process.

### Cover under Section B12. Legal Expenses

We will pay up to the appropriate sums insured shown in the **Schedule of Benefits to The Policyholder or Insured Person** (where appropriate), in accordance with the **Level of Cover** as shown in the **Certificate of Insurance** and for which **The Policyholder** has paid the appropriate premium for legal expenses incurred in pursuit of a claim for damages or compensation against a third party who caused the **Bodily Injury** or **Illness** of the **Insured Person** during the course of an **Insured Journey** providing that:

1. **Prospects of Success** exist for the duration of the claim.
2. In respect of any appeal or defence of an appeal, it has been reported to **Us** at least 10 working days prior to the deadline for any appeal.
3. The maximum amount **We** will pay for **Legal Costs and Legal Expenses** for any one **Insured Person** in respect of any or all claims arising from one cause is as stated in the **Schedule of Benefits** in relation to the **Level of Cover** as shown in the **Certificate of Insurance** and for which **The Policyholder** has paid the appropriate premium.
4. **The Policyholder or Insured Person** (where appropriate) or their legal representative reports an insured incident as soon as possible and in any event no later than 180 days after the date **The Policyholder or Insured Person** (where appropriate) knew or should have known about the insured incident.

### Conditions applicable to Section B12

The following conditions apply to this Section. Please also refer to the **General Conditions on pages 37 & 38**.

#### Claims - The Policyholder or Insured Person's duty

**The Policyholder or Insured Person** (where appropriate) must report an insured incident to **Us** as soon as possible and in any event no later than 180 days after the date the **Policyholder or Insured Person** (where appropriate) knew or should have known about the insured incident.

#### Claims - legal representation

On acceptance of a claim, if appropriate, **We** will appoint an **Appointed Representative**:

1. If it is necessary to start court proceedings or there is a conflict of interest, **The Policyholder or Insured Person** is free to nominate an **Appointed Representative** by sending to **Us** the name and address of the suitably qualified person.
2. If **We** do not agree to **The Policyholder or Insured Person's** choice of **Appointed Representative**, they may choose another suitably qualified person.
3. If there is still a disagreement with regard to the **Appointed Representative**, **We** will ask the President of a relevant national law society to choose a suitably qualified representative. **We** and **The Policyholder or Insured Person** (where appropriate) must accept such choice.
4. In all other circumstances **We** will be free to choose an **Appointed Representative**.
5. An **Appointed Representative** will be appointed by **Us** and represent **The Policyholder or Insured Person** (where appropriate) according to **Our** standard terms of appointment.

#### Claims – Our rights and The Policyholders / Insured Person's obligations

**We** will have direct access to the **Appointed Representative** who will, upon request, provide **Us** with any information or opinion on the claim.

**The Policyholder or Insured Person** (where appropriate) must cooperate fully with **Us** and the **Appointed Representative** and must keep **Us** up-to-date with the progress of the claim.

At **Our** request **The Policyholder or Insured Person** (where appropriate) must give the **Appointed Representative** any instructions that **We** require. They must notify **Us** immediately if anyone offers to settle a claim or makes a payment into court. If **The Policyholder or Insured Person** (where appropriate) does not accept the recommendation of the **Appointed Representative** to accept a reasonable offer or payment into court to settle a claim, **We** may refuse to pay further **Legal Costs and Legal Expenses**.

No agreement to settle on the basis of both parties paying their own costs is to be made without **Our** prior approval.

#### Discontinuance of a claim

If **The Policyholder or Insured Person** (where appropriate) settles a claim or withdraws a claim without **Our** prior agreement or does not give suitable instructions to the **Appointed Representative** or dismisses an **Appointed Representative** without **Our** prior consent the cover **We** provide will end immediately and **We** will be entitled to re-claim any **Legal Costs and Legal Expenses We** have incurred from **The Policyholder or Insured Person** (where appropriate).

#### Recoveries

**The Policyholder or Insured Person** (where appropriate) must take every available step to recover **Legal Costs and Legal Expenses** that **We** have to pay and must pay **Us** any **Legal Costs and Legal Expenses** that are recovered.

#### Disputes

If any difference arises between **Us** and **The Policyholder or Insured Person** (where appropriate) in respect of the acceptance, refusal, control or handling of any claim under this section, **The Policyholder or Insured Person** (where appropriate) can take the steps outlined in **Our** complaints procedure stated under **Our** promise of service.

#### Arbitration

**The Policyholder or Insured Person** (where appropriate) have the right to refer any difference that arises between **Us** and **The Policyholder or Insured Person** (where appropriate) in respect of the acceptance, refusal, control or handling of any claim under this section to arbitration which will be decided by counsel chosen jointly by **Us** and **The Policyholder or Insured Person** (where appropriate). If there is a disagreement with regard to the choice of counsel, **We** will ask the President of a relevant national law society to choose a suitably qualified person. The arbitrator's decision shall be final and binding on both parties. All costs for resolving the difference will be met by the party whom the decision is made against.

#### The most We will pay

The most **We** will pay for each **Insured Person** in respect of any or all claims arising from one cause is £50,000.

### Exclusions applicable to Section B12

The following Exclusions apply to this Section. Please also refer to the **General Exclusions on pages 39 & 40**.

**We will not be liable** for any claim:

1. In relation to the **Excess** amount shown in the **Schedule of Benefits** or as shown on the **Certificate of Insurance**.
2. If **The Policyholder or Insured Person** (where appropriate) does not keep to the terms, conditions and exclusions under this section.
3. Where **The Policyholder or Insured Person** (where appropriate) are more specifically insured for any amount and cannot recover because the insurer of that Insurance refuses the claim.
4. Relating to the **Insured Person** driving a motor vehicle without a valid license and/or Insurance.
5. Relating to any **Illness**, death or **Bodily Injury** which develops gradually or is not caused by a specific sudden event.
6. In respect of libel or slander.
7. For **Legal Costs and Legal Expenses** incurred prior to **Our** written acceptance of a claim.
8. For **Legal Costs and Legal Expenses** which have been incurred by the **Appointed Representative** on a contingency fee basis.
9. For any legal action **The Policyholder or Insured Person** (where appropriate) takes which **We** have not agreed to or where **The Policyholder or Insured Person** (where appropriate) does anything to hinder **Us** or the **Appointed Representative**.
10. For any claim deliberately or intentionally caused by the **The Policyholder or Insured Person** (where appropriate) or as a result of the **Insured Person's** criminal act.
11. For any fines, penalties, compensation or damages which **The Policyholder or Insured Person** (where appropriate) is ordered to pay by a court or other authority.
12. For an application for judicial review.
13. In respect of a dispute with **Us**.
14. For any claims against **The Policyholder or Insured Person** (where appropriate), a member of the **Insured Person's Family**, a tour operator, travel agent, insurer or their agent, the **Policy Administrator**, or **Us**.

# Sports Activities - Leisure List

We will pay up to the appropriate sums insured shown in the **Schedule of Benefits** to **The Policyholder** or **Insured Person** (where appropriate), in accordance with the **Level of Cover** as shown in the **Certificate of Insurance** and for which **The Policyholder** has paid the appropriate premium, for expenses necessarily incurred as a result of **Accident** or **Bodily Injury** arising as a result of participation in the activities and sports listed below during an **Insured Journey**:

## Please note:

1. Any involvement in the following sports and/or activities is subject to compliance with local laws and regulations and the use of recommended safety equipment (such as helmet, harness, knee and/or elbow pads).
2. The policy terms and conditions will still apply in all other respects.

Please also refer to the General Exclusions and Conditions.

## Leisure Activities List

(This policy automatically covers the Insured Person to undertake the activities listed below on an amateur & non-professional basis only)

### A

Abseiling  
Aerobics  
Angling  
Assault course  
Athletics

### B

Badminton  
Ballooning (Organised Excursion)  
Banana Boating  
Baseball (Excluding Competitions)  
Basketball  
Beach Games  
Biathlon  
Black Water Rafting (up to grade 3 only)  
Boating (any craft less than 10 metres long, inside 12 mile limit)  
Boardsailing  
Boccer  
Boogie Boarding  
Bowls  
Bowling  
Bungee Jumping (maximum 2 jumps in per **Insured Journey**)

### C

Camel riding  
Canoeing (grades 1-3)  
Clay pigeon Shooting  
Climbing (indoor only)  
Cricket  
Croquet  
Curling  
Cycling (recreational, not BMX, competition or stunting)

### D

Dance  
Deep Sea Fishing (recreational inside 12 mile limit)  
Dinghy Sailing (inside 12 mile limit)  
Diving (recreational not involving the use of artificial breathing apparatus)  
Dog Sledging  
Dry Slope Skiing

### E

Elephant Trekking

### F

Fell Running  
Fell Walking  
Fencing  
Fishing (angling)  
Flying (in light aircraft as a passenger, not piloting)  
European Football/Soccer (excluding competitions)  
Frisbee

### G

Gliding (as a passenger, not piloting)  
Go Karting below 250cc\*  
Golf  
Gymnastics

### H

Handball  
Hiking/walking below 6000m  
High Diving (Platform only)  
Hill Walking  
Hockey (field only)  
Horse Riding (casual NOT competitions, racing, jumping & hunting)  
Hot Air Ballooning (as a passenger only)  
Hovercraft\*

### I

Ice Skating (on rink, recreational only)  
Indoor Climbing (on climbing wall only)

### J

Jet Boating\*  
Jet Skiing\*

### K

Karting\*  
Kayaking (grades 1-3 rivers/sea)  
Kite Buggy (Single Seat)  
Kite Flying (traction)  
Kite Surfing\* (over water)

### L

Lacrosse

### M

Marathon Running/ Triathlon  
Martial Arts Training (no contact)  
Motorcycling\*\* up to 125cc (where claims and conviction free for previous 3 years and where wearing a helmet, on road, provided the **Insured Person** holds an appropriate full licence)  
Motorcycling as a pillion passenger\*\* (on road, provided the driver holds an appropriate full licence and the **Insured Person** is wearing a helmet)  
Mountain Biking (not off-road, competition or downhill)

### N

Netball

### O

Orienteering  
Overland Expedition

### P

Paintballing\*  
Parascending (towed by boat over water)  
Pistol Shooting  
Pony Trekking

### Q

Quad Biking

### R

Racquet Ball  
Rafting (grades 1-3)  
Rambling  
Rifle Range Shooting  
River Boarding  
Roller Blading  
Roller Skating (including blading)  
Rounders  
Rowing\*  
Running (non competitive)

### S

Safari (organised trips only) Sail boarding (inside 12 mile limit)  
Sailing Yachts (longer than 10 metres, within 60 miles of a safe haven)

Scuba diving (maximum depth 15m)

Scrambling  
Skateboarding (recreational)  
Sea Canoeing (inside 12 mile limit)  
Segway Riding (organised tours only)  
Shooting (not hunting or Big Game)  
Sleigh Riding (pulled by reindeer, horses or dogs)  
Snooker  
Snorkelling  
Softball  
Squash  
Surfing  
Swimming  
Swimming with dolphins

### T

Table Tennis  
Tai Chi (non-contact)  
Ten Pin Bowling  
Tennis  
Trampolining (recreational)  
Trekking (not requiring the use of ropes, guides or supplementary oxygen or under 6000 metres)  
Triathlon  
Tug of War

### V

Volleyball

### W

Wake Boarding  
Water Polo  
Water Skiing (not jumping)  
Water Tubing  
Weight Lifting  
Whale Watching  
White Water  
Canoeing/Rafting (up to grade 3 rivers only)  
Windsurfing (inside 12 mile limit)

### Y

Yachting (within Territorial waters)  
Yachting (longer than 10 metres, within 60 miles of a safe haven)

### Z

Zip Wiring/Climbing  
Zorbing

Cover under the Personal Liability Section for those activities and sports marked with an \* is excluded

\*\*No cover is provided under Personal Accident in respect of Motorcycling either as a rider or passenger.



## Exclusions

The following Exclusions apply to this Section. Please also refer to the General Exclusions on pages 39 & 40.

We will not be liable for any claim resulting from:

1. The **Excess** amount shown in the **Schedule of Benefits** or as shown on the **Certificate of Insurance**.
2. Any participation in any sport, activity or athletics on a professional or semi-professional basis.
3. Any participation in hazardous activities and sports or **Winter Sports** as specified in Section E - Hazardous Activities & Sports, unless this has been accepted by **Us**, shown on the **Certificate of Insurance** and the appropriate additional premium has been paid by **The Policyholder**.
4. The **Insured Person** diving underwater using an artificial breathing apparatus, unless they are PADI or NAUI certified or hold an open water diving license issued in the USA or were diving under licensed instruction.
5. Flying within less than 24 hours preflight surface interval after participating in scuba diving.
6. The **Insured Person's** participation in any team sport (other than for non-competitive leisure or recreational purposes) amateur athletics (but this exclusion does not apply to the **Insured Person** solely participating for recreational, entertainment or fitness purposes and not for wage, reward or profit), american football, contact sports, martial arts (other than training), rugby, hunting and racing other than racing on foot.
7. Any other sporting activity not listed above that is generally recognised as involving an increased risk of **Accident** or **Bodily Injury**.
8. Extreme sports such as base jumping, BMX stunt riding, boxing, coasterring, parasending over land, bobsleighbing, gliding/soaring, skeleton or luge, water ski jumping or wrestling, or from flying (piloting of an aircraft as a PPL holder) or flying in a helicopter (as a passenger only).
9. Participation in any type of motorsport, motorsport race or motorsport contest, or track days involving motor vehicles including motorcycles. This list is not exhaustive.

If the **Insured Person** is on an **Insured Journey** and intends to participate in any activity not noted as covered above please provide details to the insurance intermediary from whom this policy was purchased, who will approach **Us** to request cover.

## C. Winter Sports Activities

The following option only applies if **The Policyholder** has paid the appropriate additional premium as shown on the **Certificate of Insurance**.

**Please note:** if the **Insured Person** is a **Non-UK Resident**, they will need to submit claims through **The Policyholder**. Please see page 10 for more details on this process.

If Section C. Winter Sports Activities is shown as included on the **Certificate of Insurance**, then cover is extended to include the following sections for a maximum of 21 days in total for each **Period of Insurance**.

### C1. Ski Equipment and Hire

We will pay up to the appropriate sums insured shown in the **Schedule of Benefits to The Policyholder or Insured Person** (where appropriate), in accordance with the **Level of Cover** as shown in the **Certificate of Insurance** and for which **The Policyholder** has paid the appropriate premium after making reasonable allowance for wear, tear and depreciation and subject to the special conditions shown below which occurs during the course of an **Insured Journey** for;

#### 1. Ski Equipment

- a. Loss or theft of, or damage to ski equipment owned or borrowed by .
- b. Loss or theft of, or damage to ski equipment hired by **The Policyholder** or **Insured Person** (where appropriate).

#### 2. Necessary Ski Equipment Hire

- c. The cost of necessary hire of ski equipment following;
  - Loss or theft of, or damage to, **The Policyholder's** or **Insured Person's** (where appropriate) ski equipment insured by **Us**, or
  - The delayed arrival of **The Policyholder's** or **Insured Person's** (where appropriate) ski equipment, subject to **The Policyholder** or **Insured Person** (where appropriate) being deprived of their use for not less than 12 hours from planned time of first use.

### Special conditions applicable to Section C1

In respect of loss or damage to ski equipment, **We** will not pay more than the proportion shown below depending on the age of the equipment.

Age of equipment	Proportion of purchase price
Up to 1 year	75%
Up to 2 years	50%
Up to 3 years	30%
Up to 4 years	10%
Over 4 years	NIL

Please also refer to the **General Exclusions and Conditions**.

### Exclusions applicable to Section C1

The following **Exclusions** apply to this Section. Please also refer to the **General Exclusions on pages 39 & 40**.

**We will not be liable** for any claim resulting from:

1. The **Excess** amount shown in the **Schedule of Benefits** or as shown on the **Certificate of Insurance**, other than for hire costs.
2. Ski equipment stolen from an **Unattended** motor vehicle unless they were forcibly removed whilst locked and whilst out of sight wherever possible either inside the vehicle or to a purpose designed ski rack.
3. Damage to ski equipment whilst in use for race training or racing.
4. **The Policyholder** or **Insured Person** (where appropriate) damaged ski equipment unless returned to **Our** Claims Administrator for **Our** inspection.
5. Loss or theft of ski equipment not reported to the police within 24 hours of discovering the loss, or as soon as possible after that, and a written report or reference obtained in the country

where the incident occurred.

6. Loss or theft of, or damage to, ski equipment whilst in transit unless reported to the carrier and a Property Irregularity Report obtained.
7. Loss or theft of, or damage to, ski equipment over 5 years old.
8. Loss or theft of ski equipment left **Unattended** in a public place.

### C2. Ski Pack

**We** will pay up to the appropriate sums insured shown in the **Schedule of Benefits to The Policyholder or Insured Person** (where appropriate), in accordance with the **Level of Cover** as shown in the **Certificate of Insurance** and for which **The Policyholder** has paid the appropriate premium for the proportionate value of any ski pass, ski hire or ski school fee that they are unable to use during the course of an **Insured Journey** following;

1. **Bodily injury** or **Illness** that prevents **The Policyholder** or **Insured Person** (where appropriate) from participating in **Winter Sports**, as medically certified, or
2. Loss or theft of **The Policyholder's** or **Insured Person's** (where appropriate) ski pass.

### Exclusions applicable to Section C2

The following **Exclusions** apply to this Section. Please also refer to the **General Exclusions on pages 39 & 40**.

**We will not be liable** for any claim resulting from:

1. The **Excess** amount shown in the **Schedule of Benefits** or as shown on the **Certificate of Insurance**.
2. Any claim not substantiated by a police and/or a medical report.

Please also refer to the **Policy Exclusions and Conditions**.

### C3. Piste Closure

**The Policyholder** or **Insured Person** (where appropriate) are covered provided they are skiing north of the earth's equator between 1st January and 30th April, or south of the earth's equator between 1st June and 31st October and at a destination of higher than 1600 metres above sea level.

**We** will pay up to the appropriate sums insured shown in the **Schedule of Benefits to The Policyholder or Insured Person** (where appropriate), in accordance with the **Level of Cover** as shown in the **Certificate of Insurance** and for which **The Policyholder** has paid the appropriate premium for each day that it is not possible to ski because all lifts are closed due to a complete lack of snow, adverse conditions or avalanche danger in their pre-booked **Winter Sports** resort during the course of an **Insured Journey**, up to the total amount shown either;

1. For the costs **The Policyholder** or **Insured Person** (where appropriate) have paid for travel to an alternative resort including the necessary additional cost of a ski pass, or
2. A compensation payment to **The Policyholder** or **Insured Person** (where appropriate) after they return where no alternative is available.

**The Policyholder** or **Insured Person** (where appropriate) are not covered if they were first covered under this policy or booked their **Insured Journey** within 14 days of departure and at that time conditions in their planned resort were such that it was likely to be not possible to ski.

### Special conditions applicable to Section C3

It is a requirement of this policy that:

1. **The Policyholder** or **Insured Person** (where appropriate) must provide written confirmation from the resort authorities or ski lift operators for the period that there was no skiing available owing to the closure of all ski lifts.
2. **The Policyholder** or **Insured Person** (where appropriate) must submit receipts for the travel and ski pass costs that they wish to claim.

An **Excess** does not apply to claims for piste closure.

Please also refer to the **General Exclusions and Conditions**.

## D. Terrorism Disruption Protection

The following option only applies if **The Policyholder** has paid the appropriate additional premium as shown on the **Certificate of Insurance**.

**Please note:** if the **Insured Person** is a **Non-UK Resident**, they will need to submit claims through **The Policyholder**. Please see page 10 for more details on this process.

### D1. Pre-Trip Cancellation Due to Security Reasons

We will pay up to the appropriate sums insured shown in the **Schedule of Benefits to The Policyholder or Insured Person** (where appropriate), in accordance with the **Level of Cover** as shown in the **Certificate of Insurance** and for which **The Policyholder** has paid the appropriate premium for all non-returnable deposits, advance payments and other charges paid or due to be paid by **The Policyholder** or the **Insured Person** (where appropriate) for travel and accommodation in respect of the **Insured Journey** if **The Policyholder** or the **Insured Person** (where appropriate) are forced to cancel their arrangements as the direct and necessary result of:

1. The Foreign, Common & Development Office (FCDO) or **Appropriate Authority** issuing travel advices for the **Host Country** they are intending staying in, recommending that certain categories of person (which includes them) should not travel to that country or region - or -
2. The recognised Government in **The Policyholder or Insured Person** (where appropriate) intended **Host Country**:
  - a. Declares a state of emergency or
  - b. Formally recommends or instructs that foreign nationals should leave that country or region for safety or should stay away
  - c. Expels them or declares them "persona non grata".
3. The **Host Country The Policyholder or Insured Person** (where appropriate) intend visiting takes part in or is subject to any act of **War**, whether **War** is declared or not, or from any rebellion, revolution, insurrection or taking of power by the military, civil war or unrest or Acts of Terrorism which would put their life in physical danger.
4. A **Natural Disaster** within **The Policyholder's or Insured Person's** (where appropriate) intended **Host Country** renders their travel plans impossible or would put their life in physical danger if they continued with their travel plans.

### Exclusions applicable to Section D1

The following Exclusions apply to this section. Please also refer to the **General Exclusions on pages 39 & 40**.

**We will not be liable** for any claim:

1. Relating to the **Excess** amount shown in the **Schedule of Benefits** applicable to the **Level of Cover** or as shown on the **Certificate of Insurance**.
2. Where at the time of booking **The Policyholder's or Insured Person's** (if applicable) **Insured Journey** the Foreign, Commonwealth & Development Office's (FCDO) or **Appropriate Authorities** advice was against all, or all but essential travel to the chosen destination, region or country.  
**Please note:** if the **Insured Person** is commencing **Business Travel**, they will be covered to travel to a country where the Foreign, Commonwealth & Development Office (FCDO) has advised against all but essential travel, provided they are able to justify that the **Insured Journey** is necessary and cannot be undertaken by alternative means, for example, via video conferencing.
3. In respect of any amounts where **The Policyholder or Insured Person** (where appropriate) are legally entitled to be indemnified from any other source or can be re-booked for a later date.
4. Where the conditions leading to **The Policyholder's or Insured Person's** (if applicable) **Insured Journey** being cancelled were in existence prior to them booking the **Insured Journey** or where such conditions were reasonably foreseeable prior to them booking the **Insured Journey**.
5. Where **The Policyholder or Insured Person** (where appropriate) are not able to provide reasonable proof with either physical or documented evidence that their life would be in physical danger.

## D2. Trip Interruption Following an Act of Terrorism

We will pay up to the appropriate sums insured shown in the **Schedule of Benefits to The Policyholder or Insured Person** (where appropriate), in accordance with the **Level of Cover** as shown in the **Certificate of Insurance** and for which **The Policyholder** has paid the appropriate premium if **The Policyholder or Insured Person** is forced to cut short an **Insured Journey** and return to the **Country of Domicile** as a direct and necessary result of an Act of Terrorism at the location where the **Insured Person** is staying for:

### 1. Travel Costs

The cost of removing the **Insured Person** from their location following an Act of Terrorism at their location by whatever method of transport is most appropriate to a place of safety or to return the **Insured Person** to their **Country of Domicile** by economy one-way air or ground transportation ticket.

### 2. Accommodation Costs

All reasonable costs incurred for accommodation and food following their removal from their location following an Act of Terrorism up to a maximum of £200 per day for 7 days prior to their return to their original location or return to their **Country of Domicile**.

### 3. Return Costs

The reasonable costs of returning them to their original location following their removal from that location. All costs will be for economy one-way air or ground transportation as appropriate.

Where **The Policyholder or Insured Person** (where appropriate) holds a valid return ticket to their **Country of Domicile** We will be entitled to indemnify them for only the additional costs incurred in returning them to their **Country of Domicile**.

Where **The Policyholder or the Insured Person** (where appropriate) are entitled to a refund from any un-used ticket or accommodation costs such refunds will be deducted from the costs of their claim.

**Our** Crisis Management Company must be advised immediately of any situation that may give rise to a claim or as soon as reasonably possible thereafter. If **Our** Crisis Management Company is not contacted immediately **Our** liability to pay any subsequent claim under this section will cease.

### Exclusions applicable to Section D2

The following Exclusions apply to this section. Please also refer to the **General Exclusions on pages 39 & 40**.

**We will not be liable** for any claim:

1. Relating to the **Excess** amount shown in the **Schedule of Benefits** applicable to the **Level of Cover** or as shown on the **Certificate of Insurance**.
2. Where at the time of booking **The Policyholder's or Insured Person's** (if appropriate) **Insured Journey** the Foreign, Commonwealth & Development Office's (FCDO) or **Appropriate Authorities** advice was against all, or all but essential travel to the chosen destination, region or country.  
**Please note:** if the **Insured Person** is commencing **Business Travel**, they will be covered to travel to a country where the Foreign, Commonwealth & Development Office (FCDO) has advised against all but essential travel, provided they are able to justify that the **Insured Journey** is necessary and cannot be undertaken by alternative means, for example, via video conferencing.
3. Any amounts where **The Policyholder or Insured Person** (where appropriate) are legally entitled to be indemnified from any other source or can be re-booked for a later date.
4. The conditions leading to the **Insured Journey** being interrupted were in existence prior to **The Policyholder or Insured Person** (where appropriate) booking the **Insured Journey** or where such conditions were reasonably foreseeable prior to **The Policyholder or Insured Person** (where appropriate) booking the **Insured Journey**.
5. All travel, accommodation and return costs that have not had the prior approval or been arranged by **Our** Crisis Management Company.
6. Travel, accommodation or return costs incurred more than 7 days after the **Insured Person's** removal from their original location.

## E. Hazardous Activities & Sports

The following option only applies if **The Policyholder** has paid the appropriate additional premium as shown on the **Certificate of Insurance**.

In addition to the activities listed in the Sports Activities – Leisure List above, the following Hazardous Activities and Sports listed below will also be covered on an amateur basis under the terms, conditions and exclusions of the Sports Activities – Leisure List section above.

### Hazardous Activities and Sports:

#### B

Bamboo Boat Rafting,  
Black Water Rafting,  
Bouldering,  
Bungee Jumping (more than 2 jumps per **Insured Journey**),

#### C

Canoeing (grades 4 and over),  
Canyoning,  
Cave Tubing,  
Caving,  
Cycle Touring & Event Training,

#### D

Dog Sleighing,

#### E

European Football/Soccer (amateur competition/tour),

#### G

Gliding,

#### H

Hang Gliding,  
Horse Trekking,

#### I

Ice Climbing,

#### J

Jet Boating/Shotover Jet,

#### K

Kayaking (grades 4 and over),

#### M

Micro Lighting,  
Mountaineering (with ropes),

#### O

Off-Road Mountain Biking,

#### P

Potholing/Caving (as part of a group),  
Parachuting,  
Paragliding,  
Parapenting,  
Parasailing (behind a boat),  
Parapenting (behind a motorised vehicle),  
Polo,

#### R

Rafting (grades 4 and over),  
River Kayaking,  
Rock Climbing (with ropes),

#### S

Scuba diving (maximum depth 30m)  
Sea Kayaking,  
Shark Cage Diving,  
Skateboarding (demonstration or competitive),  
Skydiving,  
Show-jumping,  
Spelunking

#### W

White Water Rafting (grade 4-5).

### Special Conditions and Exclusions Applicable to Hazardous Activities and Sports

Please note that whilst participating in any of the activities listed under Hazardous Activities & Sports, the following will apply:

1. No cover will be provided under Section A Personal Accident.
2. No cover will be provided under Section B12 Personal Liability.
3. The policy **Excess** under Medical and Emergency Travel Expenses will increase to £250 per **Insured Person** per claim
4. Any involvement in these sports and/or activities is subject to the **Insured Person's** compliance with local laws and regulations and the use of recommended safety equipment (such as helmet harness, knee and/or elbow pads).

Please note all other policy terms, conditions, exclusions apply.

## General Conditions

Each section of the policy contains specific conditions. They must be read in conjunction with the following General Conditions which apply to all sections unless otherwise stated. Where (i) there has been a failure to comply with a term (express or implied) of this insurance contract, other than a term that defines the risk as a whole; and (ii) compliance with such term would tend to reduce the risk of loss of a particular kind and/or loss at a particular location and/or loss at a particular time, **We** cannot rely on the breach of such term to exclude, limit or discharge **Our** liability if **The Policyholder** or **Insured Person** (where appropriate) show that the failure to comply with such term could not have increased the risk of the loss which actually occurred in the circumstances in which it occurred.

It is a condition precedent to liability that on the happening of any event which may give rise to a claim **The Policyholder** or **Insured Person** (where appropriate) must tell **Us** immediately and give **Us** all the assistance **We** may reasonably require whether or not they intend to claim. When **The Policyholder** or **Insured Person** (where appropriate) tell **Us** about an incident or claim **We** may pass on information relating to it to any relevant claims related database.

1. **Adjustable Premium:** If it has been agreed with **Us** that any part of the premium, being based on estimates, is adjustable **The Policyholder** shall within 30 days, of the end of each **Period of Insurance** provide **Us** with the actual figures and the premium will be adjusted accordingly.
2. **Aggregate Limit:** If the aggregate amount of all benefits payable exceeds the stated aggregate limit the benefits payable to **The Policyholder** or **Insured Person** (where appropriate) shall be proportionately reduced until the total of all benefits does not exceed the aggregate limit. **Please note:** aggregate limits apply to **Business Travel** only.
3. **Alteration of Risk:** Where there is a deliberate or reckless misrepresentation or non-disclosure of relevant information (such relevant information is including but not limited to where there has been any alteration to **The Business** and/ or the occupation or pursuits of any **Insured Person** after the effective date of this Insurance which increases the risk of loss, liability, destruction, damage, **Accident, Bodily Injury** or **Illness** or where **The Policyholder's** or **Insured Person's** (where appropriate) interest ceases except by will or operation of law) the policy will be treated as void and of no effect from the date of such misrepresentation or non-disclosure and no return of premium will be allowed.  
Where such misrepresentation or non-disclosure is not deliberate or reckless but would have affected **Our** consideration of the risk, **We** may take the following actions with effect from the date of the misrepresentation or non-disclosure:
  - a. if **We** would not have provided insurance on any terms, **We** will treat the policy as void and of no effect and **We** will return the amount of any premiums paid from that date;
  - b. if **We** would have entered the contract but at an additional premium **We** have the right to reduce any claim payment in proportion to the amount of the underpayment; and/or
  - c. if **We** would have entered the contract but applied different terms **We** have the right to amend the terms to those which would have been applied.
4. **Assignment:** **The Policyholder** or **Insured Persons** (where appropriate) may not assign or transfer the benefits under this policy. **We** shall not be bound to accept or be affected by any notice of any trust charge, lien, purported assignment or other dealing with or relating to this policy.
5. **Cancellation & Renewal:** **We** may cancel this policy by sending **The Policyholder** 30 days written notice to their last known address and **We** will return the premium of any of the **Period of Insurance** remaining to **The Policyholder**. **We** shall not be bound to accept any renewal or extension of any insurance policy.

**The Policyholder** may cancel this policy at any time by sending **Us** 30 days written notice and any unearned premium shall be returned to them provided that during the current **Period of Insurance** there have been:

- a. No claim(s) made under this policy for which **We** have made a payment; and/or
- b. No claims(s) made under this policy which are still under consideration by **Us**; and/or
- c. No incident(s) which **The Policyholder** or the **Insured Person** are aware of and are likely to give rise to a claim, which have not yet been reported to **Us** or the Claims Administrator.

If **The Policyholder** cancels this policy, it is their responsibility to notify all **Insured Persons** and persons listed on all **Schedule of Insured Persons** of the cancellation on, or prior to, the date of cancellation.

**We** may cancel the cover provided by this policy for **War** by sending 7 days written notice to **The Policyholder** at their last known address.

6. **Cessation of Employment:** coverage under this policy will cease for the **Insured Person** and all **Family** members named on the **Schedule of Insured Persons** with immediate effect, or upon their return from an **Insured Journey** if they are overseas when the employment ceases (whichever is the later) if the **Insured Person** ceases to remain employed under a contract of employment, service or apprenticeship with **The Policyholder**.
7. **Contribution & Other Insurances:** **The Policyholder** or **Insured Person** (where appropriate) must inform **Us** if there is other insurance that would, or would but for the existence of this insurance, pay such claim. If at the time of an event giving rise to a claim there is any other insurance policy in force in **The Policyholder's** or **Insured Person's** (where appropriate) name which covers **The Policyholder** or the **Insured Person** for the same expense, loss or liability **We** will only pay a proportion of the claim being determined by reference to the cover provided by each of the relevant policies with the exception of personal accident benefits which will be payable in full. **We** shall not pay any claim in respect to care, treatment, services or supplies furnished by any program or agency funded by any government.
8. **Fit To Travel:** **Insured Persons** must be fit to travel when booking any **Insured Journey** or purchasing this policy whichever is the later.
9. **Claims Notification & Reimbursement:** **The Policyholder** or **Insured Person** (where appropriate) must complete a claim form within no later than 60 days of returning to their **Country of Domicile** if anything happened during the **Insured Journey** which might lead to a claim under the policy. **The Policyholder** or **Insured Person** (where appropriate) must pay back to **Us** any amount which **We** have paid for something which is not covered under this policy.
10. **Fraud:**
  - (i) If **The Policyholder** or **Insured Person** (where appropriate) or anyone acting on their behalf makes a fraudulent claim under the policy, **We**:
    - a. Are not liable to pay the claim; and
    - b. May recover from **The Policyholder** or **Insured Person** (where appropriate) any sums paid by **Us** in respect of the claim; and
    - c. May by notice to **The Policyholder** or **Insured Person** (where appropriate) treat the policy as having been terminated with effect from the time of the fraudulent act.
  - (ii) If **We** exercise **Our** right under clause i c) above:
    - a. **We** shall not be liable to **The Policyholder** or **Insured Person** (where appropriate) in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to **Our** liability under the policy (such as the occurrence of a loss, the making of a claim, or the notification of a potential claim); and,
    - b. **We** need not return any of the premiums paid.

(iii) If a fraudulent claim is made under the policy by or on behalf of an **The Policyholder** or **Insured Person** (where appropriate), **We** may exercise the rights set out in clause i above as if there were an individual insurance contract between **Us** and the **The Policyholder** or **Insured Person** (where appropriate). However, the exercise of any of those rights shall not affect the cover provided under the policy for any other **The Policyholder** or **Insured Person** (where appropriate).

Nothing in the above is intended to vary the position under the Insurance Act 2015.

11. **Identification:** The policy and the **Schedule of Insured Persons** and the **Schedule of Benefits** will read as one contract. A particular word or phrase which is not defined will have its ordinary meaning.
12. **Premium Payment Warranty:** **The Policyholder** warrants that all premiums due to **Us** under this policy are paid within the terms agreed from the inception date. Non-receipt by **Us** of such premium, by midnight (local standard time) on the premium due date, shall render this policy void with effect from inception.
13. **The Contracts (Rights of Third Parties) Act 1999:** The Contracts (Rights of Third Parties) Act 1999 or any amendment thereto does not apply to this policy. Only **We** and **The Policyholder** or **Insured Person** (where appropriate) can enforce the terms of this policy. No other party may benefit from this contract as of right. The policy may be varied or cancelled without the consent of any third party.
14. **Reasonable Precautions:** **The Policyholder** or **Insured Person** (where appropriate) must take all reasonable precautions to avoid **Accident**, injury or **Illness** to any person, or loss, destruction or damage to their property and must always act as if they are uninsured, and must comply with all legal requirements and safety regulations and conduct **The Business** in a lawful manner. If in relation to any claim **The Policyholder** or **Insured Person** (where appropriate) have failed to fulfil any of these conditions, they will lose their right to indemnity or payment for that claim. **The Policyholder** or **Insured Person** (where appropriate) must take all reasonable steps to get back any article which has been lost or stolen. They must if asked to, identify the person they believe to be responsible for the loss and to assist with any prosecution if necessary.
15. **Recovery from Third Parties:** In the event that a third party is held liable for all or part of any claim paid under this policy **We** may exercise **Our** legal right to pursue the third party to recover **Our** outlay. **The Policyholder** or **Insured Person** (where appropriate) will upon **Our** request agree to and permit **Us** to do such acts and things as may be necessary or reasonably required for the purpose of exercising this right. **We** will pay the costs and expenses involved in exercising the right against third parties.

**The Policyholder** or **Insured Person** (where appropriate) shall cooperate with **Us** to obtain or pursue a recovery or contribution from, or in the prosecution of any and all valid claims **We** may have against any other insurance or third parties (including any National Insurance Programme, Reciprocal Health Agreement, the Department of Work & Pensions, Employer's Liability or Workers Compensation Insurance or similar) arising out of any occurrence which results, or may result in a loss payment by **Us** to account for any amounts recovered on the basis that **We** shall be entitled to recover first in full any sums paid by **Us** before they receive any amount recovered.

**The Policyholder** or **Insured Person** (where appropriate) shall cooperate with **Us** and provide such information and documentation reasonably required by **Us** in order to collect and enforce **Our** rights of subrogation. **We** may institute any proceedings at **Our** own expense against such third parties in their name.

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

16. **Range of Services & Measures Outside of Our Control:** **We** and **Our** Crisis Management Company will make every effort to apply the full range of services in all circumstances as shown in the policy. Remote geographical locations or unforeseeable adverse local conditions may prevent the normal standard of service being provided. The timeliness of emergency medical evacuation or repatriation of remains can be affected by circumstances which are not within **Our** or their control, such as delays of or restrictions on flights caused by mechanical problems, government officials, telecommunications problems, weather and other Acts of God. **We** and **Our** Crisis Management Company shall not be liable for any delays that are not within **Our** or their direct and immediate control.
17. **Sanction Limitation and Exclusion Clause:** **We** shall not provide cover or pay or be liable for any claims or provide any benefit under this policy if by providing any cover, paying any claims or providing any benefit under this policy would expose **Us** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, **United Kingdom** or United States of America.
18. **Insured Person Documentation:** **The Policyholder** must ensure that each **Insured Person** upon enrolment into the this policy, must as a minimum receive: **Certificate of Insurance**, Travel Insurance Policy Summary & Member's Guide & Policy Wording.
19. **Insured Person Cover and Limits Suitability Review:** **Insured Persons** must check upon enrolment into this policy that the sums insured and sections of cover are adequate for their personal needs and if not, they should notify **The Policyholder** prior to travel to enquire if alternative cover arrangements can be made e.g. If **The Policyholder** or an **Insured Person** is taking high value **Personal Belongings** or personal cash with them, they should check that the value of such items is not in excess of the limits shown in the **Schedule of Benefits** Section B6 Personal Belongings or B7 Money & Important Documents.

## General Exclusions

Each section of the policy contains exclusions. They must be read in conjunction with the following exclusions which apply to all sections unless otherwise stated. This policy does not cover:

1. The **Excess**, being the first amount of each and every claim under each section, where shown as applicable in the **Schedule of Benefits** applicable to the **Level of Cover** shown on the **Certificate of Insurance**.
2. Any claim occurring outside of the **Period of Insurance** shown on the **Certificate of Insurance**.
3. Any claim for any losses that are not directly covered by the terms and conditions of this policy.
4. Any claim occurring if **The Policyholder** or **Insured Person** (where appropriate) fail to be in compliance with all conditions and provisions of this insurance.
5. Any claim for additional expense(s) or fee(s) arising from errors or omissions in **The Policyholder's** or **Insured Person's** (where appropriate) booking arrangements or their failure to obtain relevant visa or passport documents.
6. Any claim occurring because **The Policyholder** or **Insured Person** (where appropriate) acted illegally or broke any government prohibition, travel warning or regulation including visa requirements.
7. Any circumstance that could have been reasonably foreseen as giving rise to a claim for Cancellation, Travel delay or Personal Accident section **Period of Insurance**.
8. The **Insured Person** engaging in any kind of flying other than as a passenger in a commercially licensed passenger carrying aircraft, unless with prior agreement from **Us** in writing.
9. The **Insured Person** being a full-time member of the armed forces of any nation or international authority or a member of any reserve forces called out for permanent service.
10. The **Insured Person's** own criminal or malicious act or committing or attempting to commit suicide or intentionally inflicting self injury or participating in civil commotions or riots of any kind.
11. Any claim arising from an **Insured Journey** in a destination, region or country where prior to the commencement of the **Insured Journey** warnings had been issued by the Foreign, Commonwealth & Development Office (FCDO) or **Appropriate Authority** against all, or all but essential travel to such destination, region or country.  
**Please note:** if the **Insured Person** is commencing **Business Travel**, they will be covered to travel to a country where the Foreign, Commonwealth & Development Office (FCDO) or **Appropriate Authority** has advised against all but essential travel, provided they are able to justify that the **Insured Journey** is necessary and cannot be undertaken by alternative means, for example, via video conferencing.
12. Any claim arising in an **Excluded Territory** including Belarus, Cuba, Iran, North Korea, Russia, Syria & Ukraine.
13. Any claim for an **Insured Person** who is 71 years of age or over at the commencement of the **Period of Insurance**.
14. Any claim arising from an **Insured Person** engaging in any form of **Physical Manual Work** as defined herein.
15. Any claim resulting directly or indirectly from work on or participating in: offshore installations (such as oil rigs), mining underground, engaging in or as part of military duties (including peacekeeping and police), close security, close protection and bomb or mine disposal.
16. Any claim arising from any participation in any sport, activity or athletics on a professional or semi-professional basis.
17. Any claim arising from any participation in any sport, activity or athletics other than those in the Leisure Activities List.
18. Any claim arising from any participation in any sport, activity or athletics under Section C Winter Sports Activities or Section E Hazardous Activities and Sports, unless this has been accepted by **Us**, the option is shown on the **Certificate of Insurance** and the appropriate additional premium has been paid.
19. Claims where there is another insurance policy covering the same risk.
20. Claims in respect to care, treatment, services or supplies furnished by any program or agency funded by any Government.
21. Costs recoverable elsewhere or any costs **The Policyholder** or **Insured Person** (where appropriate) would have expected or would have been required to pay, if the event resulting in the claim had not happened.
22. The **Insured person** being under the influence of alcohol as defined by the motor vehicle laws at their **Insured Journey** destination.
23. Claims arising from the **Insured Person** being under the influence of or due wholly or partly to the effects of drugs, narcotic agents or substance abuse, other than for drugs taken in accordance with treatment prescribed and directed by a **Qualified Medical Practitioner** but not for the treatment of drug, narcotic agents or substance abuse.
24. Any claim or expense of any kind caused directly or indirectly by sexually transmitted diseases.
25. Any claim or expense of any kind directly or indirectly caused by, contributed to or arising from Human Immunodeficiency Virus Infection (HIV) and/or Acquired Immunodeficiency Syndrome (AIDS) and/or any form or variation of HIV or AIDS, however caused.
26. Any claim occurring from the **Insured Person** being in control of a motorcycle or vehicle without a current motorcycle or vehicle license valid for the country they are travelling in and the relevant licence required within the **United Kingdom** or the **Insured Person** being a passenger travelling on a motorcycle or in a motor vehicle that is in the control of a person that does not hold a current motorcycle or motor vehicle license valid for the country they are travelling in and the relevant licence required within the **United Kingdom**.
27. Any loss which happens after **We** have provided services of any kind to **The Policyholder** or **Insured Person** (where appropriate) or for any loss which happens following any delay, on **Our** part, in providing services to **The Policyholder** or **Insured Person** (where appropriate) unless negligence on **Our** part can be proved.
28. Any claim for the **Insured Person's Family** unless **Family** cover has been chosen and paid for.
29. Costs of telephone calls or faxes, food, drinks, laundry, taxi fares, car hire or indirect losses which occur in connection with or as a result of the main loss (unless specifically insured herein and applicable to the **Level of Cover** shown on the **Certificate of Insurance**).
30. Any claim arising from any act of **War**, whether **War** is declared or not, or from any rebellion, revolution, insurrection or taking of power by the military, any nuclear reaction or contamination from nuclear weapons or radioactivity, biological and or chemical materials, substances, compounds or the like used directly or indirectly for the purpose to harm or to destroy human life and or create public fear or as a result of the **Insured Person's** service in the military, naval or air service of any country or Acts of Terrorism, other than when such event first arose after the **Insured Person** started their **Insured Journey** and where they had no direct or indirect involvement in such event. In any event cover shall only be in force for a maximum of 30 days at the **Insured Person's Insured Journey** destination or until the **Insured Journey** is scheduled to end, the **Insured Person** returns to their **Country of Domicile** or they exceed the maximum **Insured Journey** duration shown in the **Schedule of Benefits** whichever occurs first.
31. normal pregnancy, without any accompanying **Bodily Injury**, **Illness** or complication. This policy is designed to provide cover for unforeseen events, **Accidents** and **Illnesses** and normal childbirth would not constitute an unforeseen event.

32. Any claim arising from, is related to or associated with an actual or likely epidemic or pandemic; or the threat of an epidemic or pandemic. This insurance does not cover any claim except in the case of Section B1 Emergency Medical Expenses & Section B8.2 (subject to adherence the terms and conditions stated within that section), in any way caused by or resulting from a) **Coronavirus** disease (**COVID-19**); b) Severe acute respiratory syndrome **coronavirus** 2 (SARS-CoV-2); c) Any mutation or variation of SARS-CoV-2; d) Any fear or threat of a), b) or c) above.
33. **We will not pay:** 1. Any benefits for **Bodily Injury** or **Illness**; or 2. For any loss, damage, liability, cost or expense; caused deliberately or accidentally by the use of, or inability to use, any application, software or programme in connection with any electronic device (for example a computer, laptop, smartphone, tablet or internet-capable electronic device).
34. Any claim in any way caused by or resulting from an infectious or contagious disease, an outbreak of which has been declared a Public Health Emergency of International Concern (PHEIC) by the World Health Organization (WHO). This exclusion shall apply to claims made after the date of any such declaration(s), other than where a relevant diagnosis has been made by a **Qualified Medical Practitioner** before the date of any such declaration(s).  
This general exclusion applies to all sections of cover with the exception of cover provided under:
- a. Section B1 – Medical and Emergency Travel Expenses as long as, prior to the **Insured Journey** commencing, the Foreign, Commonwealth and Development Office or **Appropriate Authority** had NOT advised against all (but essential) travel to the intended destination;
  - b. Section B1 – Medical and Emergency Travel Expenses; in regards to covered expenses necessarily incurred by **The Policyholder** or an **Insured Person** (where appropriate) for the treatment of **COVID-19** or symptoms thereof subject to the terms and conditions of the policy.
  - c. Section B1- Medical and Emergency Travel Expenses: in regards to covered expenses necessarily incurred as prescribed by a **Qualified Medical Practitioner** and are not elective medical expenses.
  - d. Section B8.2 – in regard to cancellation if the **Insured Person**, or someone the **Insured Person** is travelling with, contracts **COVID-19** within 14 days of the **Insured Journey** departure date, or an **Insured Person** being admitted to hospital due to testing positive for **COVID-19** within 28 days of the **Insured Journey** departure date, subject to the terms and conditions laid down within that section.
35. Any fear or threat of **COVID-19**, or any claim, in any way caused of contributed to, or resulting from **COVID-19** for:
- a. Self-isolation or any quarantine requirements or restrictions in movement of people, goods or animals;
  - b. any travel advice or warning, or fear or threat of such advice or warning.
36. Any claims relating directly or indirectly to **Leisure Travel** if **The Policyholder** has purchased **The Business Travel** only option.
37. Any claim arising from **Leisure Travel** exceeding a 60 day duration.
38. The cost of this policy.



## Complaints Procedure

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

If **The Policyholder** and **Insured Person's** have any questions, concerns or problems regarding any aspect of this insurance or the handling of a claim they should, in the first instance, contact their insurance intermediary. If **The Policyholder** or **Insured Person's** wish to make a complaint, they can do so at any time by referring the matter to:

**Complaints Officer,**  
**Voyager Insurance Services Limited,**  
**13-21 High Street, Guildford,**  
**Surrey, GU1 3DG**  
**Tel: +44 (0) 1483 806 680**  
**Fax: +44 (0) 1483 569 680**  
**Email: [complaints@voyagerins.com](mailto:complaints@voyagerins.com)**

**We** expect that the majority of complaints will be quickly and satisfactorily resolved at this stage, but if **The Policyholder** or **Insured Person** are not satisfied they can take the issue further.

### Beyond the Insurer:

If **The Policyholder** or **Insured Person** remain dissatisfied following the final written response they may be eligible to refer the complaint to the United Kingdom's complaints body - the Financial Ombudsman Service (FOS). Following the complaints procedure with the FOS does not affect any rights to take legal action. Further details will be provided at the appropriate stage of the complaints process.

### Our Promise:

**We** will:

- acknowledge all complaints promptly.
- investigate quickly and thoroughly.
- keep **The Policyholder** or **Insured Person** informed of progress.
- do everything possible to resolve the complaint.
- use the information from complaints to continuously improve **Our** service.

## Financial Services Compensation Scheme

**We** are covered by the Financial Services Compensation Scheme. **The Policyholder** may be entitled to compensation from the scheme if **We** are unable to meet our obligations under this contract. If **The Policyholder** is entitled to compensation under the scheme, the level and extent of the compensation would depend on the nature of this contract. Further information can be obtained from:

**The Financial Services Compensation Scheme,**  
**PO Box 300, Mitcheldean,**  
**GU17 1DY, UK.**  
**Tel: UK +44 (0) 800 678 1100 or**  
**UK +44 (0) 20 7741 4100**  
**Website: [www.fscs.org.uk](http://www.fscs.org.uk)**

## Data Protection

### Protecting The Policyholder and Insured Person's data

Protecting **The Policyholder** and **Insured Person's** privacy is very important to **Us**. **Our** full Privacy Policy can be found here: <http://www.starrcompanies.co.uk/privacy-policy>

### Personal data provided to us

If **The Policyholder** or **Insured Person** provides **Us** with personal data about other people to be insured on the policy, such as **Family** or friends, **The Policyholder** or **Insured Person** agrees to obtain their agreement and notify them of **Our** use of their personal data.

### How we use personal data

**We** will use **The Policyholder** and **Insured Person's** personal data to arrange this insurance contract with **Us** and for other related insurance purposes such as to administer this policy, handle claims and offer renewal of this policy. **We** may also use **The Policyholder** and **Insured Person's** personal data for modelling or statistical purposes and underwriting decisions made via automated means.

### Special categories of personal data

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

### Who we share The Policyholder's and Insured Person's information with

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

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

- where **We** have **The Policyholder** and **Insured Person's** permission.
- where required or permitted to do so by law.
- to credit reference.
- to other companies that provide a service to **The Policyholder** and **Insured Person's** or **Us**.

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

### Data retention and erasure

**We** will not keep **The Policyholder** and **Insured Person's** data for longer than is necessary for the purposes for which the data is processed and for compliance with legal or regulatory obligations.

## The Policyholder's and Insured Person's rights

If **The Policyholder** and **Insured Person's** have any questions about **Our** use of personal data, they should contact **Our** Data Protection Officer. In certain circumstances **The Policyholder** and **Insured Person's** have the right to request that **We**:

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

If **The Policyholder** and **Insured Person's** ask **Us** to delete their data, **We** may no longer be able to provide them with insurance services or deal with any claims, but **We** may still be required to process data about them for legal or regulatory reasons.

## Our contact details

**Starr Insurance European Group Data Protection Officer,  
C/O Starr International (Europe) Limited  
4th Floor, 30 Fenchurch Avenue,  
London, EC3M 5AD  
United Kingdom  
E-mail : [ukgdpr@starrcompanies.com](mailto:ukgdpr@starrcompanies.com)  
Telephone : +44 (0) 207 337 3594**

## Rights to complain to a supervisory authority

If **The Policyholder** or **Insured Person** are not satisfied with the way **We** have handled their personal data they have the right to complain to:

**The Information Commissioners Office (ICO)**  
[www.ico.org.uk/concerns](http://www.ico.org.uk/concerns)

**Telephone 0303 123 1113 or +44 1625 545 700 if calling from  
outside the UK.**

For more information on how **We** process **The Policyholder** or **Insured Person's** personal data, refer to: <http://www.starrcompanies.co.uk/privacypolicy>.

**We** are hereby released from any liability for any claim if **The Policyholder** or **Insured Person** refuse disclosure of their data to a third party, which in turn prevents **Us** from providing cover under this policy.

## Have A Safe Trip

Before **The Policyholder** or an **Insured Person** go overseas, check out the Foreign, Commonwealth & Development Office (FCDO) website at [www.gov.uk/foreign-travel-advice](http://www.gov.uk/foreign-travel-advice). It is packed with essential travel advice and tips, and up to date country specific information.

This policy does not cover **Insured Persons** travel to a country or specific area or event to which the Foreign, Commonwealth & Development Office (FCDO) or **Appropriate Authority** have advised against all (or all but essential) travel.

It is the **Insured Persons** responsibility to check the latest advice from the FCDO prior to commencing an **Insured Journey**, which can be found at <https://www.gov.uk/foreign-travel-advice>.

**Please note:** if an **Insured Person** is commencing **Business Travel**, they will be covered to travel to a country where the Foreign, Commonwealth & Development Office (FCDO) or **Appropriate Authority** has advised against all but essential travel, provided **The Policyholder** or **Insured Person** (where appropriate) is able to justify that the **Insured Journey** is necessary and cannot be undertaken by alternative means, for example, via video conferencing.