



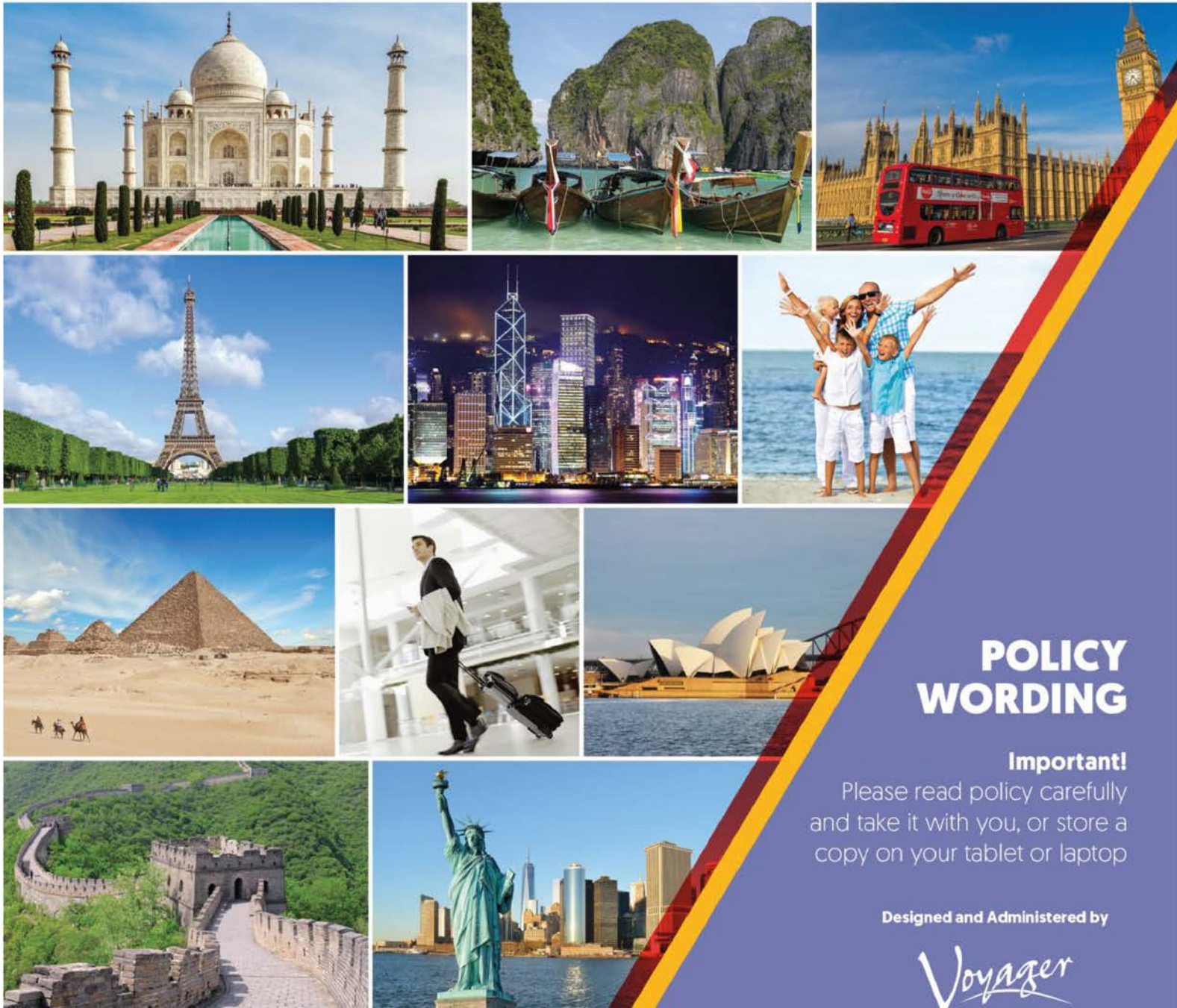
GlobalVoyager

International & Expatriate Flexible Travel & Medical Insurance

For Individuals, Families & Groups

- Short-term comprehensive trip cover from three days to three years*
- Annual Multi Trip cover - unlimited trips per year of up to 31 or 45 days* per trip.

When you travel we've got you covered ...and a whole lot more!



POLICY WORDING

Important!

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

Designed and Administered by



Effective: 1st September 2018

*Maximum duration and cover available varies depending upon age



Sirius

International

'A' (Excellent) Rated

By A.M. Best as of May 2017

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

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

This **Policy** Wording is a contract between **You** (named in the **Certificate of Insurance**) and Sirius International Insurance Corporation - UK Branch (hereafter referred to as **Us, Our, We**).

Provided the premium specified has been paid in the required manner and in consideration of the accuracy and truthfulness of **Your Application, We** will provide the insurance specified in this **Policy** Wording and **Certificate of Insurance** and any attached **Endorsements** during the **Period of Insurance**. All information supplied to **Us** by or on behalf of **You** is deemed to be incorporated in and shall form the basis of this **Policy**.

This insurance is underwritten by Sirius International Insurance Corporation - UK Branch who is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority. Their FCA Firm's Reference Number is : 202912.

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

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

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

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



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

www.voyagerinsurance.com / www.globalvoyager.co.uk

This document only constitutes a valid **Policy** when issued in conjunction with a valid **Certificate of Insurance**. **Underwriter's** agreement is subject to all **Terms**, conditions, provisions and exclusion of this **Policy**, including the **Certificate of Insurance**, any Exhibits, Schedules, and/or **Endorsements** attached hereto.

Table of Contents

Contents	Page
Important Features	4
Important Contact Details	6
Financial Services Compensation Scheme	7
Complaints Procedure	7
Cancelling this Policy and Cooling Off Period	8
Pre-Authorisation and Payment for Medical Treatment Abroad	8
Reciprocal Health Agreements	9
Territorial Limits	10
Period of Insurance	10
General Definitions	13
Important Conditions Relating to Health & Activities	18
Schedule of Benefits Table	19
Schedule of Optional Benefits Table	21
General Conditions	23
General Exclusions	29
<u>Schedule A : Emergency Medical Expenses, Evacuation & Assistance Benefits</u>	<u>32</u>
Section A1 – Emergency Medical Expenses	32
Section A2 – Sudden, Unexpected & Acute Recurrence of a Pre-Existing Condition	35
Section A3 – 24/7 Emergency Medical Helpline	36
Section A4 – Dental Expenses – Sudden Dental Pain	38
Section A5 – Physiotherapy/Chiropractor	38
Section A6 – Common Carrier Accidental Death	39
Section A7 – State Hospital Cash Benefit	39
Section A8 – Hospital Stay Benefit	39
Section A9 – Reciprocal Health Agreement Benefit	40
Section A10 – Hijack/Mugging/Car-Jacking Benefit	40
Section A11 – Kidnap & Ransom Crisis Response	40
Section A12 – Criminal Assault Benefit	41
Section A13 – Sporting Activities (Leisure List) & Manual Work	42
<u>International Assistance, Evacuation and Repatriation Benefits</u>	
<i>Only applicable when arranged through the 24/7 Nominated Emergency Assistance Service</i>	
Section A14 – Emergency Medical Evacuation and Repatriation	43
Section A15 – Natural Disaster Evacuation and Accommodation	45
Section A16 – Security and Political Evacuation	45
Section A17 – Trip Interruption	46
<u>OPTIONS – Subject to being shown on certificate and appropriate premium paid</u>	<u>48</u>
<u>Schedule B : Optional Enhanced Travel Benefits</u>	<u>48</u>
Section B1 – Baggage Loss/Theft/Damage	48
Section B2 – Personal Money	49
Section B3 – Loss of Passport & Travel Documents	50
Section B4 – Travel Delay Benefit	50
Section B5 – Missed Departure & Journey Disruption	51
Section B6 – Legal Expenses	52
Section B7 – Personal Liability	53
Section B8 – Personal Accident	54
Section B9 – Replacement Personnel/ Chaperone/ Group Leader	56

Schedule C : Optional Cancellation, Curtailment & Abandonment Benefits	57
Section C1 – Cancellation, Curtailment & Abandonment	57
Schedule D : Optional Winter Sports Activities & Benefits	59
Section D1 – Winter Sports Activities	59
Section D2 – Ski Equipment & Ski Hire	59
Section D3 – Ski Pack	60
Section D4 – Piste Closure	60
Schedule E : Optional Action or Action Plus – Adventure Sports & Activities	61
Pre-Authorisation Requirements	62
How To Make A Claim	63

Important Features

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

The coverage provided by this **Policy** is not private medical insurance or any other kind of primary health insurance or health plan.

It only gives cover in the event of accidental bodily **Injury** or sudden unexpected **illness** that requires **Emergency** treatment whilst abroad and other non-medical covers, as expressly included below.

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

1. Insurance Policy Document

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

2. Conditions and Exclusions

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

3. Health

This insurance **Policy** contains restrictions regarding health of the people travelling and of other people upon whose health the **Trip** depends. **You** are advised to read the document carefully. **We** do not cover claims directly or indirectly in relation to **Pre-Existing Conditions** and medical problems that **You** had on or before the cover started. Limited cover is provided for **Sudden, Unexpected Acute Recurrence of a Pre-Existing Condition(s)** solely under the Super and Elite **Levels of Cover**.

4. Eligibility, Age, Nationality, & Residence Requirements

Cover provided by this insurance **Policy** is subject to **Our** acceptance of **Your Application** and **Your** compliance with the **Terms** of this **Policy** including important conditions in regards to Eligibility, Age, Nationality and Residence Requirements. In summary, this **Policy** is available to eligible persons:

i) aged 15 days old or over at the **Start Date**. There is no upper age limit for eligible persons under the **Policy**, although restrictions, reduced sums insured and not all **Levels of Cover** apply at, or above, age 70 at date of departure;

ii) of any nationality worldwide, subject to them being within a permitted **Home Country** at time of **Application** (restrictions apply to **USA (United States of America) Citizens**, refer to 'Section 8 Restrictions Applicable to USA Citizens' below);

For full conditions relating to Eligibility, please refer to "General Conditions 7. Eligibility" on page 23.

5. European Schengen and Other Visa Requirements

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

6. Trip Duration and Living Abroad

This insurance **Policy** is subject to maximum **Trip** durations based on the **Policy** that **You** purchase and as shown on **Your Certificate of Insurance**. Restrictions apply to USA citizens, refer to 'Section 8 Restrictions Applicable to USA Citizens' below.

You should not take out this insurance **Policy** if **Your** intent is to emigrate or live in a fixed location outside **Your Home Country** for more than the **Period of Insurance** that is purchased (i.e. if you are living abroad indefinitely), unless **You** have selected the One-Way Trip Cover and in such case **your** cover under this **Policy** will finish at the end of **Your Period of Insurance** as shown on **Your Certificate of Insurance** or 48 hours after **Your** arrival in the country of final destination, whichever is the sooner

7. Home Country Coverage

This insurance **Policy** provides no coverage within **Your Home Country** with the sole exception of the limited coverage specified under the "Period of Insurance 'Mid-Trip Return Home Cover'" section or "Period of Insurance 'End of Trip Home Country Cover'" optional section available only on Elite Level of Cover and if shown on **Your Certificate of Insurance** and the appropriate additional premium paid (restrictions apply to USA citizens, refer to 'Section 8 Restrictions Applicable to USA Citizens' below);

8. Restrictions Applicable to USA Citizens

For **USA Citizens**, both the USA and **Your Home Country** will be deemed **Your Home Country**. The following **Application** and Cover Restrictions apply to **USA Citizens**:

- i) **USA Citizens** must be located outside of the USA as of the **Start Date** of coverage, or extension, or renewal date.
- ii) Cover for **USA citizens** travelling to the USA is limited to a maximum **Trip** duration of 89 days within the USA per 12 month period.
- iii) End of Trip Home Country Cover is limited to a maximum of 30 days for **USA citizens** returning to the USA.

9. Property Claims

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

10. Policy Limits

This insurance **Policy** has limits on the amount the **Underwriter** will pay under each section. Some sections also include other specific **Sub-Limits**, for example, for any one item or for **Valuables** in total. **You** should check **Your Policy** and the **Schedule of Benefits** and the Schedule of Optional Benefits Table. If **You** plan on taking expensive items with **You**, **We** suggest **You** insure them separately under a household, business or other all-risk **Policy** as these may not be covered under this **Policy**.

11. Excesses

Under some sections of this insurance **Policy**, claims will be subject to an **Excess**. This means each person will be responsible for paying their first part of their claim, per incident, under each applicable section, before any claims are paid under **Your Policy**.

By selecting the '**Nil Medical Excess**' option at time of original **Application** and paying the additional premium, **Your Policy** can include a Nil Medical Excess which will remove all **Excesses** under the Core Medical Benefits Schedule only. It will however **not remove** the **Excess** from Schedule B. 'Optional Enhanced Travel Benefits, Schedule C. 'Optional Cancellation and Curtailment Benefit' or Schedule D. 'Optional Winter Sports Activities & Benefits' or Schedule E. 'Optional Action and Action Plus – Adventure Sports & Activities' or any claims incurred under, or arising from activities listed within, these optional schedules.

By selecting the '**Double Your Excesses**' option at time of **Application** and paying the reduced premium, all Medical and Non- Medical Excesses under all sections of **Your Policy** will be at the higher doubled excess amount.

12. Claims Arising from Alcohol and Drugs

We will not cover any claim directly or indirectly arising from **You** being wholly or partly under the influence of, or due to the effects of, alcohol, intoxicating substances, narcotics or drugs (other than prescribed drugs taken in strict accordance as directed by a **Medical Practitioner** and not for the treatment of substance abuse). Refer to General Exclusions on page 29.

13. Reasonable Care

You need to take all reasonable care to protect **Yourself** and **Your** property, as **You** would if **You** were not insured. If **You** have cover under "Schedule B. Optional Enhanced Travel Benefits" any amounts the **Underwriters** pay for property left unattended in a public place or unattended vehicle is very limited, as specified in the **Policy** wording.

14. Sports and Activities

You may not be insured if **You** are going to take part in sports & activities where there is a generally recognised risk of **Injury**. Please check that this insurance covers **You**. **You** will see a list of Sports and Activities on page 42 of the **Policy** Wording. If the Sport or Activity is not shown, please refer to Voyager Insurance Services Ltd.

15. Customer Service

We always try to provide a high level of service. However, if **You** think **We** have not lived up to **Your** expectations, please refer to the complaints procedure on page 7.

16. Cancellation Rights

This insurance **Policy** contains a 14 day 'cooling off' period during which **You** can return it and get a full refund, provided **You** have not travelled and there are no claims. **We** reserve the right to deduct from the rebate of premium certain costs incurred in processing the original sale and cancellation. Refer to Cancelling **Your Policy** and Cooling Off Section for full details on page 8.

17. Law

The laws of England and Wales govern this insurance. Each party agrees that the Courts of England and Wales shall have exclusive jurisdiction in respect of any dispute which may arise out of or in connection with this policy or any claim. **Your Policy** is deemed issued in London, England.

18. Pregnancy & Child Birth

We do not provide cover under this **Policy** for pregnancy, maternity, childbirth whether normal or not, or newborn care, including charges for pre-natal care, delivery, post-natal care, complications of pregnancy, miscarriage, complications of delivery and/or complications of newborns. **We** do not provide cover for the transfer of a pregnant woman to hospital to give routine childbirth or air travel when the **Insured Person** is more than 20 weeks pregnant and was not the result of an accident or onset of complications relating from an accident. **We** do not consider pregnancy or childbirth to be an **illness** or **Injury**.

19. Fraudulent Claims

It is a criminal offence to make a fraudulent claim, Please note that **We** reserve the right to access fraud prevention databases and within the constraints of current Data Protection Regulations to use or share **Your** personal information for the identification and prevention of fraud and crime.

Important Contact Details

Customer Services & General Enquiries

Voyager Insurance Services Monday - Friday 9:00am – 5:30pm (UK Local Time)	Tel (UK) : +44 (0) 1483 80 66 88 e-mail : enquiries@voyagerins.com
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Emergency 24Hr Medical Assistance & Pre-Authorisation Helpline

Global Response Assistance 24 Hours / 365 Days A Year Refer to How To Make A Claim Section & 24/7 Emergency Medical Helpline & Assistance Service	Tel (UK) : +44 (0) 2920 468794 Fax (UK) : +44 (0) 2920 468797 e-mail : operations@global-response.co.uk
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Please quote your Certificate Number and Scheme Reference: VOY/GV/2018/19

Claims Administrators (Not 24 Hr)

Global Response Claims Monday - Friday 9.00am – 5.00pm (UK Local Time) (Outside of these hours voicemail service) Refer to How To Make A Claim Section	Tel (UK) : +44 (0) 2920 474239 Fax (UK) : +44 (0) 2920 468797 e-mail : travelclaims@global-response.co.uk
24 hour online claims form request & non-emergency claims registration	Web : www.grclaims.com/claimsform/voyager

Please quote your Certificate Number and Scheme Reference: VOY/GV/2018/19

Financial Services Compensation Scheme

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

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

Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15. St. Botolph Street, London, EC3A 7QU

Complaints Procedure

We will do everything possible to ensure that **You** receive a high standard of service. If **You** are not satisfied with the service received please contact **Us**. When **You** contact **Us** please give **Us Your** name and contact telephone number. Please also quote **Your Policy** and/or claim number and the type of **Policy You** hold.

Making Your Complaint

If **Your** complaint relates to the sale or administration of **Your Policy**, please contact the Intermediary from where **You** bought **Your Policy** or;

Voyager Insurance Services Ltd

13-21 High Street
Guildford
Surrey
GU1 3DG
United Kingdom

Telephone : +44 (0) 1483 80 66 88
Fax : +44 (0) 1483 569 676
E-mail : enquiries@voyagerins.com

Our promise to you

We will;

- acknowledge all complaints promptly.
- investigate quickly and thoroughly.
- keep you informed of progress.
- do everything possible to resolve your complaint.
- use the information from complaints to continuously improve our service.

If **Your** complaint relates to a claim on **Your Policy**, please contact;

Compliance Manager

Sirius International Insurance Corporation

UK Branch
Floor 4, 20 Fenchurch Street
London
EC3M 3BY
United Kingdom

E-mail : SiriusLondon.Complaints@Siriusgroup.com

We expect that the majority of complaints will be quickly and satisfactorily resolved at this stage, but if **You** are not satisfied, **You** can take the issue further;

Beyond Your Insurer

Should **You** remain dissatisfied following the final written response, **You** may be eligible to refer **Your** case to the UK's Financial Ombudsman Service (FOS). The FOS is an independent body that arbitrates on complaints about general insurance products. **You** have six months from the date of our final response to refer **Your** complaint to the FOS. This does not affect **Your** right to take legal action.

If **We** cannot resolve **Your** complaint **You** may refer it to the Financial Ombudsman Service at the following address:

The Financial Ombudsman Service,

Exchange Tower,
Harbour Exchange Square,
London, E14 9SR.
United Kingdom

Telephone (From a UK Landline/Mobile) : 0800 023 4567
Telephone (Outside the UK) : +44 (0) 20 7964 0500
E-mail : complaint.info@financial-ombudsman.org.uk

Please make sure **You** follow the above procedure for submitting or escalating **Your** complaint or query, as failure to do so may inadvertently delay **Our** response to **You**.

Cancelling this Policy and Cooling Off Period

We hope **You** are happy with the cover this **Policy** provides. However if after reading this **Policy** wording, this insurance does not meet with **Your** requirements, please notify the **Policy Administrator** in writing (or the insurance intermediary who arranged this insurance) within fourteen (14) days from receipt of the **Policy** documents.

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

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

- i) For policies that are cancelled **within** 14 days of **Your** receipt and **prior** to the **Start Date**: Full Refund.
- ii) For policies that are cancelled **after** 14 days of **Your** receipt, **We** will only consider a refund of premium in exceptional circumstances at **Our** sole discretion and provided **You** have not travelled and no claims have been paid or are in progress.

In the event **We** agree a refund after 14 days of **Your** receipt:

- a) there will be no refund of any premium **You** have paid in regards to Schedule C. Optional Cancellation, Curtailment & Abandonment Benefits if previously selected by **You**; and
- b) **Your** refund will be based on a Pro-Rata Basis from the date the **Policy Administrator** receives **Your** written instructions or any later date **You** specify and less a deduction of a £15/\$25/€20 administration charge (currency is determined by the currency in which **Your** premium was paid);

We will refund all premiums paid within thirty (30) days from the date **We** receive the notice of cancellation from **You**. **Your Policy** will be retroactively cancelled and **You** cannot make a claim under it and neither **You** nor **Us** will have any further rights, liabilities or obligations under this insurance **Policy**.

Please contact the **Policy Administrator** (or the intermediary who arranged this **Policy**) to obtain this refund. Their address and telephone number will appear on the intermediary's correspondence.

We shall not be bound to accept any renewal or extension of any insurance **Policy** and may at any time cancel any insurance **Policy** document by sending 30 days notice to **You** at **Your** last known address.

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

Pre-Authorisation and Payment for Medical Treatment Abroad

Your Policy contains a requirement that **You** MUST contact and receive **Pre-Authorisation** from **Our Nominated Emergency Assistance Service** **before** incurring costs (or within 48 hours if an **Emergency** due to the need to save **Your** life or limb) if:

- **You** incur, or are likely to incur, costs in excess of £500/€600/\$750 (currency is determined by the currency in which **Your** premium was paid) (If **You** are unsure, always check with **Your Medical Practitioner, Hospital** or Medical Provider before incurring any costs).
- **You** go into **Hospital** or clinic as an In-Patient or Day-Patient,
- **You** require an **Emergency** evacuation/repatriation or travel arrangements or
- **You** are to receive certain treatments, services or supplies (refer to page 62 for details), or
- if **You** wish to return **Home** earlier than **Your** original plans.

Failure to follow the **Pre-Authorisation** process before incurring any costs may result in **Your** claim being denied in part or in full. **Refer to the Pre-Authorisation Requirements section on page 62 for full details.**

If **You** are admitted to a **Hospital** while abroad, **Our Nominated Emergency Assistance Service** will arrange where possible for medical expenses covered by the **Policy** to be paid direct to the **Hospital**. To qualify for this benefit someone must contact **Our Nominated Emergency Assistance Service** for **You** immediately or in any event within 48 hours from the **Emergency**.

Private medical treatment is not covered unless authorised specifically by **Our Nominated Emergency Assistance Service**.

Reciprocal Health Agreements

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

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

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

EU Citizens : EU/EEA or Switzerland

If **You** are travelling to countries within the European Union (EU), the European Economic Area (EEA) or Switzerland, **You** are strongly advised to obtain a European Health Insurance Card (EHIC). **You** can obtain an application form from **Your** local Post Office or apply for an EHIC online at www.ehic.org.uk (for UK citizens) or by telephoning 0845 606 2030.

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

Other websites are available for other EU/EEA Nationals.

Australia / New Zealand:

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

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

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

State / Public / Government / Charitable Hospitals

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

European Union (EU) Travel Regulations

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

1. Denied Boarding

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

2. Long Delays

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

3. Luggage

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

4. Death or Injury

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

Full details are available at: http://europa.eu/Youreurope/citizens/travel/passenger-rights/index_en.htm

Territorial Limits

You are covered for **Trips** to the countries within the applicable **Territorial Limit** Area of cover (excluding **Your Home Country**) shown on **Your Certificate of Insurance** provided **You** have paid the appropriate premium. Refer to the definition of **Territorial Limits** on page 16 for further details.

Stop-overs and transfers in a country within a higher numbered and rated Area of cover en-route to the final destination are insured, provided they do not exceed 48 hours in each direction.

Period of Insurance

Single Trip Policies

If **You** have paid the appropriate Single Trip Travel Insurance Premium, the overall **Period of Insurance** shall be for the duration shown from the **Start Date** shown on **Your Certificate of Insurance** to the End Date shown on **Your Certificate of Insurance**, up to an initial maximum **Trip** duration of 24 months, or a maximum total **Trip** duration of 36 months if **You** have extended **Your Policy** with **Our** written agreement and having paid the appropriate additional premium.

If **You** have paid the appropriate premium and **Your Certificate of Insurance** shows that **You** have cover for Schedule D : Optional Cancellation, Curtailment and Abandonment Benefits, coverage starts from the Purchase Date shown on **Your Certificate of Insurance** or the date **You** book **Your Trip**, whichever is the latter.

Annual Multi Trip Policies (Not Available on Basic Level of Cover)

If **You** have paid the appropriate Annual Multi-Trip Travel Insurance Premium and **You** are under 70 years old at the cover Start Date, the overall **Period of Insurance** shall be for 12 months starting from the **Start Date** shown on **Your Certificate of Insurance**. This insurance then covers an unlimited number of **Trips** starting within that period, provided no single **Trip** is intended to be longer than the Maximum Trip Duration of 31 days per **Trip** (or 45 days Maximum Trip Duration per **Trip** if **You** have selected the 45 Maximum Trip Duration Option, it is shown on **Your Certificate of Insurance** and **You** have paid the appropriate premium).

Insured Persons covered under an Annual Multi Trip may travel separately from each other. Annual Multi Trip Policies include coverage for **Winter Sports** (this includes Schedule D. Optional Winter Sports Activities & Benefits) up to a maximum duration of 21 days during the **Period of Insurance** without payment of an additional premium.

If **You** have paid the appropriate premium and **Your Certificate of Insurance** shows that **You** have cover for Schedule D : Optional Cancellation, Curtailment and Abandonment Benefits, coverage starts from the **Start Date** shown on **Your Certificate of Insurance** or the date **You** book **Your Trip**, whichever is the latter.

In relation to Your Policy

Except as stated below, cover for each separate **Trip** under this insurance starts when **You** leave **Your Home** or place of business in **Your Home Country** at the start of **Your Trip** and for **Policies** of under 31 days finishes as soon as **You** return to **Your Home** or place of business in **Your Home Country** for any reasons.

You are only covered for the period for which a premium has been paid and in any event the total period of any one **Trip** (including any extensions to the **Period of Insurance**) must not exceed a maximum duration of 36 months for Single Trip Policies and the applicable Maximum Trip Duration relevant to **Your** selected Annual Multi Trip Policy.

Advance Purchase Period:

In respect of Single Trip Policies : **You** may purchase **Your Policy** not more than 12 months prior to **Your** planned Date of Departure.

In respect of Annual Multi-Trip Policies : **You** may purchase **Your Policy** not more than 12 months prior to the **Policy Start Date**.

Return To Country of Citizenship:

Cover is available subject to the **Terms** of the **Policy** for **Trips** to **Your** Country of Citizenship provided it is within **Your Territorial Limit** shown on **Your Certificate of Insurance**. USA Citizens are limited to a maximum of 89 days per 12 month period for brief return **Trips** to the USA.

One-Way Trips:

If **You** are going on a One-Way **Trip** all cover will finish at the end of **Your Period of Insurance** as shown on **Your Certificate of Insurance** or 48 hours after **Your** arrival in the country of final destination, whichever is the sooner.

Extending Your Period of Insurance:

For Single Trip Policies Only: Subject to an initial minimum **Period of Insurance** purchased of 31 days or more:

- i) Cover can be extended on an incremental continuous basis prior to expiry of current **Period of Insurance** by contacting the **Policy Administrator** , or
- ii) Simply purchase **Your** new **Policy** on or prior to the date of expiry of **Your** existing **Policy** and make sure **You** keep details of all **Your** prior **Policy(ies)** in the event of a claim.

- iii) The maximum **Period of Insurance** outside **Your Home Country**, including all extensions is
- | | | |
|----------------|-----------|---------------------------------|
| Aged* Under 70 | 36 Months | *at date of departure/extension |
| Aged* 70-79 | 180 Days | |
| Aged* 80+ | 60 Days | |

from **Your** original date of departure.

- iv) Cover for eligible newly diagnosed medical conditions first occurring after the **Start Date** is continuous if there has been no break in cover.
- v) USA Citizens may not extend their **Period of Insurance** if they are located within the USA at the time of applying for an extension.

Emergency Continuation of Coverage:

If **Your** return is unavoidably delayed for an insured reason beyond the End Date of Cover shown on the **Certificate of Insurance**, if **You** are outside of **Your Home Country** cover will be extended free of charge for the period of the delay for up to a maximum period of 6 months beyond the End Date of Cover shown on the **Certificate of Insurance**.

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

Important Note : Notwithstanding the **Period of Insurance** above, if **You** have already departed on **Your Trip** prior to purchasing **Your** travel insurance (or if **Your** previous insurance has expired), cover is available, subject to:

- an online declaration by **You** confirming at time of purchase that **You** know of no circumstances which are likely to give rise to a claim under this insurance **Policy**.
- all cover must start on the day following purchase.
- Your Policy Territorial Limit** must include **Your Home Country**.
- 14 day wait period before medical expenses cover commences in respect of **illness** if departure from **Your Home Country** or expiry of your previous travel insurance was more than 7 days before purchase date.

Mid-Trip Return Home Cover: (Not Applicable to Annual Multi Trip Policies)

- Note :**
- This feature is only available on Elite **Level of Cover**,
 - It only applies to coverage provided under Schedule A Core Medical Benefits Schedule;
 - It does not apply to any coverage provided under Optional Schedule(s) B,C,D or E, even if shown on **Your Certificate of Insurance**.

For Single Trip Policies of a minimum **Period of Insurance** of 31 days outside of **Your Home Country**. **You** may return to **Your Home Country** for short visits of up to a cumulative maximum period of 14 days for a temporary return **Home** visit(s) Mid-Trip during the **Period of Insurance** whereupon coverage under Schedule A Core Medical Benefits Schedule only is extended to include **Your Home Country**, commencing on the first day **You** arrive back in **Your Home Country** and as long as **You** are not subject to a claim and **You** are not travelling to receive treatment.

Conditions and Limitations Applicable To Mid-Trip Return Home Cover

It is a requirement of this **Policy** that:

- You** are in compliance with all **Terms** including without limitation the Exclusions and Conditions of this **Policy**, any sections claimed under and those shown below.
- Cover starts on the date **You** first arrive back to **Your Home Country**.
- You** have already departed **Your Home Country** prior to **Your** Mid-Trip Return Home Cover.
- Your** initial **Period of Insurance** and planned **Trip** duration was at least 31 days of continuous coverage.
- Your** intention at the start of the Mid-Trip Return Home was to depart **Your Home Country** within 15 days of arrival back in **Your Home Country**.
- No cover is extended after the End Date of **Your Certificate of Insurance**.
- Cover is restricted only to that provided under Schedule A Core Medical Benefits Schedule and no Mid-Trip Return Home Cover is provided under Optional Schedule(s) B,C,D or E, even if shown on **Your Certificate of Insurance**.
- You** are not traveling to receive treatment, services or supplies for an **illness** or **injury** that occurred during **Your Trip**.
- Cover is excluded if **You** are eligible to claim under any other insurance or where **You** are eligible to receive treatment, services or supplies under a state, domestic or reciprocal healthcare system or agreement.
- This cover is not applicable to Annual Multi Trip Policies.

End of Trip Home Country Cover Optional Section: (Not Applicable to Annual Multi Trip Policies)

- Note :**
- This optional section is only available on Elite **Level of Cover**,
 - It only applies to coverage provided under Schedule A Core Medical Benefits Schedule;
 - It does not apply to any coverage provided under Optional Schedule(s) B,C,D or E, even if shown on **Your Certificate of Insurance**.

For Single Trip Policies of a minimum **Period of Insurance** and **Trip** duration of 180 continuous days outside of **Your Home Country**. Provided **You** have selected "End of Trip Home Country Cover Option" at the time of **Your** original **Application**, have paid the appropriate premium and this is shown on **Your Certificate of Insurance**:

Your Single Trip **Policy** coverage under Schedule A Core Medical Benefits Schedule only is extended to include up to a maximum of 30 days continuous coverage in **Your Home Country** that is within the **Period of Insurance** as shown on **Your Certificate of Insurance**, commencing on the first day **You** arrive back in **Your Home Country** and as long as **You** are not subject to a claim and **You** are not travelling to receive treatment.

Conditions and Limitations Applicable To End of Trip Home Country Cover

It is a requirement of this **Policy** that:

1. **You** are in compliance with all **Terms** including without limitation the Exclusions and Conditions of this **Policy**, any sections claimed under and those shown below.
2. Cover starts on the date **You** first arrive back to **Your Home Country**.
3. **Your Period of Insurance** and **Trip** duration outside of **Your Home country** was at least 180 continuous days
4. No cover is extended after the End date of **Your Certificate of Insurance**.
5. Your total **Period of Insurance**, including any extension(s) of cover and the End of Trip Home Country Cover Option, may not exceed 36 months from the initial **Start Date** of cover as shown on **Your Certificate of Insurance**.
5. Cover is restricted only to that provided under Schedule A Core Medical Benefits Schedule and no End of Trip Home Country Cover is provided under Optional Schedule(s) B,C,D or E, even if shown on **Your Certificate of Insurance**.
6. Cover is excluded in relation to treatment, services or supplies for an **illness** or **injury** that occurred during **Your Trip**.
7. Cover is excluded if **You** are eligible to claim under any other insurance or where **You** are eligible to receive treatment, services or supplies under a state, domestic or reciprocal healthcare system or agreement.
8. This cover is not applicable to Annual Multi Trip Policies.
9. Coverage for USA citizens returning to the USA is limited to a maximum duration of 30 days within a 12 month period.

General Definitions

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

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

Application : The fully answered and signed form (or online form completed by **You** or on **Your** behalf) entitled "Application" and all amendments and supplements to that form submitted by **You** or on **Your** behalf for acceptance into, renewal or extension of cover under, or reinstatement of the **Policy**. Any insurance agent, broker or other intermediary assigned to or assisting with the **Application** is **Your** agent and representative, and is not an agent or representative for or on behalf of **Us** or **Our Policy Administrator**.

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

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

Criminal Assault : Any intentional assault, battery or unlawful use of force that results in physical contact which causes bodily **injury** to the **Insured Person** without their consent and is a crime in the jurisdiction in which it occurs.

Dependent Child(ren): means natural, adopted child(ren), step-child(ren) or child(ren), unmarried and living with **You** and/or Spouse and must be listed on the **Certificate of Insurance**. The **Dependent Child** must be aged less than 18 (or aged less than 24 years if enrolled in an Institution for Higher Learning) and depends on **You** for maintenance and support.

Emergency : A medical condition manifesting itself by acute signs and symptoms which could reasonably result in placing the **Insured Person's** life or limb in danger if medical attention is not provided within 24 hours, based upon reasonable medical certainty, or that a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place their health in serious jeopardy.

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

Excess : The first part of each and every claim that **You** are responsible for paying per incident claimed for, under each section by each **Insured Person**.

Funeral Expenses : **Usual, Reasonable and Customary** burial or cremation expenses.

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

Home Country : The country declared by **You** at the time of **Application** where **You** live as declared on the **Application**. If at time of **Application** **You** are not located in **Your Home Country** where **You** live as defined above, then **Your Home Country** is deemed the country in which **You** are located and as declared by **You** at the time of **Application**.

Hospital : An institution properly licensed by the relevant governmental body within the country in which it operates and which has permanent full-time facilities for caring for patients overnight; and has facilities for the diagnosis and medical and surgical treatment of **ill** people by **Medical Practitioners**; and provides twenty four (24) hour nursing services supervised by Registered General Nurses or nurses with similar qualifications; and is not intended to be a mental institution, nursing home, hospice, convalescent home or residential care home as defined under the Registered Care Homes Act 1984.

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

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

Kidnap/Kidnapping : The actual abduction and illegal holding of an **Insured Person** against their will by a person or persons, previously unknown to the **Insured Person**, who demand a **Ransom** specifically from the assets of the **Insured Person**, their family, employer or sponsoring organisation in exchange for release of the **Insured Person** as verified by a written Police report.

Level of Cover : The applicable sections of cover and the respective limits identified within the present **Schedule of Benefits** chosen by **You** under the **Policy** as indicated on the **Certificate of Insurance**. The **Levels of Cover** available are 'Basic', 'Standard', 'Super' and 'Elite'.

Loss of limb or limbs : The permanent and complete loss of, or loss of use of, a hand at or above the wrist joint, or foot at or above the ankle joint.

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

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

Manual Work : Means work that involves:

- i. hand-on use, installation, assembly, maintenance or repair of electrical, mechanical, or hydraulic plant, heavy power tools and industrial machinery, and
- ii. hand-on electrical and construction work or work above two storeys or 3 metres above ground level (whichever is the lower), building sites, any occupation involving heavy lifting;

unless **Your** proposed activity or work is declared to **Us** and confirmed in writing. Please contact **Voyager Insurance Services Ltd.** on **UK +44 (0) 1483 80 66 88**. **We** reserve the right to apply special terms or conditions and/or charge an additional premium **We** think appropriate. Please refer to **Manual Work** notes on page 43 for details of work that is not considered **Manual Work**.

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

- i. **You**.
- ii. A member of **Your** immediate family, or person who resides with **You**.
- iii. **Your** employee.

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

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

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

Period of Insurance : The extent, nature and period of cover noted in the **Certificate of Insurance** during which **You** are covered by the **Terms** and conditions of this **Policy** Wording, being the period shown commencing at 00:01AM hours Greenwich Mean Time (GMT) on the **Start Date** as stated on the **Certificate of Insurance** and ending on the earliest of :

- (a) 00:01AM hours Greenwich Mean Time (GMT) on the End Date as stated on the **Certificate of Insurance**, or
- (b) the termination date as determined in accordance with General Condition 27 'Termination of Cover'. The **Period of Insurance** can be no more than 12 consecutive months.

Permanent Total Disablement : means for 12 consecutive months following **Your Accident** on a **Trip**, caused other than by **loss of limb or sight or speech or hearing**, **You** are totally unable to work in any and every occupation, and at the end of that period there is no prospect of improvement.

Personal Money : cash, being bank notes and coins, postal or money orders, travel tickets and accommodation vouchers, owned by **You** and carried by **You** for **Your** personal use.

Policy: The contract of insurance between **You** and **Us**. **Your Policy** consists of **Your Application**, the **Certificate of Insurance**, this **Policy** Wording including the **Schedule of Benefits** relevant to **Your** chosen **Level of Cover** as shown on **Your Certificate of Insurance**, and any **Endorsements**. **We** are solely liable and responsible for the cover and benefits provided under the **Policy**.

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**, **Policy** Wording or **Certificate of Insurance**.

Pre-Authorisation : The process through which **You** are responsible for providing notification to **Us** through **Our Nominated Emergency Assistance Service** before incurring costs or undertaking treatment, services or supplies for many of the sections of cover and benefits under **Your Policy**. It involves a general determination of medical necessity and/or eligibility for coverage under **Your Policy**, made by **Us** in sole reliance and based upon the completeness and accuracy of the information provided to **Us**, at such time, it provides a non-binding indication from **Us** to cover **Your** claim solely based on the limited information provided to **Us**, but does not guarantee, assure or verify that **We** will pay the charges incurred by **You** as **We** reserve the right under the **Terms** of this **Policy** to challenge, dispute or retrospectively revoke a prior **Pre-Authorisation** based on information obtained. Refer to Pre-Authorisation Requirements Section (on page 62) for details, **Terms** and conditions.

Pre-Existing Condition: Any:

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

2) symptom or condition displayed or experienced, whether or not **You** were aware or should reasonably have been aware **You** had the medical condition, that had manifested itself in such a manner that would have caused a prudent person to seek medical advice, diagnosis, care or treatment (including receiving services and supplies, consultations, diagnostic test or prescription medicines) during the 24 months prior to the purchase date of the **Certificate of Insurance**, or 60 months prior to the purchase date of the **Certificate of Insurance** in the case of heart (including high blood pressure), circulatory or cancer related conditions;

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

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

Ransom: The Monies and/or other consideration of monetary value that are surrendered or to be surrendered by or on behalf of an **Insured Person** to meet a **Kidnapping** demand.

Relative : Spouse, parent, step-parent, parent-in-law, legal guardian, grandparent, child, grandchild, brother or brother-in-law, sister or sister-in-law, Fiancé(e), such person being resident in the **Home Country** (as declared on the **Application**), of the **Insured Person**, or of the person with whom the **Insured Person** is travelling or had arranged to travel.

Schedule of Benefits : The GlobalVoyager Schedule of Benefits, Limits and Excesses and Schedule of Optional Benefits Table (refer to pages 19-22) that summarises the Benefits, Coverage, Limits and **Sub-Limits** applicable to each **Level of Cover**, all of which are subject to the full **Terms** of this **Policy**.

Start Date : The date shown on **Your Certificate of Insurance** on which **You** were first covered under **Your Policy**.

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

Sudden, Unexpected Acute Recurrence of a Pre-Existing Condition : a sudden and unexpected acute recurrence of a **Pre-Existing Condition** while outside of **Your Home Country** and does not include known, scheduled, required or expected treatment, medical care, drugs or supplies existent or necessary prior to the **Start Date** of cover.

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

Territorial Limits : One of the four geographical areas selected by **You** and as shown on **Your Certificate of Insurance** provided **You** have paid the appropriate premium, within which **You** are, or will be, travelling entirely within and to which cover under this **Policy** is restricted. Any charges or claims incurred by **You** within **Your Home Country**, or whilst outside of **Your** selected **Territorial Limit** are excluded (with the sole exception of the limited coverage specified under the "Period of Insurance 'Mid-Trip Return Home Cover'" section or "Period of Insurance 'End of Trip Home Country Cover'" section (restrictions apply to **USA citizens**, refer to Important Information 'Section 8 Restrictions Applicable to USA Citizens' above).

Stop-overs and transfers in a country within a higher numbered and rated Area of cover en-route to the final destination are insured, provided they do not exceed 48 hours in each direction;

Rating is for the geographic destination and Area of travel selected and includes all applicable lower numbered Areas of cover.

The **Territorial Limits** that relate to each of the Areas of cover are defined as travel entirely within:

Area 1* : Within Europe to Europe Only

Europe includes Albania, Andorra, Armenia, Austria, Azerbaijan, Azores, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Canary Islands, Channel Islands, Croatia, Cyprus (including Northern Cyprus), the Czech Republic, Denmark, Egypt, Estonia, Finland, France, Georgia, Germany, Gibraltar, Gran Canaria, Greece, Greenland, Holland, Hungary, Ibiza, Iceland, Ireland, Italy, Jersey, Kazakhstan, Kyrgyzstan, Lanzarote, Lapland, Latvia, Lebanon, Liechtenstein, Lithuania, Luxembourg, Macedonia, Madiera, Mallorca, Malta, Minorca, Moldova, Monaco, Morocco, Netherlands, Norway, Poland, Portugal, Romania, Russian Federation, San Marino, Serbia & Montenegro, Slovakia, Slovenia, Spain (including the Balearics and Canary Islands), Sweden, Switzerland, Tajikistan, Tenerife, Tunisia, Turkey, Turkmenistan, Ukraine, United Kingdom, Uzbekistan, and the Vatican City.

Area 2*: Worldwide to Europe.

Area 3*: Worldwide excluding USA/Canada.

Area 4*: Worldwide.

* all Areas exclude travel and coverage within **Your Home Country**, unless specified otherwise within the **Policy**.

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

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

Trip : Any holiday, leisure, business or work **Trip** (including teaching, study, student exchange, educational, diplomatic and missionary travel) which begins and ends in **Your Home Country** (unless **You** have selected One Way Trip cover and this is shown on **Your Certificate of Insurance**) and for which **You** have paid the appropriate premium.

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

USA Citizen : A person who was born in the United States of America (USA); or holds a USA Passport.

Usual, Reasonable and Customary: The average amount charged by most providers for similar treatment, services, medicines or supplies within the area in which the charge is incurred, so long as those charges are reasonable. What is defined as **Usual, Reasonable and Customary** charges will be determined by **Us**. In determining whether a charge is **Usual, Reasonable and Customary**, **We** may consider one or more of the following factors: the level of skill, extent of training, and experience required to perform the procedure or service; the length of time required to perform the procedure or services as compared to the length of time required to perform other similar services; the severity or nature of the **Illness** or **Injury** being treated; the cost to the Medical Provider of providing the service, medicine or supply; such other factors as **We**, in **Our** reasonable discretion, determine are appropriate.

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

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

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

Valuables : audio, photographic and video equipment, computers, laptops, netbook and tablet computers (including iPads), all discs, CDs, DVDs, tapes and cassettes, other electronic or electrical equipment or devices of any kind (including but not limited to mobile phones, smartphones, SatNavs/GPS Devices, MP3/MP4/CD/DVD/BluRay players, eReaders (including eBooks and Kindles), films, storage devices, cartridges, headphones, electronic games, games consoles, wearable technology, and hearing aids), binoculars, spectacles and/or sunglasses, antiques, jewellery, watches, furs and items made of or containing precious or semi-precious stones or metals and musical instruments.

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

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

We/Us/Our/Underwriters : Sirius International Insurance Corporation – UK Branch is the **Underwriter** of the **Policy** and its risks. **We** are solely obligated and liable for all covers and benefits provided under the **Terms** of this **Policy**.

Winter Sports : Big-Foot Skiing, Cross Country Skiing (Nordic Skiing / Langlauf), Glacier Skiing, Recreational Racing, Snowmobiling, Mono Skiing, Off-Piste Skiing and Snowboarding (provided local safety guidelines and warnings are observed, except in areas considered to be unsafe by authorised resort management unless with a qualified local guide); On Piste Skiing or Snowboarding, Snowblading and Sledging/Tobogganing; Glacier Walking (under 2000m).

You/Your/Insured Person(s) : As stated on the **Certificate of Insurance**.

Important Conditions Relating to Health & Activities

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

There is certain information that **We** need to know as it may affect the **Terms** of the insurance **We** can offer. **You** must, to the best of **Your** knowledge, give accurate answers to the questions on **Your Application** and **We** ask when **You** buy **Your** travel insurance **Policy**. If **You** do not answer the questions truthfully it could result in **Your Policy** being invalid and could mean that all or part of a claim may not be paid. If **You** think **You** may have given any incorrect answers or if **You** want any help, please contact Voyager Insurance Services Ltd. on UK +44 (0)1483 80 66 88 (9.00am to 5.30pm UK Local Time Monday – Friday) as soon as possible and **We** will be able to tell **You** if **We** can still offer **You** cover.

<p>1. Have You or Your Travelling Companions been given a terminal diagnosis?</p>	<p>YES</p>	<p>There is NO COVER for claims related directly or indirectly to these conditions.</p>
<p>No</p>		
<p>2. Are You or Your Travelling Companions planning to travel against the advice of a Medical Practitioner or travelling specifically to seek, or You know You will need, medical treatment while You are away?</p>	<p>YES</p>	
<p>No</p>		
<p>3. Are You or Your Travelling Companions aware of the need for an operation or course of treatment at a Hospital or clinic or do you have any undiagnosed symptoms that require tests or investigation, or you are awaiting the results of any tests of investigations?</p>	<p>YES</p>	
<p>No</p>		
<p>4. Has Your or Your Travelling Companions' doctor changed any regular prescribed medication in the last 3 months?</p>	<p>YES</p>	
<p>No</p>		
<p>5. Has Your Pre-Existing Condition(s) required or received medical treatment or consultation within the</p> <ul style="list-style-type: none"> i) 24 months prior to the purchase date of the Certificate of Insurance*, or ii) 60 months prior to the purchase date of the Certificate of Insurance in the case of heart (including high blood pressure), circulatory or cancer related conditions? <p>*Note in respect of 5.i) above only: Continuing regular medication that is taken at Home for a stable, well controlled condition does not amount to 'treatment' in this context. If You or Your Travelling Companions have stable conditions that require no more than 2 routine check-ups/reviews per year, this does not amount to 'consultation' in this context.</p>	<p>YES</p>	
<p>No</p>		
<p>✓ Sudden, Unexpected Acute Recurrence of a Pre-Existing Condition(s) will be covered subject to the Terms of the Policy, under Section A2 for Super and Elite Levels of Cover Policies Only. (Note: Only available if You are aged under 65 years and subject to You having been registered for a continual period of at least 6 months immediately prior to departure with a Doctor or Doctors who can provide confirmation of Your full medical history; or You have undertaken a routine physical examination in the 6 months immediately prior to departure (a full copy of which being available to Us upon request in the event of a claim).</p>		
<p>✗ No Cover is provided for Pre-Existing Condition(s) for Basic and Standard Levels of Cover Policies.</p>		
<p>Also</p>		
<p>6. Are You planning to take part in any Hazardous activities other than those available under Leisure, Action or Action Plus lists (see General Exclusion 16 - 18)? If so, please contact Voyager Insurance Services Ltd. on UK +44(0) 1483 80 66 88 to see what cover may be available.</p>		

Important – Changes in Circumstances

You must tell **Us** if, at any time during the **Period of Insurance** and each time **You** make arrangements to travel, there is a change in circumstances and **You** answer 'Yes' to any of the important conditions relating to health and activities by contacting Voyager Insurance Services Ltd. on UK +44(0)1483 80 66 88 as soon as possible so that **We** may reassess **Your** coverage relating to any **Trips** booked or may wish to book in the future. Please refer to General Conditions 1 - 5.

Schedule of Benefits Table

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

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

GlobalVoyager - Schedule of Benefits, Limits and Excesses					
		Basic Level of Cover	Standard Level of Cover	Super Level of Cover	Elite Level of Cover
Schedule A. Emergency Medical Expenses, Evacuation & Assistance Benefits					
A1	Emergency Medical Expenses including	<ul style="list-style-type: none"> ✓ Medical Expenses ✓ Hospital Treatment, Room & Board ✓ Intensive Care ✓ Specialists, Surgery & Anaesthetics ✓ Out-Patient Medical Expenses ✓ Family Doctor Medical Expenses ✓ Cremation/Burial/Repatriation of Remains 		<ul style="list-style-type: none"> ✓ Emergency Local Ambulance ✓ Prescription Drugs & Dressings ✓ Durable Medical Equipment ✓ Dental costs due to accidental injury ✓ Visitor To Bedside ✓ Return of Minor Children 	
	Maximum Sum Insured (Aged under 70) - Maximum Aggregate Sum Insured - Per Insured Person	£60,000 €80,000 \$100,000	£600,000 €800,000 \$1,000,000	£1,500,000 €2,000,000 \$2,500,000	£6,000,000 €8,000,000 \$10,000,000
	Senior Citizen Travellers - Age 70 - 79	£15,000 €20,000 \$25,000	£30,000 €40,000 \$50,000	£60,000 €80,000 \$100,000	£60,000 €80,000 \$100,000
	Senior Citizen Travellers - Age 80+	£10,000 €13,000 \$15,000	£15,000 €20,000 \$25,000	£30,000 €40,000 \$50,000	£30,000 €40,000 \$50,000
A2	Sudden, Unexpected & Acute Recurrence of Pre-Existing Condition Medical Coverage Limit : (Under age 65 only and subject to 6 months continual registration with a doctor(s) immediately prior to departure) Evacuation Coverage Limit :	No Cover For Pre-Existing Conditions	No Cover For Pre-Existing Conditions	£30,000 €40,000 \$50,000	£60,000 €80,000 \$100,000
A3	24/7 Emergency Medical Helpline	Unlimited 24/7/365	Unlimited 24/7/365	Unlimited 24/7/365	Unlimited 24/7/365
A4	Dental Expenses – Sudden Dental Pain	£90/€120/\$150	£90/€120/\$150	£150/€200/\$250	£300/€400/\$500
A5	Physiotherapy/Chiropractor - Limit [Limit Per Day]	£1,000 €1,333 \$1,500 [£30/€40/\$50]	£1,500 €2,000 \$2,500 [£30/€40/\$50]	£1,500 €2,000 \$2,500 [£30/€40/\$50]	£3,000 €4,000 \$5,000 [£60/€80/\$100]
A6	Common Carrier Accidental Death - Reduced Sums Insured apply to age Under 18 and age 66 Years or over - Nil Excess Applies	£15,000 €20,000 \$25,000	£30,000 €40,000 \$50,000	£45,000 €60,000 \$75,000	£60,000 €80,000 \$100,000
A7	State Hospital Cash Benefit - Per 24 Hours Admitted - Maximum Nights - Nil Excess Applies	£60/€80/\$100 14	£60/€80/\$100 14	£60/€80/\$100 14	£120/€160/\$200 30
A8	Hospital Stay Benefit - Per 24 Hours Admitted - Maximum Number of Nights - Nil Excess Applies	No Cover	No Cover	No Cover	£150/€200/\$250 10
A9	Reciprocal Health Agreement Benefit	Nil Excess When a claim saving is made as a result of using a European Health Insurance Card (EHIC) or Reciprocal Health Agreement.			

A10	Hijack/Car-Jacking/Mugging Benefit - Limit [Per 24 hours] - Nil Excess Applies	£600 €800 \$1,000 [£30/€40/\$50]	£1,500 €2,000 \$2,500 [£30/€40/\$50]	£1,500 €2,000 \$2,500 [£30/€40/\$50]	£3,000 €4,000 \$5,000 [£60/€80/\$100]
A11	Kidnap & Ransom Crisis Response – Crisis Response Fees & Expenses	No Cover	£3,000 €4,000 \$5,000	£4,500 €6,000 \$7,500	£6,000 €8,000 \$10,000
A12	Criminal Assault Benefit - Limit [Per 24 hours Admitted] - Nil Excess Applies	No Cover	No Cover	£3,000 €4,000 \$5,000 [£150/€200/ \$250]	£6,000 €8,000 \$10,000 [£600/€800/ \$1,000]
A13	Sports Activities (Leisure List) (inc. group, club, school, college & university sports). Maximum Age: Under 65 Years <u>Excludes</u> Winter Sports & Professional Sports. - Refer to optional Winter Sports, Action List or Action Plus List of sports for adventure sports	Included	Included	Included	Included
International Assistance, Evacuation and Repatriation Benefits					
Only applicable when arranged through the Nominated Emergency Assistance Service					
A14	Emergency Medical Evacuation and Repatriation - to nearest medical facility or home country (upon stabilisation)	£300,000 €400,000 \$500,000	£600,000 €800,000 \$1,000,000	£1,500,000 €2,000,000 \$2,500,000	£6,000,000 €8,000,000 \$10,000,000
A15	Natural Disaster Evacuation & Accommodation	£60/€80/\$100 per day for up to five days	£60/€80/\$100 per day for up to five days	£150/€200/\$250 per day for up to five days	£150/€200/\$250 per day for up to ten days
A16	Security and Political Evacuation (non-medical reasons)	£6,000 €8,000 \$10,000	£15,000 €20,000 \$25,000	£30,000 €40,000 \$50,000	£60,000 €80,000 \$100,000
A17	Trip Interruption - Nil Excess Applies	£3,000 €4,000 \$5,000	£3,000 €4,000 \$5,000	£3,000 €4,000 \$5,000	£6,000 €8,000 \$10,000

A standard Excess of **£150/€200/\$250** applies to each Section above per **Insured Person**, Per Incident, Per Section, unless shown to the contrary within the individual Section of cover, or **You** have selected Nil Medical **Excess**, have paid the appropriate premium and this is shown on **Your Certificate of Insurance** (if **You** have selected Nil Medical **Excess**, note all other **Excesses** will remain), or **You** have selected Double Excess and this is shown on **Your Certificate of Insurance** and in which case the standard **Excess** for **all** Sections and Optional Schedules is replaced with £300/€400/\$500 per **Insured Person**, Per Incident, Per Section, unless shown to the contrary within the Section of cover.

Family Policy Excess Cap

A Family Policy Excess applies on Family Policies: A maximum of 3 x Individual **Excesses** are payable in total among **all Insured Persons** named on the same Family Policy during a **Period of Insurance** of 12 months or less. After the first, and each subsequent, twelve months of continuous coverage under this **Policy**, a new Family Policy Excess Cap will apply for each **Period of Insurance** 12 months or less.

Schedule of Optional Benefits Table

Each of the optional Schedules shown below only apply if **You** have paid the additional premium, per schedule, and the selected schedule(s) is shown on **Your Certificate of Insurance**.

Schedule B. Optional Enhanced Travel Benefits						
		Basic Level of Cover	Standard Level of Cover	Super Level of Cover	Elite Level of Cover	Excess
Section		Cover Limits	Cover Limits	Cover Limits	Cover Limits	All Plans
B1	Baggage Loss/Theft/Damage - Overall Limit	£250 / €333/ \$415	£500 / €666/ \$833	£1,000 / €1,333 / \$1,666	£1,500 / €2,000/ \$2,500	£60/ €80/ \$100
	- Total Limit for all Unreceipted Items	£150 / €200 / \$250				
	- Under 18's Possession Limit	£150 / €200 / \$250				
	- Maximum per item, pair or set	£150 / €200 / \$250				
	- Total Limit for all Valuables	£150 / €200 / \$250				
	- Total Limit for Alcohol and Tobacco	£30 / €40 / \$50				
	- Baggage Delay : Per 24 Hours [Maximum Limit]	£60 / €80 / \$100 [£420 / €560 / \$700]				Nil
B2	Personal Money - Overall Limit	Nil	£150/€200/ \$250	£200/€330/ \$364	£300/€400/ \$500	£60/ €80/ \$100
	- Cash Limit	Nil	£75/€100/ \$125	£100/€165/ \$180	£150/€200/ \$250	
	- Under 18 Limit	Nil	£30/€40/\$50	£30/€40/\$50	£30/€40/\$50	
B3	Loss of Passport & Travel Documents	£75/€100/ \$125	£75/€100/ \$125	£100/€165/ \$180	£150/€200/ \$250	£30/ €40/ \$50
B4	Travel Delay Benefit : Limit [£15/€20/\$25 Per 12 hours]	Nil	£150/€200/ \$250	£300/€400/ \$500	£600/€800/ \$1,000	Nil
B5	Missed Departure & Journey Disruption	£75/€100/ \$125	£150/€200/ \$250	£300/€400/ \$500	£600/€800/ \$1,000	£60/ €80/ \$100
B6	Legal Expenses	£1,500/ €2,000/ \$2,500	£3,000/ €4,000/ \$5,000	£6,000/ €8,000/ \$10,000	£12,000/ €16,000/ \$20,000	£120/ €160/ \$200
B7	Personal Liability	£1,500/ €2,000/ \$2,500	£15,000/ €20,000/ \$25,000	£30,000/ €40,000/ \$50,000	£60,000/ €80,000/ \$100,000	£120/ €160/ \$200
B8	Personal Accident - Reduced Sums Insured Apply to age Under 18 and 66 Years and over	Up to £15,000/ €20,000/ \$25,000	Up to £30,000/ €40,000/ \$50,000	Up to £45,000/ €60,000/ \$75,000	Up to £60,000/ €80,000/ \$100,000	Nil
B9	Replacement Personnel/ Chaperone/Group Leader	£500/€666/ \$833	£750/ €1,000/ \$1,250	£1,000/ €1,650/ \$1,800	£1,500/ €2,000/ \$2,500	£120/ €160/ \$200

Schedule C. Optional Cancellation, Curtailment & Abandonment Benefits						
		Basic Level of Cover	Standard Level of Cover	Super Level of Cover	Elite Level of Cover	Excess
Section		Cover Limits	Cover Limits	Cover Limits	Cover Limits	All Plans
C1	Cancellation*, Curtailment & Abandonment* (after 12 hours) - Limit per Period of Insurance irrespective of the number of Trips. (*Excludes persons resident in the USA at time of Application)	£500 / €666/ \$833	£1,000 / €1,333 / \$1,666	£1,500 / €2,000/ \$2,500	£3,000/ €4,000/ \$5,000	£60/ €80/ \$100

Schedule D. Optional Winter Sports Activities & Benefits	
21 days Winter Sports cover automatically included under Annual Multi Trip Policies per Period of Insurance	
D1	Winter Sports Activities Maximum Age : Under 65 Big-Foot Skiing, Cross Country Skiing (Nordic Skiing / Langlauf), Glacier Skiing, Recreational Racing, Snowmobiling, Mono Skiing, Off-Piste Skiing and Snowboarding (provided local safety guidelines and warnings are observed, except in areas considered to be unsafe by authorised resort management unless with a qualified local guide); On Piste Skiing or Snowboarding, Snowblading and Sledging/Tobogganing; Glacier Walking (under 2000m)

		Basic Level of Cover	Standard Level of Cover	Super Level of Cover	Elite Level of Cover	Excess
Section		Cover Limits	Cover Limits	Cover Limits	Cover Limits	All Plans
D2	i) Ski Equipment – Overall Limit	£150/€200/ \$250	£300/€400/ \$500	£500 / €666/ \$833	£750 / €1,000/ \$1,250	£60/ €80/ \$100
	Maximum per item, pair/set: - owned/borrowed	£150/€200/ \$250	£250 / €333/ \$415	£360/€480/ \$600	£360/€480/ \$600	
	- hired	£150/€200/ \$250	£180/€240/ \$300	£240/€320/ \$400	£240/€320/ \$400	
	ii) Ski Hire [amount per day @ £30/€40/\$50]	£75/€100/ \$125	£120/€160/ \$200	£150/€200/ \$250	£180/€240/ \$300	Nil
D3	Ski Pack	£150/€200/ \$250	£180/€240/ \$300	£240/€320/ \$400	£240/€320/ \$400	£60/ €80/ \$100
D4	Piste Closure [amount per day @ £30/€40/\$50]	£75/€100/ \$125	£120/€160/ \$200	£150/€200/ \$250	£180/€240/ \$300	Nil

Schedule E. Optional Action or Action Plus - Adventure Sports & Activities			
E1	Action List** Maximum Age : Under 65	As Per Schedule A. Emergency Medical Expenses, Evacuation & Assistance Benefits	Medical Excess
E2	Action Plus List** Maximum Age : Under 65	As Per Schedule A. Emergency Medical Expenses, Evacuation & Assistance Benefits	Medical Excess

** Maximum Age Under 65 : Excludes Personal Accident & Personal Liability - Max duration 90 days (90+ subject to referral)

General Conditions

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

1. Entire Agreement

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

2. Important Conditions Relating To Health & Activities

You must answer the questions on the **Application** and relating to health and activities shown on page 18 of this **Policy** truthfully and to the best of **Your** knowledge and contact **Us**, as shown, if required. If **You** do not do so then any related claim may be reduced or rejected or **Your Policy** may become invalid.

3. Observance – Failure to Comply with Policy Wording Conditions

Our liability to make any payment under this **Policy** Wording shall be conditional upon **Your** observance of all **Terms**, provisions, conditions and **Endorsements** of this **Policy** Wording. Where **You** do not comply with any obligation to act in a certain way specified in this **Policy** Wording, this may prejudice **Your** position to recover under any claim. **Your** non-compliance with this clause shall be relevant to any payment by **Us** where such non-compliance has a material bearing on any insured loss or damage for which any payment by **Us** may be made.

4. Information and Changes We Need to Know About

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

You must tell the **Policy Administrator** as soon as possible about any changes in the information **You** have provided to **Us** which happens before or during any **Period of Insurance**, including any change in circumstances which affects **Your Policy**, including **You**, a person **You** are travelling with, a business colleague or **Relative** receiving confirmation of a new or changed medical condition or currently being under medical investigation, change in **Your** planned sporting activity or leisure activities **You** intend to participate in during **Your Trip** that are not included within **Your** selected Activity List as shown on **Your Certificate of Insurance** (refer to page 42 and 61 for further details) or any additional person(s) to be insured under this **Policy**.

We have the right to reassess **Your** coverage, **Policy Terms** and/or premium after **You** have advised **Us** of any such change. If **You** have paid the appropriate premium for "Schedule D. Optional Cancellation and Curtailment Benefit" and it is shown on **Your Certificate of Insurance**, this may include **Us** accepting a claim for cancellation charges applicable at that time if no suitable or alternative cover for **Your** changed circumstances can be provided. If **You** do not advise **Us** of any change then any related claim may be reduced or rejected or **Your Policy** may become invalid.

When **We** are notified of a change, **We** will tell **You** if this affects **Your Policy** Wording, for example whether **We** are able to accept the change and if so, whether the change will result in revised **Terms** and/or premium being applied to **Your Policy** Wording. If **You** do not inform **Us** about a change it may affect any claim **You** make or could result in **Your** insurance being invalid.

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

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

5. Travel To Higher Risk Areas

If **Your** plans for **Your Trip** include travel to areas affected or threatened by war or similar risks as set out in General Exclusion 5 and 6. **We** reserve the right not to cover such **Trips** or, if **We** will cover them, to apply special terms or conditions and/or charge an additional premium as **We** think appropriate. No cover for such **Trips** shall attach unless **You** accept such **Terms**, including any additional premium, before **You** depart.

6. Your Duty of Care

You shall at all times act in a prudent manner, shall exercise reasonable care and take reasonable precautions to prevent **Injury, illness**, to minimise any and all costs incurred, and **You** shall comply with recommended vaccination and immunisation schedules and take appropriate malaria and other medicinal prophylaxis.

7. Eligibility

At the **Start Date** **You** must:

- pay the required premium on or before the **Start Date** of **Your Policy**.
- be aged eighteen (18) years or over unless travelling with **Your** parent, guardian or a legally responsible adult, in which case the minimum age is reduced to 15 days old;

iii) Have received all immunisations and vaccinations recommended by **Your Home Country** prior to entry into the destination country or countries;

iv) **USA Citizens**, in addition to the above points:

a) Must be located outside of the USA as of the **Start Date** of coverage; or extension; or Renewal Date.

b) Visiting the USA **Your** maximum **Trip** duration cannot exceed 89 days within the USA per 12 month period.

If **You** are not eligible, this **Policy** is void from inception and all premium paid will be refunded. This **Policy** is available to any nationality worldwide subject to eligibility, provided that at time of purchase they were located in the **Home Country** selected from the online system during their **Application**.

8. Currency

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

9. Information To Other Insured Persons

If **You** have arranged this **Policy** on behalf of another **Insured Person**, **You** must inform all **Insured Persons** of their rights and obligations under this **Policy** and provide them with a copy of the **Certificate of Insurance** and **Policy** Wording, with specific additional reference being drawn to the questions asked during the **Application** and in respect of "Important Conditions Relating to Health & Activities" on page 18. If this **Policy** has been arranged on **Your** behalf, then it is **Your** responsibility to ensure that all questions at point of **Application** have been answered completely, truthfully and accurately. **Your** failure to ensure a complete, truthful and accurate **Application** may invalidate **Your Policy** or a claim.

10. Claims Procedure

You must advise the claims handlers of any possible claim as soon as possible. **You** must supply them with full details of all the circumstances and any other information and documents **We** may require.

All claims under this **Policy** will only be paid after due proof of loss satisfactory to **Us** has been given in accordance with the **Terms** of this **Policy**. You must keep any damaged articles that **You** wish to claim for and, if requested, send them to the claims handlers at **Your** expense. If **We** pay a claim for the full value of the article, it will become **Our** property. **We** may at **Our** option discharge any liability under this **Policy** by replacing or repairing any article or articles lost or damaged, or by issuing **You** with a credit voucher.

Where **We** deem a consequence is not covered under **Your Policy** by reasons of an exclusion in the **Policy** Wording, the burden of proof to the contrary shall be upon **You**. Where **We** have paid a Medical Provider on **Your** behalf, **You** are responsible for the direct payment of the **Excess** amounts and any charges that are not covered by **Us**. In the event of any occurrence likely to give rise to a claim under this **Policy** Wording, it is a condition precedent to **Our** liability under this **Policy** Wording that **You** will ensure that notice is given to **Us** in writing as soon as reasonably possible after the date of the occurrence and in any event within thirty (30) days. Such notice shall include full particulars of the occurrence.

11. Claims and Assistance Co-operation

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

You must agree to have medical examination(s) if required by **Us**. In the event of **Your** death, **We** are entitled to have post mortem examination. All such examinations will be at **Our** expense.

We at **Our** option may suspend or pend adjudication of a claim, and/or deny coverage and/or benefits for a claim where there has been: i) a refusal to co-operate with **Us** or **Our** appointed representatives, ii) an unreasonable delay in such cooperation, and/or iii) any other act or omission on **Your** part and/or **Your** healthcare or other provider which hinders, delays, impairs or otherwise prejudices **Our** performance of **Our** obligation under this **Policy**.

12. Legal Action

No action of law or equity may be brought to recover benefits under this **Policy** until sixty (60) days after written proof of claim has been provided to **Us**. No such action may be brought after the end of 2 years after the time that written proof of claim is required to be furnished.

13. Subrogation

You undertake to 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; third parties (including 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** and to account for any amounts recovered on the basis that **We** shall be entitled to recover first in full any sums paid by **Us** before **You** receive any amount recovered.

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

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

14. Other Insurance

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

15. Right of Recovery

In the event of overpayment of any claim hereunder because:

1. All or some of the expenses were not paid for by or on **Your** behalf or were subsequently recovered by or on **Your** behalf; or
2. Any **Relative** of **Yours** or Family Member, whether or not that person is or was an **Insured Person**, is repaid for all or some of those expenses by a source other than **Us**; or
3. All or some of the expenses were not eligible expenses; or
4. All or some of the expenses were paid or reimbursed based on incorrect benefit application, **We** have the right to recover the amount of overpayment within 1 month of demand from **You** and/or the **Hospital, Medical Practitioner** or other Medical Provider of services or supplies. The amount of the recovery is the difference between: a. The amount of expenses actually paid by **Us**; and b. The amount of Benefits which should have been paid by **Us**. If **You** or the **Hospital, Medical Practitioner** or other Medical Provider of services or supplies does not promptly make any such refund to **Us**, **We** may, in addition to any other remedies available to **Us**, either: i. reduce the amount of any future claim that is otherwise eligible for payment hereunder, to the full extent of the refund due to **Us**; or ii. cancel the **Policy** issued to **You** by giving thirty (30) days advance written notice by mail to **Your** last known address.

16. Applicable Law and Jurisdiction

This **Policy**, schedule and any endorsements shall be governed by and construed in accordance with the law of England and Wales. Each party agrees that the Courts of England and Wales shall have exclusive jurisdiction in respect of any dispute which may arise out of or in connection with this **Policy** or any claim.

17. Local Law, Taxation and Regulations

We accept no liability in the unlikely event that **You** infringe any local law or insurance law, regulation or taxation issue by purchasing **Your Policy**. **You** further agree that **You** are solely responsible for compliance with any other local laws or taxation requirements applicable to **You**. **Your Policy** is deemed made and issued in London, England.

18. Change In Law, Regulations and Taxes

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

19. Acceptance Clause

We reserve the right to refuse to accept an **Application** from any person without giving a reason. **We** reserve the right to apply additional **Terms**, options, exclusions or premium increases to reflect any circumstances **You** advise in **Your Application** or declared to **Us** at any time as relevant information.

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

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

21. Non-Transfer of Policy

This insurance is non-transferable. If a **Trip** is cancelled for any reason other than described in "Schedule C. Optional Cancellation and Curtailment benefit", then cover for that **Trip** terminates immediately with no refund of premium in whole or part will be made.

22. Access to Additional Materials

You shall furnish to **Us**, or **Our** designated representatives, all information, documentations, medical information that **We** may reasonably require at all reasonable times during the term of this **Policy** Wording, or until resolution of all claims, whichever is later.

23. Right to Medical Records and Medical examination

Following notice of a claim, **You** shall provide, when requested by **Us**, all authorisations necessary to obtain **Your** medical records. **We** have the right to request further tests and/or have **You** examined by a **Medical Practitioner** or vocational expert of **Our** choice, and at **Our** expense, when and as often as **We** may reasonably request.

24. Misrepresentation and Fraudulent Claims

If **You** or any other person acting on **Your** behalf fails to act with utmost good faith, or submits any claim under this **Policy** that shall in any respect be false, fraudulent, misrepresented or unfounded, **We** shall be under no liability to make payment in respect of such claim and **You** must pay back any benefit that **We** have already paid. If this happens **Your Policy** shall be cancelled and rendered void from the **Start Date** and **We** will not refund any premiums.

25. Interest

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

26. Limitation

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

27. Termination of Cover

Whilst **We** shall not cancel **Your Policy** because of eligible claims made by **You**, **We** may terminate this **Policy** or any cover hereunder:

- i) in the event of any non-payment of premium, fraud or misrepresentation, non-refund of an over paid claim, or
- ii) if **You** no longer meet the eligibility requirements of **Your Policy**, or
- ii) by giving thirty (30) days written notice to **Your** last known address and in such event the premium for the period up to the date when the Termination takes effect **We** will refund pro-rata premium less a £15//€20/\$25 administration charge (currency is determined by the currency in which **Your** premium was paid).

No refund will be given if a claim has been made or if Termination is due to non-payment of premium, fraud or misrepresentation or non-refund of an over paid claim.

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

28. Notice & Change of Address

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

29. Data Protection & Privacy Statements

Privacy Notice

Protecting Your Data

Protecting your privacy is very important to us.

The Personal Data You Provide To Us

If you provide us with personal data about other people to be insured on the policy, such as family or friends, you agree to obtain their agreement and notify them of our use of their personal data.

How We Use Your Personal Data

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

Special Categories Of Personal Data

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

Who We Share Your Information With

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

We do not disclose the information to anyone else except:

- where we have your permission.
- where required or permitted to do so by law.
- to credit reference.
- to other companies that provide a service to you or us.

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

Data Retention And Erasure

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

Your Rights

If you have any questions about our use of your personal data, you should contact our Data Protection Officer. In certain circumstances you have the right to request that we:

- provide more detail on how we use your personal data.
- provide you with a copy of your personal data that you provided to us.
- correct inaccurate information we hold about you.
- delete your data.
- provide an electronic copy of your personal data to another data controller.

If you ask us to delete your data, we may no longer be able to provide you with insurance services or deal with any claims, but we may still be required to process data about you for legal or regulatory reasons.

Our Contact Details

Data Protection Officer
Sirius International Insurance Corporation
Floor 4, 20 Fenchurch Street
London
EC3M 3BY
United Kingdom
Telephone: +44 (0)203 772 1000 (Switchboard)
E-mail: DPOLondon@siriusgroup.com

Data Protection Officer
Sirius International Insurance Corporation
Visiting address: Birger Jarlsgatan 57B
SE-113 96 Stockholm
Sweden
Telephone: +46 (0)8 458 5500 (Switchboard)
[E-mail: DPOSirius@siriusgroup.com](mailto:DPOSirius@siriusgroup.com)

Your Right To Complain To A Supervisory Authority

If you are not satisfied with the way we have handled your personal data you have the right to complain to a supervisory authority, e.g. in the EU Member State of your habitual residence, place of work or place of the alleged infringement. Below are contact details to the supervisory authorities in Sweden and the UK, where Sirius International has its main establishments.

UK - the Information Commissioners Office (ICO), www.ico.org.uk/concerns, telephone 0303 123 1113 or +44 1625 545 700 if you are calling from outside the UK.

Sweden – Datainspektionen, www.datainspektionen.se, telephone +46(0) 657 61 00

For more information on how we process your personal data, refer to <http://www.siriusgroup.com/about/sirius-international/data-protection>

We are hereby released from any liability for any claim if **You** refuse disclosure of **Your** data to a third party, which in turn prevents **Us** from providing cover under this **Policy**.

30. Sanctions, Export and Exchange Control Clause

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

31. Patient Protection and Affordable Care Act (PPACA)

This insurance is not subject to, and does not provide the insurance benefits required by, the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain **USA citizens** and USA residents to obtain PPACA compliant health insurance coverage unless they are exempt from PPACA. In some circumstances penalties may be imposed on persons who do not maintain PPACA-compliant coverage.

In no event will benefits be provided in excess of those specified in the **Policy** contract documents. This insurance is not subject to guaranteed issuance or renewability other than as specified in the **Policy**. Its terms and conditions may be modified based upon changes to any applicable law, including PPACA.

It is solely **Your** responsibility to establish if PPACA is applicable to **You**. **We, Our Policy Administrator** and/or **Our** authorised agents and representatives shall have no liability whatsoever, including for any penalties **You** may incur if **You** fail to obtain required PPACA compliant coverage.

You should consult **Your** lawyer or tax professional to determine if PPACA's requirements are applicable to **You**.

General Exclusions

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

1. **You** having been diagnosed with a terminal condition.
2. **You** travelling against the advice of a **Medical Practitioner** or travelling specifically to seek, or **You** know **You** will need, medical treatment while **You** are away.
3. **You** being on a waiting list for treatment, tests or investigation or awaiting the results of any tests of investigations.
4. **We** shall not be liable for claims arising from any **Pre-Existing Condition** at the inception date of the period of travel. This exclusion shall not apply if such **Pre-Existing Condition** has not required or received medical treatment or consultation for
 - i) 24 consecutive months prior to the purchase date of the **Certificate of Insurance** *, or
 - ii) 60 months prior to the purchase date of the **Certificate of Insurance** in the case of heart (including high blood pressure, circulatory or cancer related conditions).

*** Note in respect of 4 i) above only:**

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

If **You** have stable conditions that require no more than 2 routine check-ups/reviews per year, this does not amount to 'consultation' in this context.

5. Loss or damage directly or indirectly occasioned by, happening through or in consequence of **War**, invasion, acts of foreign enemies, terrorism, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation, or requisition or destruction of or damage to property by or under the order any government or public or local authority. This is not applicable, however, in respect of claims under Section A1: Emergency Medical Expenses arising through **Terrorism** other than losses arising from nuclear, chemical and biological exposure unless **You** planned to travel to areas that were publically known to be affected or threatened by such risks (please see General Condition 5).
6. Loss, damage, expense or indemnity incurred as a result of travelling to an area that the Foreign and Commonwealth Office (of the **United Kingdom**) or its equivalent governmental authority of **Your** country of citizenship) have advised against all travel, or all but essential travel, provided that such loss, damage, expense or indemnity is directly or indirectly related to any such circumstances that are the reason for the advice.
7. Loss, damage, expense or indemnity directly or indirectly resulting from or attributable to radioactive contamination of any nature.
8. **You** being exposed to the utilisation of nuclear, chemical or biological weapons of mass destruction.
9. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other flying objects traveling at sonic or supersonic speeds.
10. **You** travelling in an aircraft other than as a fare paying passenger in a fully licensed passenger carrying aircraft except as provided for under the activities levels Action or Action Plus and the appropriate premium having been paid and listed on **Your Certificate of Insurance**.
11. **Your** suicide or attempted suicide, or any wilfully self-inflicted **Injury** or **Illness**, or **Your** deliberate exposure to unnecessary danger (except in an attempt to save human life).
12. Sexually transmitted diseases.
13. **You** being wholly or partly under the influence of, or due to the effects of, alcohol, intoxicating substances, narcotics or drugs (other than prescribed drugs taken in strict accordance as directed by a **Medical Practitioner** and not for the treatment of substance abuse).
14. **Your** alcohol intake whilst taking any combination of medication or drugs known (or would reasonable be suspected) to cause drowsiness, impaired vision or judgement when combined with alcohol whether such drugs are prescribed or not.
15. Any claim which is as a result of **You** having been diagnosed from suffering from acute alcohol intoxication, alcohol dependency, alcohol or substance abuse or alcohol or substance withdrawal.
16. Any claim which is as a result of **You** operating a moving vehicle after consumption of alcohol, intoxicating substances, narcotics or drugs (other than prescribed drugs taken in strict accordance as directed by a **Medical Practitioner** and not for the treatment of substance abuse). In respect of this exclusion a "vehicle" shall include

motorised devices including but not limited to cars, motorcycles, mopeds, scooters, watercraft and aircraft and non-motorised bicycles and scooters.

17. **Your** participation in sports or activities of a hazardous nature expect as listed on pages 42 & 61 under activities levels Leisure, Action and Action Plus (where the appropriate additional premium has been paid and is shown on **Your Certificate of Insurance**), unless declared to and accepted by **Us** in writing. **We** reserve the right to apply special terms and conditions (which may include additional premium) and coverage will be subject to **Your** compliance with them.
18. **Winter Sporting** activities, except **Winter Sports** as defined and the appropriate premium paid as provided for the activities levels Leisure, Action or Action Plus. In no event, however, is cover granted for **Winter Sports**, or any activities listed under the Action or Action Plus Level List if **You** are aged 65 or over; or for ski jumping, big air, aerials, freestyle or stunting.
19. Scuba diving if **You** are;
 - i. Not qualified for the dive undertaken unless **You** are accompanied by a properly qualified instructor, or
 - ii. Diving to a greater depth than 30m (or 40m under the Action activity option, subject to payment of the appropriate additional premium as shown on **Your Certificate of Insurance**), or
 - iii. Solo diving, cave diving, or diving for hire or reward
 - iv. Flying within 24 hours after diving.
20. Racing or race training of any kind (other than on foot or sailing) except as provided for under the activities levels Leisure, Action or Action Plus and the appropriate premium having been paid and listed on **Your Certificate of Insurance**.
21. **Your** participation or engagement in **Manual Work**, professional sports, motor rallies and motor competitions.
22. **You** taking part in civil commotions or riots of any kind.
23. Any other loss, damage or additional expenses following on from the event from which **You** are claiming, unless **We** provide cover under this insurance. Examples of such loss, damage or additional expenses would be the cost of replacing locks after losing keys, costs incurred in preparing a claim or loss of earnings following bodily **injury**, **illness** or disease.
24. **You** breaking or failing to comply with any law whatsoever.
25. **Your** financial incapacity, whether directly or indirectly related to the claim except as provided for under "Schedule C. Optional Cancellation and Curtailment Benefit" and providing **You** have paid the appropriate premium and this is listed on **Your Certificate of Insurance**.
26. The bankruptcy or insolvency of a tour operator, airline, travel agent, transport company or accommodation supplier or any other company, firm, or person becoming insolvent, or being unable or unwilling to fulfil any part of their obligation to **You**.
27. A tour operator failing to supply advertised facilities.
28. Any government regulation or act.
29. **You** travelling against any health requirements stipulated by the carrier, their handling agents or any other public transport provider.
30. Any search and rescue costs unless related to **Winter Sports** covered under **Your Policy**.
31. Any criminal, malicious or illegal act or occupation by **You** (excluding minor traffic violations).
32. **Your** operational duties as a member of the Armed Forces.
33. Claims where **You** have deliberately chosen to travel without the correct visa or immigration papers for the purpose of **Your Trip**.
34. Charges for any immunisations and/or routine physical exams, including but not limited to vaccinations, immunisations, annual check-ups, the issue of medical certificates, and examinations as to the suitability of travel or employment.
35. Any claim if **You** refuse to co-operate or refuse disclosure of **Your** data to a third party, which in turn prevents **Us** from providing cover under this **Policy**.

36. Any treatment, surgery, service or supply which **We** think **You** do not need immediately and can wait until **You** return **Home** at the end of **Your Trip**. **Our** decision is final.
37. Charges which exceed **Usual, Reasonable and Customary**.
38. Charges or fees incurred for completion of Medical Claim Forms.
39. **USA citizen's Trips** to the USA in excess of 89 days continuous duration within the USA per 12 month period.
40. Any charges that are as a result of a tropical disease, if **You** have not had the recommended vaccinations or taken the recommended medication.
41. Altitude sickness and climbing where ropes, guides and other equipment are involved, other than following a man-made or natural path. No cover shall operate if, any safety requirements as stipulated by local authorities are not adhered to, or if **You** are acting against the advice of the local authority or without adequate supervision.

The following are added in regards to claims for Cancellation, Curtailment, cutting short or interrupting **Your Trip** or rearrangement expenses (if **You** have selected the appropriate option, it is shown on **Your Certificate of Insurance** and **You** have paid the applicable additional premium):

42. Claims for Cancellation, Curtailment, cutting short or interrupting **Your Trip** due to any medical condition or set of circumstances known to the **Insured Person** at the time that the **Policy** was effected or at the time that the **Trip** was booked, whichever is the latter, where such condition or circumstances could reasonably have been expected to give rise to cancellation or cutting short or interrupting of the **Trip**.
43. Claims for unused travel or accommodation arranged by using Air Miles, Loyalty Points or similar promotions.
44. Failure to obtain the necessary passport, visa or permit for **Your Trip**.

Schedule A. Emergency Medical Expenses, Evacuation & Assistance Benefits

Section A1 – Emergency Medical Expenses

What is Covered

We will pay up to the sum insured shown in the **Schedule of Benefits** applicable to **Your** chosen **Level of Cover** shown on **Your Certificate of Insurance** and subject to any **Excess** stated in the **schedule**, for **Usual, Reasonable and Customary** expenses necessarily incurred outside of **Your Home Country** as the result of **You** sustaining an accidental bodily **Injury**, unexpected **Illness** or death during the **Trip** covered under **Your Policy**, for eligible charges subject to being **Pre-Authorised** by **Our Nominated Emergency Assistance Service** where required (refer to **Pre-Authorisation** Requirements page 62 for full details) in respect of;

1. **Your Emergency** or acute medical, surgical, **Hospital** and treatment expenses and transportation (including additional travel and accommodation expenses) or other diagnostic treatment given or prescribed by a **Medical Practitioner**, including:

Hospitalisation/Treatment/Room & Board (limited to a standard private room up to a maximum of 150% of the average semi-private room rate)
Nursing, Doctors
Specialists, Surgery & Anaesthetics (Assistant Surgeon costs are limited to 20% of the charge of the primary surgeon)
Intensive Care Surgery
Diagnostic Tests, X-Rays, CT/MRI-Scans
Out-Patient Medical Treatment by Doctor/Specialist
Rental of durable medical equipment (up to the purchase price)
Family Doctor Medical Expenses
Prescription Dressing and Medicines (up to a maximum dispensed supply of 90 days any one prescription, but not for replacement of lost, stolen, damaged, expired or otherwise compromised drugs);

2. **In-Patient Dental Treatment**

to restore or replace sound natural teeth lost or damaged as a result of accidental **Injury** (incurred within 10 days of the **Accident**);

3. **Emergency Local Ambulance**

Transport by the most appropriate method considered medically necessary by a **Medical Practitioner** to treat a covered medical condition, in connection with **illness** resulting in Hospitalisation or **Injury** with or without resultant Hospitalisation.

4. **Additional Travel, Food and Accommodation Costs**

Reasonable and necessary costs **Pre-Authorised** in advance by **Our Nominated Emergency Assistance Service** for **Your** additional travel and accommodation expenses (on a bed and breakfast basis, excluding entertainment), including accompanying medical attendants if agreed by prior consultation between **Your** attending **Medical Practitioners** and **Us** or **Our** appointed advisors, to enable **You** to return home if **You** are unable to travel as originally planned;

5. **Visitor To Bedside**

Reasonable and necessary additional travel and accommodation expenses (on a bed and breakfast basis, excluding entertainment) **Pre-Authorised** in advance by **Our Nominated Emergency Assistance Service**, for a period of up to 15 days:

- i. a **Travelling Companion** to stay with **You** and accompany **You** home, or
- ii. A **Relative** or friend to travel from **Your Home Country** to stay with **You** and accompany **You** home.

Subject to the following conditions and restrictions:

i) **You** must be hospitalised as an In-Patient and the attending **Medical Practitioner** deems it necessary and recommends the presence of a **Relative** or friend at **Your** current location or the location to which **You** are to be evacuated, whichever is considered by the attending **Medical Practitioner** and **Us** to be the more reasonable; and

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

6. **Return of Minor Children**

If **You** are travelling outside of **Your Home Country** alone with a dependent children or children and **You** die or are hospitalised as an In-Patient during the **Period of Insurance** as a result of a covered **illness** or **injury**, **We** will reimburse to **You** or **Your** estate, the actual costs of one-way economy airfare and/or direct ground transportation to directly return the **Dependent Child(ren)** to their **Home Country**, including the costs for a chaperone if necessary for the safety of the **Dependent Child(ren)**.

Subject to:

- i) the return of the **Dependent Child(ren)** occurs within **Your** period of hospitalisation
- ii) all travel and transportation arrangements must be **Pre-Authorised** in advance by **Our Nominated Emergency Assistance Service**.
- iii) **We** will deduct from the claim if there is any credit or unused value to the tickets held by the **Dependent Child(ren)**, **You** must attempt to receive credit for these and apply them towards the cost of the return trip.

What is Not Covered

Cover is not provided for any costs or expenses incurred for any person in regards to any return trip to the **Dependent Child(rens)**'s original location at the time of **Your** death or hospitalisation.

7. Cremation/Burial/Repatriation of remains

We will reimburse the authorised representative or **Your** estate for the reasonable and necessary costs **Pre-Authorised** in advance by **Our Nominated Emergency Assistance Service** of returning **Your** remains or ashes to **Your** home, or the cost of funeral in the country where **You** died outside **Your Home Country**, up to the equivalent costs of returning **Your** remains to **Your Home Country**.

What is Not Covered

Cover is not provided for fees for return of personal effects, **Funeral Expenses** incurred for religious practitioners, flowers, music, announcements, guest expenses, food or beverages. No cover is provided under this section for any costs incurred where **Your** death has occurred within **Your Home Country**.

Conditions and Limitations Applicable To Emergency Medical Expenses

It is a requirement of this **Policy** that:

1. **You** MUST contact and receive **Pre-Authorisation** from **Our Nominated Emergency Assistance Service** **before** incurring costs (or within 48 hours if an **Emergency** to save life or limb) if:
 - **You** incur, or are likely to incur, costs in excess of £500/€600/\$750 (currency is determined by the currency in which **Your** premium was paid). (If **You** are unsure, always check with **Your Medical Practitioner, Hospital** or Medical Provider **before** incurring any costs).
 - **You** go into **Hospital** or clinic as an In-Patient or Day-Patient,
 - **You** require an **Emergency** evacuation/repatriation or travel arrangements or
 - **You** are to receive certain treatments, services or supplies (refer to **Pre-Authorisation Requirements** on page 62), or
 - or if **You** wish to return **Home** earlier than **Your** original plans.

If it is not possible to contact **Our Nominated Emergency Assistance Service** in advance because the condition requires immediate treatment to save life or limb **Our Nominated Emergency Assistance Service** must be notified immediately and in any event within 48 hours from the **Emergency**. Refer to the Pre-Authorisation Requirements section (page 62) for further details.

Failure to follow the Pre-Authorisation process before incurring any costs may result in *Your* claim being denied in part or in full. Refer to the Pre-Authorisation Requirements section on page 62 for full details.

If **You** have not obtained **Pre-Authorisation** in respect the above treatments, services and/or supplies from **Our Nominated Emergency Assistance Service**, **We** reserve the right to deny **Your** claim under this section or apply substantial co-payments from **You** to a maximum of 50% of the covered costs.

2. To avoid prejudicing the reimbursement of expenses, the **Insured** and/or an **Insured Person** must not try to provide solutions to medical emergency problems encountered without involving **Our Nominated Emergency Assistance Service**.
3. Wherever possible **You** must use the medical facilities that entitle **You** to the benefits of any reciprocal health agreements, such as EHC within Europe and MediCare in Australia.

Failure to follow the Pre-Authorisation process before incurring any costs may result in *Your* claim being denied in part or in full. Refer to the Pre-Authorisation Requirements section on page 62 for full details.

If **You** have not obtained **Pre-Authorisation** in respect the above treatments, services and/or supplies from **Our Nominated Emergency Assistance Service**, **We** reserve the right to deny **Your** claim under this section or apply substantial co-payments from **You** to a maximum of 50% of the covered costs.

What is Not Covered

Exclusions Applicable To Emergency Medical Expenses (all sections above)

We will not pay any claims directly or indirectly relating to:

1. The **Excess** amount shown in the **Schedule Of Benefits** (unless the Nil Medical Excess option has been selected and this is shown on **Your Certificate of Insurance**) or as shown on **Your Certificate of Insurance**, unless a recovery can be made under the terms of the EHIC or any other reciprocal health agreement.
2. Any directly or indirectly related claims if at the time this insurance was arranged and each time **You** make arrangements for a **Trip**:
 - i. **You** or **Your Travelling Companions** have been given a terminal diagnosis, or
 - ii. **You** or **Your Travelling Companions** are planning to travel against the advice of a **Medical Practitioner** or travelling specifically to seek, or **You** know **You** will need, medical treatment while **You** are away, or
 - iii. **You** or **Your Travelling Companions** are aware of the need for an operation or course of treatment at a **Hospital** or clinic or you have any undiagnosed symptoms that require tests or investigation or **You** are awaiting the results of any tests or investigation; or
 - iv. **You** or **Your Travelling Companions'** doctor has changed any regular prescribed medication in the last 3 months.
3. **We** shall not be liable for claims arising directly or indirectly from any **Pre-Existing Condition** at the inception date of the period of travel (unless coverage has been extended under Section A2 – Sudden, Unexpected & Acute Recurrence of a Pre-Existing Condition (if applicable to **Your** chosen **Level of Cover**).
4. If **You** are required to obtain **Pre-Authorisation** for **Your** treatment, service or supplies in accordance with the Pre-Authorisation Requirements Section on page 62 and **You** have not obtained **Pre-Authorisation** in respect of **Your** treatment, service or supplies from **Our Nominated Emergency Assistance Service**, **We** reserve the right to deny **Your** claim under this section or apply substantial co-payments from **You** to a maximum of 50% of the eligible treatment, service or supplies cost.
5. Any treatment, service, supplies or surgery;
 - i. which in the opinion of **Our Nominated Emergency Assistance Service** is not medically necessary, or is not immediately necessary and can wait until **You** return **Home**. **We** reserve the right to repatriate **You** when **You** are fit to travel in the opinion of **Our Nominated Emergency Assistance Service**.
 - ii. which in the opinion of **Our Nominated Emergency Assistance Service** is considered to be cosmetic, experimental or elective.
 - iii. carried out in **Your Home Country** (unless coverage is provided under the **Terms** of "Mid-Trip Return Home Cover" or "End of Trip Home Country Cover Option" and **You** have paid the additional Premium – refer to pages 11 and 12).
 - iv. carried out more than 12 months after the End Date of this **Policy**.
 - v. Carried out at no cost to the **Insured Person**.
6. Any expenses incurred after the date which, in the opinion of **Our Nominated Emergency Assistance Service**, **You** should be moved to an alternative treatment facility or be repatriated back to **Your Home** country but despite which advice, **You** decide not to be moved or repatriated.
7. Any expenses related to treatment or service provided by a health spa, convalescent home or nursing home or any rehabilitation centre unless agreed by **Our Nominated Emergency Assistance Service**.
8. Any expenses for treatment not related to the **Injury** or **Illness** which necessitated **Your** admittance to **Hospital**.
9. Exploratory tests unless they are normally conducted as a direct result of the condition which required referral to hospital.
10. Claims related to **Manual Work** unless declared to and accepted by **Us**.
11. The additional cost of accommodation in a single or private room, unless it is medically necessary or there is no alternative.
12. The cost of any medication, consultation or treatment the need for which could reasonably have been foreseen by **You** at the time that the **Trip** commenced, nor for any travel, accommodation or other expense incurred in connection therewith.
13. Charges which are not incurred by **You** during the **Period of Insurance**, unless specifically covered under a **Pre-Authorised Emergency Continuation of Coverage**.
14. Diagnosis, testing, or treatment of all forms of cancer or neoplasm that have required or received medical treatment or consultation within 60 months prior to the purchase date of **Your Certificate of Insurance**.
15. Organ or tissue transplants or related services.
16. Any claim that comes from
 - i. pregnancy, maternity, childbirth whether normal or not, or newborn care, charges for pre-natal care, delivery, post-natal care, complications of pregnancy, miscarriage, complications of delivery and/or complications of newborns;
 - ii. **We** do not provide cover for the transfer of a pregnant woman to hospital to give routine childbirth or air travel when the **Insured Person** is more than 20 weeks pregnant and was not the result of an accident or onset of complications relating from an accident. **We** do not consider pregnancy or childbirth to be an **illness** or **Injury**.
17. The costs of replacing or repairing false teeth or of dental work involving the use of precious metals.
18. The cost of **Your** unused original tickets where **Our Nominated Emergency Assistance Service** or **We** have arranged and paid for **Your** to come **Home** following **Your** cutting short of **Your Trip**. If however **You**

have not purchased a return ticket, **We** reserve the right to deduct the cost of an economy flight from additional costs **We** have incurred which are medically necessary to repatriate **You Home**.

19. If the **Insured** and/or an **Insured Person** can recover costs from any other insurance policy or National Insurance Programme.
20. Expenses incurred 12 months after the time of incurring the first expense, or after 30 days in the event of coverage under Mid-Trip Return Home Cover or End of Trip Home Country Cover Optional Section.
21. The cost of continuing regular medication or treatment or for any associated travel, accommodation or other expenses incurred in procuring such medication or treatment in respect of any condition for which medical advice or treatment was being followed at the time that the journey commenced, unless **You** have been subject to a travel delay of more than 6 hours.
22. Any **USA Citizen's Trip** to the United States of America lasting in excess of 89 days within the USA per 12 month period.
23. Service or treatment at any long term care facility, Spa, Hydro Clinic, health farm or similar establishment or sanatorium that is not a **Hospital**.
24. Routine medical examinations (including vaccinations, the issue of medical policies and attestations).
25. Any dental treatment, including but not limited to routine dental examinations, the care of teeth, gums or bones supporting the teeth, dentures and preparation of dentures, except for cover expressly provided under Section A4 Dental Expenses – Sudden Dental Pain or under Section A1 Emergency Medical Expenses sub-section 2 in relation to In-Patient dental Treatment as a result of accidental **injury** (incurred within 10 days of the **Accident**); any dental treatment which is not emergency dental treatment, prosthesis, corrective devices and medical appliances, false teeth, crowns, inlays and bridges, orthodontic and endodontic dental care.
26. Routine eye and ear examinations including the cost of spectacles, contact lenses and hearing aids.
27. Diagnosis or treatment of sexually transmitted diseases and conditions.
28. Treatment of mental **illness** or psychiatric disorders, including transitional life events, homesickness, fatigue, jet-lag or work related stress; the costs of psychotherapists, psychologists, family therapists or bereavement counselors.
29. Birth defects, progressive or congenital disorders or corrective disorders which were known to exist at the cover commencing date.
30. Charges incurred while confined primarily to receive custodial care, education or rehabilitative care or any medical treatment in any establishment for the care of the aged.
31. Weight loss or weight problems/eating disorders, modification or surgical treatment of obesity, including but not limited to wiring of the teeth and all forms of intestinal bypass surgery.
32. Termination of Pregnancy, except to save the life of the mother.
33. Any drug, treatment or procedure that either promotes or prevents conception including but not limited to: artificial insemination, treatment for infertility or impotency or sexual dysfunction, sterilisation or reversal of sterilisation.
34. Any drug, treatment or procedure that either promotes, enhances or corrects impotency or sexual dysfunction.
35. Eye surgery where the primary purpose is to correct nearsightedness, farsightedness or astigmatism, orthoptics or visual eye training.
36. Speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy, holistic care of any nature, massage and kinestherapy.
37. Treatment by a **Relative**, extended family member or a person ordinarily living with **You**.
38. Treatment that is experimental or not scientifically recognised.
39. Where a **Trip** is specifically undertaken to have treatment.
40. Treatment required as a result of complications or consequences of a treatment or condition not covered hereunder.
41. Organ or tissue transplants or related services.
42. Cosmetic surgery or remedial surgery, removal of fat or other surplus body tissue and any consequences of such treatment, unless required as a direct result of an **Accident** which occurs during the **Period of Insurance**.
43. Telephone consultations (other than recognised Telemedicine Protocols) and failure to keep a schedule appointment.
44. Charges which exceed **Usual, Reasonable and Customary**.
45. Personal items such as telephone calls, TV, newspapers and guest meals.
46. Standby availability of a **Medical Practitioner** or surgeon.

Please also refer to the general exclusions and conditions.

Section A2 – Sudden, Unexpected & Acute Recurrence of a Pre-Existing Condition

Applicable to Super and Elite Levels of Cover Only

What is Covered

If **Your Pre-Existing Condition** has been without the necessity of medical treatment or consultation for

- i) 24 consecutive months prior to the purchase date of the **Certificate of Insurance** *, or
- ii) 60 months prior to the purchase date of the **Certificate of Insurance** in the case of heart (including high blood pressure), circulatory or cancer related conditions.

*** Note in respect of i) above only:**

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

If **You** have stable conditions that require no more than 2 routine check-ups/reviews per year, this does not amount to 'consultation' in this context.

Then under the **Terms**, Limitations, Conditions and Exclusions of this **Policy** and any applicable section **You** are claiming under and other limits and **sub-limits** as specified in the **Schedule of Benefits** applicable to **Your** chosen **Level of Cover** shown on **Your Certificate of Insurance**, **Your Pre-Existing Condition** is deemed eligible for cover:

- i) up to the "Medical Coverage Limit" shown in the **Schedule of Benefits** for Section A2 Sudden, Unexpected & Acute Recurrence of Pre-Existing Condition in aggregate across all sections claimed under (except Section A14 Emergency Medical Evacuation and Repatriation); and
- ii) up to the "Evacuation Coverage Limit" shown in the **Schedule of Benefits** for Section A2 Sudden, Unexpected & Acute Recurrence of Pre-Existing Condition which replaces the Limit shown in regards to Section A14 Emergency Medical Evacuation and Repatriation;

applicable to **Your** chosen **Level of Cover** shown on **Your Certificate of Insurance** and subject to any **Excess** stated in the **Schedule of Benefits** , or as shown on **Your Certificate of Insurance**.

Conditions and Limitations Applicable To Sudden, Unexpected Acute Recurrence of a Pre-Existing Condition

It is a requirement of this **Policy** that:

Such coverage is limited to **Sudden, Unexpected Acute Recurrence of a Pre-Existing Condition** provided that

- i) **You** have started **Your Trip** abroad and are in compliance with all **Terms** including without limitation the Exclusions and Conditions of this **Policy**, any sections claimed under and those shown below; and
- ii) **You** are under age 65 at the date of incident; and
- iii) **You** have been registered for a continual period of at least 6 months immediately prior to departure with a Doctor or Doctors who can provide confirmation of **Your** full medical history; or **You** have undertaken a routine physical examination in the 6 months immediately prior to departure (a full copy of which being available to **Us** upon request in the event of a claim); and
- iv) **You** are not travelling during a period of time when **You** are preparing or waiting for, involved in, or undertaking a new, changed or modified treatment programme or medication with regards to the **Pre-Existing Condition**, and are not travelling subsequent to any such new, changed or modified treatment programme or medication having been advised or recommended; and
- v) The **Pre-Existing Condition** must have been stabilised for at least thirty (30) days prior to the **Start Date** and without change in Treatment programme or medication.

In addition to all other Exclusions, Limitations and Restrictions:

No Cover is provided under this section **Sudden, Unexpected Acute Recurrence of a Pre-Existing Condition** for:

- i) Basic and Standard **Levels of Cover**; and
- ii) known, scheduled, required or expected treatment, medical care, drugs or supplies existent or necessary prior to the **Start Date** of cover.

Please also refer to the general exclusions and conditions.

Section A3 – 24/7 Emergency Medical Helpline

Your Policy includes access to **Our Nominated Emergency Assistance Service** 24 hours a day, 365 days a year to assist **You** wherever possible with any covered medical emergency or emergency medical evacuation.

The **Nominated Emergency Assistance Service** referred to in this **Policy** is operated by Global Response.

You should use their services to the full for all emergency matters, medical emergency matters, In-Patient **Hospital** treatment and evacuation/repatriation.

Your Policy contains a requirement that **You** MUST contact and receive **Pre-Authorisation** from **Our Nominated Emergency Assistance Service** **before** incurring costs (or within 48 hours if an **Emergency** to save life or limb) if:

- **You** incur, or are likely to incur, costs in excess of £500/€600/\$750 (currency is determined by the currency in which **Your** premium was paid) (If **You** are unsure, always check with **Your Medical Practitioner, Hospital** or Medical Provider before incurring any costs).
- **You** go into **Hospital** or clinic as an In-Patient or Day-Patient,
- **You** require an **Emergency** evacuation/repatriation or travel arrangements or
- **You** are to receive certain treatments, services or supplies (refer to **Pre-Authorisation Requirements** on page 62), or
- if **You** wish to return **Home** earlier than **Your** original plans.

Failure to contact **Our Nominated Emergency Assistance Service** and to follow the **Pre-Authorisation** process before incurring any costs may result in **Your** claim being denied in part or in full. Refer to the Pre-Authorisation Requirements section on page 62 for full details.

If **You** have not obtained **Pre-Authorisation** in respect the above treatments, services and/or supplies from **Our Nominated Emergency Assistance Service**, **We** reserve the right to deny **Your** claim under this section or apply substantial co-payments from **You** to a maximum of 50% of the covered costs.

Our Nominated Emergency Assistance Service has the international medical assistance expertise, contacts and facilities to help **You** where possible should **You** be injured in an **Accident** or fall **ill**, covered under this **Policy**. They will liaise with **Your** specialist or **Medical Practitioner** in arranging **Your** admission to **Hospital**, emergency local ambulance transfers and air evacuations where medically necessary.

During an **Emergency** Medical Evacuation, they will co-ordinate evacuation to a qualified medical facility equipped to handle **Your** covered medical condition. A team of independently contracted pilots and medical professionals will transport **You** as is medically required under the **Terms** of this **Policy**.

Our Nominated Emergency Assistance Service will also arrange or assist in the arrangement of transport to **Your Home Country** when this is considered to be medically necessary or when **You** have notice of the **illness** or death of a **Relative** at **Home**.

The **Nominated Emergency Assistance Service** will be solely responsible for all decisions on the most suitable practical and reasonable solution to any problem, and all such assistance is subject to the **Pre-Authorisation** of **Our Nominated Emergency Assistance Service** company.



24 Hour Emergency Assistance and Pre-Authorisation Number is

Main Operations Number UK : +44 (0) 2920 468794

Fax UK : +44 (0) 2920 468797

e-mail : operations@global-response.co.uk

Please quote your Certificate Number and Scheme Reference: VOY/GV/2018/19

Global Response may be contacted at any time, should the **Insured Person** require advice or assistance regarding all **Emergency** matters.

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

- The **Assured's** name and address if the **Policy** is held in the name of a Company or Organisation.
- The **Insured Person's** name, location and detail (including passport/visa etc).
- The **Certificate of Insurance** number and **Period of Insurance** shown on the **Certificate of Insurance**.
- The name and phone number of the doctor and **Hospital** treating the **Insured Person**.
- The **Period of Insurance** shown on the **Certificate of Insurance**.
- The nature of the **Emergency**.

In the event of an **Emergency** or **Emergency** admission, please do not delay obtaining **Emergency** treatment, but **You** should not attempt to find **Your** own solution and then expect full reimbursement from the Underwriters without prior approval first having been obtained from **Our Nominated Emergency Assistance Service**, **except where emergency medical treatment is required urgently to save life or limb, Our Nominated Emergency Assistance Service must be notified immediately and in any event within 48 hours from the Emergency.**

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

Global Response is also able to provide You with the following assistance services during Your Period of Insurance:

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

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

Section A4 – Dental Expenses – Sudden Dental Pain

What is Covered

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

What is Not Covered

Exclusions Applicable To Emergency Dental Treatment Express Relief of Pain

1. The **Excess** amount shown in the **Schedule Of Benefits**, or as shown on **Your Certificate of Insurance** (unless the Nil Medical Excess option has been selected and this is shown on **Your Certificate of Insurance**), unless a recovery can be made under the terms of the EHIC or any other reciprocal health agreement.
2. **We** will not pay any claims directly or indirectly relating to:
 - i) normal wear and tear, tooth brushing or
 - ii) any other oral hygiene procedure or any means other than extra-oral impact,
 - iii) any form of restorative or remedial work,
 - iv) the use of precious metals on fillings, crowns and restorative work,
 - v) orthodontic treatment of any kind or
 - vi) dental treatment performed in a hospital unless dental surgery is the only treatment available to alleviate pain.

Please also refer to the general exclusions and conditions.

Section A5 – Physiotherapy/Chiropractor

What is Covered

We will pay up to the sum insured shown in the **Schedule of Benefits** applicable to **Your** chosen **Level of Cover** shown on **Your Certificate of Insurance** and subject to any **Excess** stated in the **schedule**, for **Usual, Reasonable and Customary** expenses, necessarily incurred by **You** outside of **Your Home Country** as the result of **You** sustaining a covered accidental bodily **Injury**, unexpected **illness** during the **Trip**, and upon prior written referral by a General Practitioner in respect of up to a maximum of 10 treatments for either Physiotherapy or a Chiropractor during the **Period of Insurance**.

What is Not Covered

1. The **Excess** amount shown in the **Schedule of Benefits** or as shown on **Your Certificate of Insurance** (unless the Nil Medical Excess option has been selected and this is shown on **Your Certificate of Insurance**), unless a recovery can be made under the terms of the EHIC or any other reciprocal health agreement.
2. Any claims excluded under Section A1 Emergency Medical Expenses.

Please also refer to the general exclusions and conditions.

Section A6 – Common Carrier Accidental Death

What is Covered

We will pay a **Common Carrier** Accidental death benefit up to the amount shown **Schedule of Benefits** applicable to **Your** chosen **Level of Cover** shown on **Your Certificate of Insurance**, based on the benefit amount applicable at **Your** age at time of death as shown in the Scale of Benefits below, if at any time during the **Trip You** sustain an **Injury** due to an **Accident** while travelling on a **Common Carrier** within the **Period of Insurance** outside **Your Home Country** which results in **Your** unexpected death within 12 months.

Scale of Benefits

Age	Common Carrier Accidental Death Benefit
Under 18 Years	£3,000 / €3,750 / \$5,000
18 to 65 Years	As shown in the Schedule of Benefits applicable to Your chosen Level of Cover
66+ Years	£10,000 / €12,500 / \$16,500

Maximum Per "Family" £160,000 / €200,000 / \$250,000

"Family" Means: **You**, **Your Insured** Spouse and **Your Insured Dependent Children** all travelling together with **You** on the same **Trip**.

(currency is determined by the currency in which **Your** premium was paid)

Conditions and Limitations Applicable To Common Carrier Accidental Death

It is a requirement of this **Policy** that:

1. The maximum benefit payable due to a Family involved in the same accident shall not exceed the Maximum Per Family shown in the above Scale of Benefits.
2. If after **We** have made a payment to **Your** estate in respect of **Your** Accidental Death and **You** are found to be living, **You** shall reimburse **Us** in full for all monies paid to **Your** estate in respect of such death.

An **Excess** is not applicable to this Section.

Please also refer to the general exclusions and conditions.

Section A7 – State Hospital Cash Benefit

What is Covered

We will pay **You** a cash benefit sum as shown in the **Schedule of Benefits** applicable to **Your** chosen **Level of Cover** shown on **Your Certificate of Insurance**, for each completed 24 hour period that **You** spend admitted as an In-Patient in a **Hospital** outside **Your Home Country**, as the result of **You** sustaining a covered accidental bodily **Injury**, or **illness** during the **Trip**, and where no costs are incurred by **You** or **Us** for accommodation, services or treatment, up to a maximum of the sum insured shown in the **Schedule of Benefits**.

An **Excess** is not applicable to this Section. To claim **You** must provide a claim form that has been signed and stamped by the Hospital confirming **Your** admission and that no charges have been paid or are due.

Section A8 – Hospital Stay Benefit

Applicable to Elite Levels of Cover Only

What is Covered

We will pay **You** up to the sum insured shown in the **Schedule of Benefits** shown on **Your Certificate of Insurance**, as the result of **You** sustaining a covered accidental bodily **Injury** or **illness** during the **Trip**, for each completed 24 hour period that **You** spend admitted as an In-Patient in a **Hospital** outside **Your Home Country**, up to a maximum of the sum insured shown in the **Schedule of Benefits**.

What is Not Covered

We will not pay any claim:

1. that is excluded under the exclusions of Section A1 Emergency Medical Expenses.

2. for Basic, Standard and Super Levels of Cover.

An **Excess** is not applicable to this Section.

Please also refer to the general exclusions and conditions.

Section A9 – Reciprocal Health Agreement Benefit

What is Covered

If **You** receive treatment for an **Illness, Injury** or **Accident** covered under this **Policy** and **We** make a saving in respect of **Our** claims costs as a direct result of **You** utilising a European Health Insurance Card (EHIC), MediCare in Australia or any other such Reciprocal Health Agreement, then **Your Excess** in respect of this treatment shall be Nil.

Section A10 – Hijack/Car-Jacking/Mugging Benefit

What is Covered

We will pay **You** up to the sum insured shown in the **Schedule of Benefits** applicable to **Your** chosen **Level of Cover** shown on **Your Certificate of Insurance** for each complete 24 hour period **You** are unlawfully detained, or admitted as an In-Patient in a **Hospital**, outside **Your Home Country**, as a direct consequence of **You** being a victim of a hi-jack or car-jacking of the vehicle in which **You** are travelling, or as a result of a mugging, occurring during the **Trip**, up to a maximum of the sum insured shown in the **Schedule of Benefits**.

What is Not Covered

We will not pay any claim:

1. relating to the payment of a ransom.
2. any claim where the hijack, car-jacking or mugging has not been reported to or investigated by the police or local authority and a written report provided from them to **Us** confirming that **You** were involved and the duration of the hijack, car-jacking during which **You** were unlawfully detained or hospitalised.
3. as a result of an act or omission of a **Relative**, another **Insured Person** under this **Policy** or **Travelling Companion**, or person who resides with **You** at the same address.
4. for any benefit once **You** have returned to work or are able to resume the majority of **Your** duties or activities performed prior to suffering an **Injury**.
5. if **You** are also claiming under A12 Criminal Assault Benefit.

An **Excess** is not applicable to this section.

Please also refer to the general exclusions and conditions.

Section A11 – Kidnap & Ransom Crisis Response

Applicable to Standard, Super and Elite Levels of Cover Only

What is Covered

We will reimburse **You** up to the sum insured shown in the **Schedule of Benefits** applicable to **Your** chosen **Level of Cover** shown on **Your Certificate of Insurance** for the following costs and expenses **Pre-Authorised** by **Our Nominated Emergency Assistance Service** and incurred as a direct consequence of **You** being a victim of a **Kidnapping** occurring during the **Trip** :

1. Crisis Response Fees and Expenses : incurred by a specialist Crisis Response Service experienced in Crisis Response and Kidnap Resolution appointed by **You**, or **Your Relatives**, or **Your** Employer or **Your** Sponsoring Organisation to assist with the management, negotiation and resolution to effect **Your** release following a **Kidnapping**.
2. Travel and Accommodation Expenses : Reasonable, necessary and most economic direct return travel and accommodation expenses (on a Bed and Breakfast basis excluding entertainment) for a period of up to 10 days, upon the advice of the Crisis Response Service for a **Relative, Travelling Companion**, or friend to travel to the country or region in which **You** are **Kidnapped** to assist them or the authorities in effecting **Your** release.

What is Not Covered

1. The **Excess** amount shown in the **Schedule of Benefits**, or as shown on **Your Certificate of Insurance** (unless the Nil Medical Excess option has been selected and this is shown on **Your Certificate of Insurance**).
2. Any costs or expenses incurred without receiving **Pre-Authorisation** from **Our Nominated Emergency Assistance Service**.
3. Any payment or surrender of a Ransom.

Conditions Applicable To Kidnap and Ransom Crisis Response

1. **You** are in compliance with all **Terms** including without limitation the Exclusions and Conditions of this **Policy**;
2. **Our Nominated Emergency Assistance Service** must be advised immediately of any situation that may give rise to a claim or as soon as reasonably possible thereafter. If required, they will assist **You** in locating a Crisis Response Service.
3. **You** must provide **Us** and **Our Nominated Emergency Assistance Service** with all assistance and information requested in a timely manner.
4. **You** must not make or attempt to make arrangements without the agreement of **Our Nominated Emergency Assistance Service**.
5. **You**, or **Your Relatives**, or **Your** Employer or **Your** Sponsoring Organisation are solely responsible for selecting and appointing specialist Crisis Response Service experienced in Crisis Response and Kidnap Resolution.
6. The person appointing the specialist Crisis Response Service shall have notified or made every reasonable attempt to notify the USA Federal Bureau of Investigation, or UK National Crime Agency or similar government authority in **Your Home Country** as soon as practical taking due consideration to the safety of person(s) held or threatened.
7. Any **Kidnapping** cannot be as a result of fraudulent, dishonest or criminal act(s) by an **Insured Person, Relative** or person previously known to the **Insured Person** at time of departing on the **Trip** (whether acting alone or in collusion with others) unless the person appointing the specialist Crisis Response Service had, prior to their appointment, made every reasonable attempt to determine that the **Kidnap** was genuine.
8. Any **Kidnapping** is excluded if it first occurs in a country or region to which the UK Foreign and Commonwealth Office or similar governmental body of **Your Home Country** has advised against all but essential travel or risk of kidnap at the date of booking **Your Trip** or **Your** departure, and specifically excluding Afghanistan, Colombia, Democratic Republic of Congo, Haiti, Iraq, Libya, Mexico, Nigeria, Pakistan, Philippines, Sahel-Sahara region of Northern Africa, North Korea, Syria, Somalia, Ukraine, Venezuela and Yemen or any country subject to sanctions by the UK HM Treasury of the United States Department of the Treasury's Office of Foreign Assets Control (OFAC).
10. The **Insured Person** must at all times use best efforts to ensure that knowledge of the existence of this **Policy** is restricted as far as possible.
11. No Cover is provided under this section Basic **Level of Cover**.

Please also refer to the general exclusions and conditions.

Section A12 – Criminal Assault Benefit

Applicable to Super and Elite Levels of Cover Only

What is Covered

We will pay **You** the sum insured shown in the **Schedule of Benefits** applicable to **Your** chosen **Level of Cover** shown on **Your Certificate of Insurance**, for each completed 24 hour period that **You** spend as In-Patient in a **Hospital** outside **Your Home Country** as the result of **You** being a victim of a **Criminal Assault** during the **Trip**, up to a maximum of the sum insured shown in the **Schedule of Benefits**. This benefit is paid to **You** separate to any other medical expense or benefit under this **Policy**.

What is Not Covered

We will not pay any claim:

1. As a result of an act or omission of a **Relative**, another **Insured Person** under this **Policy** or **Travelling Companion**, or person who resides with **You** at the same address.
2. As a result of driving or traffic violation.
3. For any benefit once **You** have returned to work or are able to resume the majority of **Your** duties or activities performed prior to suffering an **Injury**.
4. If you are claiming under Section A10 Hijack/Car-Jacking/Mugging Benefit.
5. For Basic and Standard Levels of Cover.

An **Excess** is not applicable to this Section.

Please also refer to the general exclusions and conditions.

Section A13 – Sports Activities (Leisure List) & Manual Work

What is Covered

We will pay, subject to the **Terms** of this **Policy** and the section under which **You** are claiming (provided **You** are under 65 years of age at the date of departure), for expenses necessarily incurred as a result of **Your Accident** or **Injury** arising as a result of **Your** participation in the activities and sports listed below during **Your Trip** and within **Your Period of Insurance**:

This includes participation in organised group, club, school, college and university sports events.

Please note:

- i. 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).
- ii. 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 you to undertake the activities listed below on an amateur basis and non-professional basis only.

Abseiling	Fell Walking	Motorcycling (on road, provided you hold an appropriate full licence and are wearing a helmet. Max 14 days any one trip)**	Skiing (Winter Sports premium must be paid)
Aerobics	Fencing	Motorcycling as a pillion passenger (on road, provided the driver holds an appropriate full licence and You are wearing a helmet, max 14 days any one trip)**	Sledging (Winter Sports premium must be paid)
Angling	Fishing (angling)	Mountain Biking (not competition or downhill)	Sleigh Riding (pulled by reindeer, horses or dogs)
Archery	Flying (in light aircraft as a passenger, not piloting)	Netball	Snooker
Assault course	Football/Soccer (recreational or incidental soccer)	Off-Piste skiing (providing local safety guidelines and warnings are observed, Winter Sports premium must be paid)	Snorkelling
Athletics	Glacier Walking (under 2000m, Winter Sports must be paid)	Orienteering	Snowboarding/Snowblading (Winter Sports premium must be paid)
Badminton	Gliding (as a passenger, not piloting)	Paintballing*	Snow Mobiling (Winter Sports premium must be paid)
Balloonng	Go Karting below 250cc*	Parascending (towed by boat over water)	Softball
Banana Boating	Golf	Pistol Shooting	Squash
Baseball	Handball	Pony Trekking	Surfing
Basketball	Hiking/trekking/walking below 4250m	Racquet Ball	Swimming
Beach Games	Hill Walking	Rafting (grades 1-3)	Table Tennis
Biathlon	Hockey (field)	Rambling	Tai Chi (non-contact)
Big Foot Skiing (Winter Sports premium must be paid)	Horse Riding (NOT competitions, racing, jumping & hunting)	Rifle Range Shooting	Ten Pin Bowling
Black Water Rafting	Hot Air Ballooning (as a passenger only)	Roller Blading	Tennis
Boating (any craft less than 10 metres long, inside 12 mile limit)	Hovercraft*	Roller Skating (including blading)	Tobogganing (Winter Sports premium must be paid)
Boardsailing	Ice Skating (on rink, recreational only - Winter Sports premium must be paid)	Rounders	Trampolining (recreational)
Bowls	Indoor Climbing (on climbing wall only)	Rowing*	Trekking (up to 4,250m)
Bowling	Jet Boating*	Running (non competitive)	Tug of War
Bungee Jumping (incidental 1-3 jumps)	Jet Skiing	Safari (organised trips only)	Volleyball
Camel riding	Karting*	Sail boarding (inside 12 mile limit)	Water Polo
Canoeing (grades 1-3)	Kayaking (grades 1-3 rivers/sea)	Sailing Yachts (longer than 10 metres, within 60 miles of a safe haven)	Water Skiing
Clay pigeon Shooting	Kite Buggyng (Single Seat)	Scuba diving (maximum depth 30m)	Water Tubing
Climbing (indoor only)	Kite Flying (traction)	Skateboarding (recreational)	Whale Watching
Cricket	Kite Surfing* (over water)		White Water
Croquet	Lacrosse		Canoeing/Rafting (up to grade 3 rivers only)
Cross country skiing (Winter Sports premium must be paid)	Langlauf (Winter Sports premium must be paid)		Windsurfing (inside 12 mile limit)
Curling	Mono-skiing (Winter Sports premium must be paid)		Winter Sports (as defined, Winter Sports premium must be paid)
Cycling (recreational, not BMX, competition or stunting)			Yachting (longer than 10 metres, within 60 miles of a safe haven)
Dance			Zip Wiring
Deep Sea Fishing (recreational inside 12 mile limit)			Zorbing
Dinghy Sailing (inside 12 mile limit)			
Diving (recreational)			
Dog Sledging			
Dry Slope Skiing			
Elephant Trekking			
Fell Running			

What is Not Covered

We will not pay any claim:

1. For any other sporting activity not listed above that is generally recognised as involving an increased risk of **Accident** or **Injury**.
2. Engaging in professional or semi-professional sports of any kind.
3. Extreme Sports/Hazardous Sports, such as parachuting, paragliding, bobsleighing, gliding/soaring, hang-gliding, micro-light flying, skeleton or luge.
4. From participation in any type of motorsport, motorsport race or motorsport contest.

This list is not exhaustive. If **You** are on a **Trip** and intend to participate in any activity not noted above please provide details to **Your** insurance intermediary who will approach **Us** to request cover.

Cover under "Schedule B. Optional Enhanced Travel Benefits - Section B7 Personal Liability" for those activities and sports marked with an * is excluded, even if you have paid the additional premium and this is shown on **Your Certificate of Insurance**.

** No cover is provided under Optional Section B8 Personal Accident in respect of Motorcycling either as a rider or passenger, even if you have paid the additional premium and this is shown on **Your Certificate of Insurance**.

Please also refer to the general exclusions and conditions.

Manual Work Notes:

Please refer to the definition of **Manual Work** for what is considered to be **Manual Work**.

Manual Work is excluded.

Manual Work Definition: *Means work that involves:*

- i. Hand-on use, installation, assembly, maintenance or repair of electrical, mechanical, or hydraulic plant, heavy power tools and industrial machinery, and
- ii. Hand-on electrical and construction work or work above two storeys or 3 metres above ground level (whichever is the lower), building sites, any occupation involving heavy lifting; unless **Your** proposed activity or work is declared to **Us** and confirmed as accepted by **Us** in writing.

The exclusion of **Manual Work** does not apply to work that is:

- i. Purely managerial/supervisory, sales or administrative capacity;
- ii. Bar, restaurant and catering trade staff, musicians and singers;
- iii. Fruit pickers (who do not use heavy machinery), casual light work, light agricultural work; supervised conservation work, voluntary charity work labour where there is no financial gain; in such circumstances there will be no cover for hands-on involvement with the installation, assembly, maintenance, repair or use of electrical, mechanical or hydraulic plant, heavy power tools and industrial machinery, or work above two storeys or 3 metres above ground level (whichever is the lower).
- iv. Supervised animal sanctuary work but no cover can be provided in relation to any interaction with dangerous wild animals such as lions, tigers or big cats of any kind.

In relation to iii and iv. above Personal Accident and Personal Liability cover due to **Your** participation in the work activity is excluded and in the event of an **injury** the **Excess** under Section A1. Emergency & Accidental Medical Treatment and A5 Physiotherapy will be increased to the greater of **Your** selected **Excess**, or £300 / €400 / \$500, per person per claim and an excess waiver/selecting Nil Medical Excess will not delete this increased **Excess**.

International Assistance, Evacuation and Repatriation Benefits

Only applicable when arranged through the 24/7 Nominated Emergency Assistance Service

Section A14 – Emergency Medical Evacuation and Repatriation

What is Covered

We will pay up to the sum insured shown in the **Schedule of Benefits** applicable to **Your** chosen **Level of Cover** shown on **Your Certificate of Insurance** and subject to any **Excess** stated in the **schedule**, for **Usual, Reasonable and Customary** expenses **Pre-Authorised** by **Our Nominated Emergency Assistance Service**, necessarily incurred by **You** outside of **Your Home Country** as the result of **You** sustaining a covered accidental bodily **Injury**, unexpected **illness** or unexpected death during the **Trip**, in respect of;

1. The cost of **Your Emergency** medical evacuation including air transportation and emergency ground transportation to the nearest suitable medical facility for the purpose of providing **Emergency** In-Patient treatment.

2. and/or **You** direct and/or subsequent **Emergency** medical repatriation expenses (including compulsory quarantine) by whatever means deemed medically necessary to **Your Home Country** (unless upon **You** request and at **Our** sole discretion **We** agree otherwise that it is more cost effective to evacuate or repatriate **You** to an alternative country within **Your Territorial Limit**); at the sole discretion of **Our Nominated Emergency Assistance Service**, who reserve the right to make the final decision as to most appropriate method of transport and whether or not it is medically necessary.
3. Additional reasonable travel and accommodation expenses (on a bed and breakfast basis) necessarily incurred to enable **You** to return **Home** following a covered medical **Emergency** if **You** are unable to travel as originally planned.
4. **Medical Escort**: reasonable transport and accommodation expenses necessarily incurred for **You** and up to two persons who, on the advice of a **Medical Practitioner**, need to travel to, remain with or escort **You** back to **Your Home Country**, such transport expenses being limited to the cost of an economy ticket (unless **Pre-Authorised** by **Our Nominated Emergency Assistance Service**) per person for the most appropriate method of transport.
5. Reasonable transport and accommodation expenses necessarily incurred in returning **You** to the **Your Home Country** as a result of the **Your Travelling Companion** sustaining an **Injury** and/or **illness**, or the repatriation of such person as provided for in Subsections A2.1 and A2.2 above, provided that the **Travelling Companion** commenced the journey, and had the intention of completing the journey with **You**.

What is Not Covered

1. The **Excess** amount shown in the **Schedule of Benefits** or as shown on **Your Certificate of Insurance** (unless the Nil Medical Excess option has been selected and this is shown on **Your Certificate of Insurance**).
2. **We** will not pay any claims directly or indirectly relating to any **Exclusions listed as applicable to Section A1 Emergency Medical Expenses**.
3. **We** shall not be liable for claims arising directly or indirectly from any **Pre-Existing Condition** at the inception date of the period of travel (unless only applicable only to Super and Elite **Levels of Cover**; coverage has been extended under Section A2 – Sudden, Unexpected & Acute Recurrence of a Pre-Existing Condition).
4. If **You** have not obtained **Pre-Authorisation** in respect of **Your Emergency** medical repatriation/evacuation from **Our Nominated Emergency Assistance Service**, **We** reserve the right to deny **Your** claim under this section or apply substantial co-payments from **You** to a maximum of 50% of the evacuation cost.
5. **We** reserve the right to deny further medical and **Emergency** medical repatriation/evacuation benefits and **You** agree to reimburse **Us** for costs incurred for any **Emergency** medical evacuation that was arranged, but not used, by **You**; if **You** refuse to co-operate or accept repatriation, when medically stabilised and upon the opinion of **Our** and the attending **Medical Practitioners You** are medically fit to be evacuated or repatriated.

For Super and Elite Policies Only

If the **Emergency** Medical Evacuation and repatriation is due to a **Pre-Existing Condition** that is deemed eligible for cover under Section A2 Sudden, Unexpected & Acute Recurrence of Pre-Existing Condition, then the limit shown in regards to Section A14 Emergency Medical Evacuation and Repatriation is replaced and is restricted to the Evacuation Coverage Limit shown under Section A2 Sudden, Unexpected & Acute Recurrence of Pre-Existing Condition Evacuation Coverage Limit applicable to **Your** chosen **Level of Cover** shown on **Your Certificate of Insurance** and subject to any **Excess** stated in the **schedule**.

Conditions Applicable To Emergency Medical Evacuation and Repatriation

1. **Our Nominated Emergency Assistance Service** must be advised immediately of any situation that may give rise to a claim or as soon as reasonably possible thereafter.
2. **You** must provide **Us** and **Our Nominated Emergency Assistance Service** with all assistance and information requested in a timely manner.
3. **You** must follow the advice of **Our Nominated Emergency Assistance Service** at all times.
4. Where **You** are 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.
5. **You** must not make or attempt to make arrangements without the agreement of **Our Nominated Emergency Assistance Service**.
6. **Emergency** evacuation, repatriation and/or transportation is subject to **Pre-Authorisation** by **Our Nominated Emergency Assistance Service** and will be limited to economy class unless it is medically necessary to do so otherwise.

7. In the event that repatriation expenses are necessarily incurred by **Us** when acting in good faith in respect of any person not insured under this **Policy**, the **Insured Person** will reimburse **Us** for all such costs incurred.
8. **We, Our Policy Administrator** and **Our** agents and representatives shall not be held liable for any delays, losses, damages, further injuries or illness or other claims that arise or are caused by the acts or omissions of independent third party contractors, or that arise from or are caused by any acts, omissions, events or circumstances that are not within the direct and immediate supervision and control of **Us, Policy Administrator** and/or **Our** authorised agents and representatives including but not limited to availability and performance of competent transport equipment and staff; delays or restrictions on flights or other modes of transportation caused by mechanical problems; government officials; telecommunications problems; non-availability of routes and/or other travel, geographical or weather conditions; and other acts of God and unforeseeable and/or uncontrollable occurrences.

Please also refer to the general exclusions and conditions.

Section A15 – Natural Disaster Evacuation and Accommodation

What is Covered

We will pay **You** up to the sum insured shown in the **Schedule of Benefits** in respect of reasonable, necessary and most economic additional travel and accommodation expenses (on a bed and breakfast basis only excluding entertainment) including the use of equivalent local accommodation, necessarily incurred by **You** outside of **Your Home Country** to evacuate **You** to the nearest place of safety or in fulfilling **Your** pre-booked **Trip**, as a direct result during the **Period of Insurance** of:

- i) A newly occurring storm, flood, fire or **Natural Disaster** causing major damage and rendering uninhabitable the accommodation in which **You** had pre-booked to reside during the **Trip**, excluding any waterborne vessel or craft, or
- ii) **You** being displaced from **Your** pre-booked accommodation during, following, or as a direct result of a sudden and unexpected or forecasted, **Natural Disaster** due to an evacuation order from a responsible civil or military authority governing the location of the actual or predicted **Natural Disaster**.

What is Not Covered

1. The **Excess** amount shown in the **Schedule of Benefits** or as shown on **Your Certificate of Insurance** (unless the Nil Medical Excess option has been selected and this is shown on **Your Certificate of Insurance**).
2. Claims arising out of any contingency that had occurred, commenced or been announced before this **Policy** was effected or booked **Your Trip**, whichever is the later.

Please also refer to the general exclusions and conditions.

Section A16 – Security and Political Evacuation

What is Covered

We will pay up to the sum insured shown in the **Schedule of Benefits** for reasonable, necessary and most economic expenses **Pre-Authorised** by **Our Nominated Emergency Assistance Service**, necessarily incurred by **You** outside of **Your Home Country** in regards to the travel and accommodation (on a bed and breakfast basis only excluding entertainment) costs incurred to evacuate **You** to the nearest place of safety or repatriation back to **You Home Country**, as a result of the following Specified Occurrences:

Specified Occurrences:-

1. **Your** Appropriate Governmental Authority issues a new travel advice for a particular country or region where **You** are located, recommending that certain categories of person which includes the **Insured Person** should leave that country or region, or
2. Newly occurring or escalating political or military events in the country **You** are staying in represents an imminent threat to **Your** safety, or
3. The recognised Government in **Your** location of the occurrence declares a new state of emergency necessitating immediate evacuation as a result of political or military action intervention which has a direct impact or an imminent threat to **Your** safety.

Conditions Applicable To Security and Political Evacuation

1. **Our Nominated Emergency Assistance Service** must be advised immediately of any situation that may give

rise to a claim or as soon as reasonably possible thereafter. If the **Nominated Emergency Assistance Service** is not contacted immediately **Our** liability to pay any subsequent claim under this section will cease.

2. **You** must provide **Us** and **Our Nominated Emergency Assistance Service** with all assistance and information requested in a timely manner.
3. **You** must follow the advice of **Our Nominated Emergency Assistance Service** at all times.
4. Where **You** are 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.
5. **You** must not make or attempt to make arrangements without the agreement of **Our Nominated Emergency Assistance Service**.

What is Not Covered

We will not pay any claims directly or indirectly relating to:

1. The **Excess** amount shown in the **Schedule of Benefits** or as shown on **Your Certificate of Insurance** (unless the Nil Medical Excess option has been selected and this is shown on **Your Certificate of Insurance**).
2. Claims arising out of any contingency that had occurred, commenced or been announced before this **Policy** was effected or booked **Your Trip**, whichever is the later.
3. Any claims arising if **Your** Appropriate Governmental Authority issues a travel advice or warning for a particular country or region where **You** are travelling at the time of initial **Application** or booking **Your Trip** (whichever is the later), or that is in effect on or within six months prior to **Your** date of arrival in **Your** destination.
4. Any losses incurred by **You** if **You** fail to contact **Our Nominated Emergency Assistance Service** within 48 hours of the **Specified Occurrence**, or **Your** failure to follow the advice of **Our Nominated Emergency Assistance Service**.
5. Any valid claim costs that have been increased by **Your** failure to follow the advice of **Our Nominated Emergency Assistance Service**.
6. **Your** failure to reasonably prove that there is any threat to **Your** safety.
7. **You** taking part in any political activity or operations of any security or armed forces.
8. Or attributable to an alleged violation of the laws of the country in which **You** are located at the time of the **Specified Occurrence** by **You**.
9. **Your** 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 **You** are on secondment or visiting on a **Trip**.
10. Accommodation or Evacuation Expenses incurred more than 30 days after the Insured incident.
11. Or attributable 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.
12. **You** failing to honour any contractual obligation bond or specific performance condition in a license.
13. **You** being in **Your Home Country**.
14. **You** at inception of this **Policy** having prior knowledge of or had received information of any specific matter, fact or circumstance which would lead to a **Specified Occurrence**.

Please also refer to the general exclusions and conditions.

Section A17 – Trip Interruption

What is Covered

We will reimburse **You** up to the sum insured shown in the **Schedule of Benefits** applicable to **Your** chosen **Level of Cover** shown on **Your Certificate of Insurance** if it is necessary and unavoidable during **Your Trip** that **You** have to interrupt **Your Trip** and return home early as a result of the following Specified Occurrences:

Specified Occurrences:-

- i) the unexpected death, **Injury** or serious **illness** of **Your Relative** or business colleague, or
- ii) **You** being required to be present at **Your Home** or place of business in **Your Home Country** to make **Your** property safe and secure following a burglary or major damage caused by storm, flood, fire or **Natural Disaster** that causes serious damage at **Your Home**;
- A) For the reasonable costs **Pre-Authorised** by **Our Nominated Emergency Assistance Service** of one-way air or ground transportation tickets of the same class as **Your** unused travel ticket to return **You** from where **You** were located at the time of learning of such **Specified Occurrence** to the international airport nearest to:
 - i) the location of the funeral or place of burial, or **Hospital** in the case unexpected death, **Injury** or serious **illness** of **Your Relative** or business colleague, or

- ii) **Your Home**/principal residence in the case of serious damage thereof;
- B) Where **You** have more than 30 days of **Your** pre-booked original **Trip** remaining at the date of **Your** re-return in order to continue **Your Trip** that was interrupted by a **Specified Occurrence** and provided travel remains within **Your Period of Insurance**, the coverage provided under A) above is extended to include an economy class air or ground transportation ticket to return **You** to the above international airport from where **You** departed to return home early, so that **You** may continue **Your** pre-booked **Trip**.

Conditions and Limitations Applicable To Trip Interruption

We shall only be liable:-

1. If **You** are outside of **Your Home Country** at the time of the above **Specified Occurrence**; and
2. the above **Specified Occurrence** must have occurred during the **Period of Insurance** and was not caused by, due to, or as a result of **Your** actions or inactions; and
3. **We** will deduct from **Your** claim payment the value, if any, of any refund available in respect of the unused return ticket.
4. **We** will not provide any benefits, reimbursements or coverage of any costs or expenses incurred by the **You** for a re-return **Trip**, if any, to the original location of the **Insured Person** at the time of **Your** return to continue **Your** interrupted **Trip** there is less than 30 days of **Your** pre-booked original **Trip** remaining, or if travel occurs outside of **Your Period of Insurance**.

What is Not Covered

We will not pay any claims directly or indirectly relating to:

1. Claims arising out of any contingency that had occurred, commenced or been announced before this **Policy** was effected or booked **Your Trip**, whichever is the later.
2. The cost of **Your** unused original tickets where **Our Nominated Emergency Assistance Service** or **We** have arranged and paid for **You** to come home following a **Specified Occurrence**. If **You** have not purchased a return ticket, **We** reserve the right to deduct the cost of an economy flight from any additional cost **We** have incurred which are necessary to repatriate **You** to **Your** home.

An **Excess** is not applicable to this section.

Please also refer to the general exclusions and conditions.

OPTIONS

Each of the Schedules and their respective Benefit Sections below only apply if **You** have paid the additional premium, per schedule, and the selected Optional Schedule(s) is shown on **Your Certificate of Insurance**.

Schedule B : Optional Enhanced Travel Benefits

If **You** have paid the additional premium and this option is shown as selected and paid for on **Your Certificate of Insurance**, then cover is extended to include Sections B1, B2, B3, B4, B5, B6, B7 and B9.

Section B1 – Baggage Loss/Theft/Damage

What is Covered

1. Baggage, Personal Effects & Equipment

We will pay **You** up to the sums insured shown in the **Schedule of Benefits** applicable to **Your** chosen **Level of Cover** shown on **Your Certificate of Insurance**, after making reasonable allowance for wear, tear and depreciation, in respect of accidental loss, theft or damage to property owned by (not hired, loaned or entrusted to) **You**.

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

Coverage is secondary to **Common Carrier** settlement with reimbursement to the maximum limit specified in the **Schedule of Benefits**. No claims will be accepted until AFTER the **Insured Person** has filed and received settlement from the **Common Carrier**.

2. Baggage Delay

We will pay up to the sum insured shown per 24 hours, applicable to **Your** chosen **Level of Cover** shown on **Your Certificate of Insurance** and subject to the Maximum Limit in the **Schedule of Benefits**, in respect of the cost of immediate necessary items (for example clothing, medication and toiletries) purchased or hired by **You** if on arrival at **Your** outward destination **You** are deprived of **Your** travel baggage for more than 12 hours because of temporary loss or mis-direction by the **Common Carrier** (provided always that any amounts thus paid, other than hire charges, shall be deducted from the total of any claim becoming payable under this section if the said baggage or equipment proves to be permanently lost).

Note : Any amount paid for temporary loss of baggage & equipment will be deducted from the final claim settlement if baggage proves to be permanently lost.

What is Not Covered

1. The **Excess** amount shown in the **Schedule of Benefits** or as shown on **Your Certificate of Insurance**.
2. Claims where **You** have not provided **Us** at **Our** sole discretion proof of ownership and/or loss of the item and evidence of value is provided.
3. More than the amount shown in the **Schedule of Benefits** for Maximum per Single Item/Pair/Set, **Valuables** and Electronic Equipment, Alcohol and Tobacco, subject to a maximum aged under 18's Possession Limit and all subject to a Total Limit for All Un-Receipted Items.
4. Any additional value an item may have because it forms part of a pair or set.
5. Claims arising for loss or theft which are not reported to the police within 24 hours of discovery and an official report obtained.
6. Claims arising for loss, theft or damage which are not reported to any appropriate authority within 24 hours of discovery or as soon as possible thereafter and an official report obtained. In the case of airline, a Property Irregularity Report will be required).
7. Claims arising for property left unattended in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property.
8. Claims for loss, theft or damage of items from an unattended motor vehicle, unless the vehicle is being used for direct travel between different points of pre-booked overnight accommodation, or is taken from a locked boot between 8am – 8pm local time; and there is evidence of forced entry which is confirmed by a police report, in which case claims are limited to £100/€125/\$150 (currency is determined by the currency in which **Your** premium was paid).
9. Loss, theft or damage to hired clothing and hired equipment of any kind.
10. Loss, theft or damage due to wear and tear, gradual deterioration, decay, moth, vermin, or atmospheric conditions.
11. Caused by any process of cleaning, repairing or restoring.
12. Caused by leakage of powder or fluid from containers carried in **Your** baggage.
13. Damage to suitcases and luggage.

14. Damage to sports clothing and equipment whilst in use or losses of **Valuables** or jewellery whilst swimming (other than wedding rings).
15. Breakage or damage to fragile articles and any consequences thereof.
16. In the event of a claim in respect of a pair or set of articles **We** shall only be liable in respect of that part of the pair or set which is lost, stolen or damaged.
17. Any claim for items travelling under a bill of lading, sent by post freight or any other form of unaccompanied transit.
18. Unset precious stones, contact or corneal lenses or their accessories.
19. Loss or theft of or damage to
 - i. household goods, effects and contents.
 - ii. Bicycles, waterborne craft and their fittings of any kind.
 - iii. to motor vehicles, trailers or caravans or any fixtures, fittings or accessories therein or thereon.
 - iv. to watersports and ski equipment.
20. **Personal Money**, financial documents, passports, driving licenses, green card, petrol coupons, tickets, ski passes, pre-paid cards, stamps, documents, deeds, bonds, manuscripts or securities of any kind.
21. Items of a perishable nature.
22. Business goods, samples, or motor accessories.
23. Electrical or mechanical breakdown, deterioration or derangement.
24. Loss, theft or damage to **Valuables** or money contained in baggage whilst such baggage is in the custody of Carriers or outside **Your** control.
25. Theft or attempt of theft of **Valuables** when unattended other than when securely locked in a hotel safe (or equivalent facility) or locked in **Your** private accommodation.
26. Confiscation or detention by Customs or other Authority.
27. General Average or Salvage Charges which are covered or would, but for the existence of this **Policy**, be covered by any other insurer or indemnifying organisation, except in respect of any excess beyond the amount payable by such other insurer or organisation.
28. Any items purchased after the return of the baggage will not be covered.
29. More than £50/€62.50/\$75 (currency is determined by the currency in which **Your** premium was paid) in respect of sunglasses unless substantiated by the original purchase receipt pre-dating the loss up to the amount specified in the **Schedule of Benefits** applicable to **Your** chosen **Level of Cover**.

Conditions and Limitations Applicable To Baggage Loss / Theft

It is a requirement of this **Policy** that:

1. **You** shall at all times exercise reasonable care in the supervision of the property and take all practical steps to recover any item lost or stolen.
2. Claims settlements for articles lost or destroyed will be based on the cost price of comparable new articles, less an appropriate allowance for age and condition.
3. The limit for any single item or pair or set of items is shown in the **Schedule of Benefits**.
4. All claims are subject to an overall limit for Unreceipted Items as shown in the **Schedule of Benefits**.
5. **You** shall provide receipts or other documentation, obtained prior to loss, to prove ownership and value, especially in respect of **Valuables**, electronic equipment and any items for which **You** are claiming more than £50/€62.50/\$75 (currency is determined by the currency in which **Your** premium was paid).
6. **You** shall retain any damaged items for **Our** inspection, and if requested to send these items to **Our** appointed claims handlers at **Your** cost. If **We** pay a claim for the full value of an article, it will become **Our** property.
7. **We** may at **Our** option discharge any liability under this insurance by replacing, repairing any article or articles lost or damaged, or by issuing **You** with a credit voucher.
8. Failure to exercise all reasonable care may result in **Your** claim being reduced or declined.

Please also refer to the general exclusions and conditions.

Section B2 – Personal Money

Applicable to Standard, Super and Elite Levels of Cover Only

What is Covered

You are covered up to the sum insured shown in the **Schedule of Benefits** applicable to **Your** chosen **Level of Cover** shown on **Your Certificate of Insurance** and subject to **Your Excess** for loss or theft of **Personal Money** owned by **You** (carried on the **Insured Person**); occurring outside of **Your Home Country** while on a **Trip** within the **Period of Insurance**.

What is Not Covered

1. The **Excess** amount shown in the **Schedule of Benefits** or as shown on **Your Certificate of Insurance**.

2. Loss or theft from an unattended motor vehicle at any time.
3. Money held in trust, or more than the amount shown in the benefits schedule in respect of all cash carried by **You** whoever it may belong to.
4. Claims arising for loss or theft which are not reported to the local Police and any appropriate authority within 24 hours of discovery or as soon as possible thereafter and an official report obtained (and specifically for claims against hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery or as soon as possible thereafter, and an official report obtained).
5. Any loss resulting from shortages due to error, omission or depreciation in value.
6. Loss or theft of **Personal Money** whilst unattended unless locked in hotel security, safety deposit or safe (or equivalent facility).
7. Anything that is not covered under the Exclusions listed in regards to Section B1 Baggage Loss/Theft above (other than **Personal Money**).
8. Claims where **You** have not provided **Us** with proof of loss and ownership of money substantiated by an original Bank Statement or ATM Cash Machine receipt pre-dating the loss.
9. Loss or theft of travellers cheques or pre-paid credit/debit cards.

No Cover is provided under this section Personal Money for the Basic **Level of Cover**.

Please also refer to the general exclusions and conditions.

Section B3 – Loss of Passport & Travel Documents

What is Covered

We will pay **You** up to the sum insured shown in the **Schedule of Benefits** applicable to **Your** chosen **Level of Cover** shown on **Your Certificate of Insurance** and subject to **Your Excess**, in respect of Loss or theft of **Your** Passport and Travel Documents including Passport, Travel Visa, Driving Licences, Green Card or Travel Tickets occurring during the **Trip**, including additional travel and accommodation costs, the cost of any emergency passports, visas or permits and other reasonable and necessary expenses directly consequent upon such loss incurred to enable **You** to continue **Your Trip** or return to **Your Home Country**.

What is Not Covered

1. The **Excess** amount shown in the **Schedule of Benefits** or as shown on **Your Certificate of Insurance**.
2. Loss or theft either from an unattended motor vehicle or from baggage whilst in transit unless **You** are carrying it.
3. The cost of a permanent replacement for the passport itself.
4. Any loss not reported to the Police within 48 hours of discovery.
5. Loss of money, traveller's cheques or any type of financial document.
6. Confiscation or detention by Customs or other Authority.
7. Anything that is not covered under the Exclusions listed in regards to Section B1 Baggage Loss/Theft above.
8. Any loss as a result of **You** having chosen to travel without the correct visa or immigration papers for the purpose of **Your Trip**.

Please also refer to the general exclusions and conditions.

Section B4 – Travel Delay Benefit

What is Covered

We will pay **You** the amount shown applicable to **Your** chosen **Level of Cover** shown on **Your Certificate of Insurance** per complete 12 hour period of delay and subject to the overall sum insured shown in the **Schedule of Benefits**, (minus any compensation paid by the **Common Carrier**) incurred for overnight accommodation and food (excluding entertainment) if on **Your** first outward journey or return leg of **Your** journey during the **Trip**, **You** are delayed from the departure time specified in the travel itinerary for at least 12 hours because of the late departure of an aircraft, sea vessel or other publicly licensed form of passenger transport in which **You** had previously booked to travel, provided always that such contingency had not occurred, commenced or been announced before the booking was made in respect of the flight, voyage or journey thus affected.

What is Not Covered

1. Claims arising out of any contingency that had occurred, commenced or been announced before **You** had arranged this **Policy** or booked **Your Trip**, whichever is the later.
2. If **You** fail to check-in on time, or if **You** fail to get written confirmation from the **Common Carrier** (or their handling agents) of the period of or reason for the delay.
3. Arising directly or indirectly if transport services are withdrawn (temporarily or otherwise) as a result of a recommendation or instruction from the Civil Aviation Authority, Port Authority or similar body.

4. Any claim under this section if **You** have claimed under section B5 Missed Departure & Journey Disruption, or claimed under Schedule C. Optional Cancellation, Curtailment & Abandonment Benefits, from the same cause
5. Any claims arising from volcanic ash cloud.
6. Any claims for **You** not wanting to travel.
7. Losses outside the extent of the contractual liability.

Conditions and Limitations Applicable To Travel Delay

We shall only be liable:-

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

Please also refer to the general exclusions and conditions.

An **Excess** is not applicable to this Section.

Section B5 – Missed Departure & Journey Disruption

What is Covered

We will pay **You** up to the sum insured shown in the **Schedule of Benefits** applicable to **Your** chosen **Level of Cover** shown on **Your Certificate of Insurance** and subject to **Your Excess**, in respect of reasonable and necessary additional travel and accommodation expenses (on a Bed & Breakfast basis only excluding entertainment) incurred by **You** in fulfilling **Your** pre-booked travel and accommodation commitments to get to **Your Trip** destination if **You** arrive at any departure point shown in **Your** pre-booked itinerary too late to board the public transport on which **You** are booked to travel as a direct result of;

- a. The failure of public transport, or
- b. Industrial action, strike or riot, or
- c. Bad weather;
causing interruption of scheduled public transport services (on the outward journey only); or
- d. A road traffic accident or vehicle breakdown delaying the vehicle in which **You** are travelling;

What is Not Covered

1. The **Excess** amount shown in the **Schedule of Benefits** or as shown on **Your Certificate of Insurance**.
2. Claims arising out of any contingency that had occurred, commenced or been announced before this **Policy** was effected or booked **Your Trip**, whichever is the later.
3. Any claim under this section if **You** have claimed under section B4 Travel Delay, or claimed under Schedule C. Optional Cancellation, Curtailment & Abandonment Benefits, from the same cause.
4. Any costs, expenses or compensation recoverable from a tour operator, airline, hotel or other service provider or that they are legally liable to pay.
5. Any amounts recoverable from any other insurance **Policy**, bond, credit/debit card provider or from any other source.
6. Any extra costs incurred for accommodation or transport of a higher standard or fare category than that which **You** originally booked.
7. Any claim where you were travelling against the advice of the Foreign and Commonwealth Office or other similar or other national or local authorities.
8. Any expenses that would normally have been incurred during **Your Trip**.
9. Any claim where the circumstances giving rise to the claim were a matter of public knowledge prior to **Your** departure for that area.
10. Any claims arising from volcanic ash cloud.
11. Claims for cancelling or cutting short or interrupting **Your Trip** due to any medical condition or set of circumstances known to **You** at the time that the insurance was effected or at the time that the **Trip** was booked, whichever is the later, where such condition or circumstances could reasonably have been expected to give rise to cancellation or cutting short or interrupting of the **Trip**.
12. Claims for **You** not wanting to travel.
13. Claims for unused travel or accommodation arranged by using Air Miles, Loyalty Points or similar promotions.
14. Losses outside the extent of the contractual liability.
15. Any claims for second or subsequent outbound or inbound flights, rail or sea **Trips** where a reasonable connection time has not been allowed for. This is defined as 120 minutes before the final check in time as advertised for the flight, rail or sea **Trip**.

16. Any claim unless **You**;
 - i. had planned to arrive at **Your** departure point in advance of **Your** earliest scheduled check-in time.
 - ii. provide a written report from the carrier, police or relevant transport authority confirming the delay and stating its cause.
 - iii. provide written evidence of proper servicing and a report from the repairers if **Your** claim is because of breakdown or accident to **Your** car.
 - iv. provide a statement from the appropriate local authority and/or transport provider confirming the reason, nature and duration of the circumstances leading to a claim under this section.
 - v. **You** contacted **our Nominated Emergency Assistance Service** and obtained their **Pre-Authorisation** before **You** made any arrangements to return **Home** by any means other than **Your** original pre-booked transport.

Conditions and Limitations Applicable To Missed Departure and Journey Disruption

We shall only be liable:-

1. To the extent of the contractual liability in respect of **Your** pre-booked travel and accommodation commitments.
2. For claims arising from delayed departure unless **You** have obtained written confirmation from the Carriers or their Agents stating the actual date and time of departure and the reason for the delay. For the purposes of claims payment under these subsections the period of delay shall be taken as commencing at the departure time of the conveyance as specified in the booking confirmation supplied to **You**.
3. If in the selection of the route, means of travel and time of departure **You** have done all things reasonable and practicable to minimise the possibility of late arrival at the departure point.
4. For claims attributable to mechanical breakdown, if **You** have obtained a garage or motoring organisation report confirming the date, cause and time of such breakdown.

Please also refer to the general exclusions and conditions.

Section B6 – Legal Expenses

What is Covered

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

Where there are two or more persons insured by this **Policy**, then the maximum amount **We** will pay for all such claims shall not exceed £24,000/€32,000/\$40,000 (currency is determined by the currency in which **Your** premium was paid).

Definitions applicable to this section:

Legal Expenses means;

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

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

What is Not Covered

1. The **Excess** amount shown in the **Schedule of Benefits** or as shown on **Your Certificate of Insurance**.
2. Any claim reported to **Us** more than 90 days after the beginning of the incident which led to the claim.
3. Legal expenses incurred without **Our** prior written approval, unless such costs would have been incurred subsequently to **Our** approval.
4. Legal expenses incurred in the defence against any civil claim or legal proceedings made or brought against **You**.
5. Legal expenses incurred in connection with any criminal or wilful act committed by **You**.
6. Claims against **Us**, **You** or anyone acting on **Our** behalf or in arranging or administering this **Policy**, or a travel agent, tour operator or carrier, insurer or their agent.
7. Fines, compensation or other penalties imposed by a court or other authority.

8. Legal expenses incurred after **You** have not accepted an offer from a third party to settle a claim or legal proceeding where the offer is considered by all parties to be reasonable or **You** not accepting an offer from **Us** to settle a claim.
9. Any claim where the law, practices, and/or financial regulations of the country in which the proposed action will take place indicate that the costs of such action are likely to be greater than the anticipated value of the compensation award.
10. Legal expenses which **We** consider to be excessive or unreasonably incurred (as determined by **Our Legal Representative**).
11. The continued pursuit of any claim where **We** consider **You** do not have a likely prospect of establishing a legal liability against the party being pursued and of recovering charges from such party, or where **We** consider there is insufficient prospect in obtaining a reasonable benefit.
12. Legal actions between **Insured Persons** or against a person with whom **You** had arranged to travel.
13. Legal expenses incurred in pursuing any claim for compensation against the manufacture, distributor or supplier of any drug, medication or medicine.
14. Legal actions to obtain satisfaction of a judgement or legally binding decision, or legal proceedings brought in more than one country.
15. Legal expenses which constitute a valid claim under any other insurance **Policy** beyond **Our** rateable share of any claim costs.
16. **We** shall not be liable for any claims where the legal costs and expenses are based directly or indirectly on the amount of an award.
16. Any claim in pursuit of any appeal except at **Our** sole discretion.
17. Where there is a possibility of a claim being brought in more than one country **We** shall not be liable for the cost if an action is brought in more than one country.

Conditions and Limitations Applicable To Legal Expenses

It is a requirement of this **Policy** that:

1. Written consent must be obtained from **Us** prior to incurring legal expenses. This consent will be given if **You** can satisfy **Us** that;
 - i. There are reasonable (as determined by **Our Legal Representative**) grounds for pursuing or defending the claim or legal proceedings, and
 - ii. It is reasonable (as determined by **Our** legal counsel) for legal expenses to be provided in a particular case. The decision to grant consent will take into account the opinion of **Your** legal representative as well as that of **Our** own advisors. **We** may request, at **Your** own expense, an opinion of counsel as to the merits of the claim or legal proceedings. If the claim is admitted, **Your** costs in obtaining this opinion will be covered by this **Policy**.
2. **You** must follow the **Legal Representative's** advice and provide any and all information and assistance as required and in a timely manner. Failure to do so will entitle **Us** to withdraw cover.
3. **You** must have access to any and all of the **Legal Representatives'** file of papers.
4. All claims or legal proceedings including any appeal against judgement resulting from the same original cause, **Event**, or circumstance, will be regarded as one claim.
5. If **You** are successful in any action, any legal expenses provided by **Us** will be reimbursed to **Us**.
6. **We** may at **Our** discretion assume control at any time of any claim or legal proceedings in **Your** name for damages and compensation from a third party in relation to this **Policy**.
7. **We** may at **Our** discretion offer to settle a claim from **You** instead of initiating or continuing any claim or legal proceedings for damages and or compensation from a third party, and any such settlement will be full and final in respect to the claim.
8. **We** may at **Our** discretion offer to settle a counter-claim against **You** instead of continuing any claim or legal proceedings for damages and or compensation from a third party.
9. Failure by an **Insured Person** to comply with all or any of these conditions will entitle **Us** to render the Legal expenses aspect of this **Policy** void and thereby withdraw such cover.

Please also refer to the general exclusions and conditions.

Section B7 – Personal Liability

What is Covered

We will pay up to the sum insured shown in the **Schedule of Benefits** applicable to **Your** chosen **Level of Cover** shown on **Your Certificate of Insurance** and subject to **Your Excess**, (including legal costs and expenses), incurred with **Our** prior written consent, if **You** are held legally liable to pay as compensation for any claim or series of claims arising from one event or source of original cause occurring during the **Trip** if **You** are held legally liable for causing:

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

It is a condition of cover that **You** shall not admit any liability nor offer agreement to settle any claim without **Our** prior written consent. **You** cannot bind **Us** or have a binding effect on **Us** if **You** admit liability for any loss, damage or injury caused by **You**. The sum insured limit applies in total for all claims arising out of any one incident, even if multiple losses are incurred by multiple **Insured Persons** under this **Policy**.

What is Not Covered

1. The **Excess** amount shown in the **Schedule of Benefits** or as shown on **Your Certificate of Insurance**.
2. Liability for bodily **Injury, illness** or disease of any person who is **Your Relative, Travelling Companion** or to any member of **Your** family or household, or under a contract of employment, service or apprenticeship with **You** when the bodily **Injury, illness** or disease rises out of and in the course of their employment with **You**.
3. Liability for damage to property owned by, or in the care, custody, control or trust of, **You** or any member of **Your** family or household, except for damage to temporary accommodation occupied by **You** in the course of **Your Trip**.
4. Liability arising directly or indirectly out of any willful, malicious or unlawful act.
5. Liability arising directly or indirectly out of the ownership, possession, occupation, custody or use of any aircraft, hovercraft, mechanically propelled or horse drawn vehicle (other than golf buggies used on golf courses and not on public roads), caravan, vehicular trailer, waterborne craft (other than sailboards, surfboards, canoes, rowing dinghies, and other non-mechanically powered watercraft less than 30 feet in length used on inland waters), firearms (other than sporting guns), animals (other than horses hired for hacking only), land, building or permanently or seasonally sited property of any kind,.
6. Fraudulent, dishonest or criminal acts of **You** or any person authorised by **You**.
7. Any claim resulting from venereal diseases, sexually transmitted diseases, infection with the Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) howsoever this syndrome has been acquired or may be named.
8. **You** being under the influence of intoxicating liquor or drugs.
9. Contractual liability.
10. Liability arising out of or incidental to the practice of a profession, trade, business or occupation or to the supply of goods or services, or any racing activity of any kind.
11. Liability that is covered under any other insurance, except for any **Excess** beyond the amount which would have been covered under such other insurance had this insurance not been in force.
12. For punitive and exemplary damages.
13. Arising directly or indirectly in connection with:
 - (i) Any participant to participant **Injury** whilst participating in or practicing for any sporting event or similar.
 - (ii) Any fine or penalty.
 - (iii) Legal costs resulting from any criminal proceedings.

Conditions and Limitations Applicable To Personal Liability

It is a requirement of this **Policy** that:

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

Please also refer to the general exclusions and conditions.

Section B8 – Personal Accident

What is Covered

We will pay up to the amount shown **Schedule of Benefits** applicable to **Your** chosen **Level of Cover** shown on **Your Certificate of Insurance** and based on the benefit amount applicable at **Your** age at time of **Accident**, as shown in the Scale of Benefits below if **You** have an **Accident** whilst **You** are on **Your Trip** outside **Your Home Country** which is the sole and independent cause of **Your** unexpected death, permanent total disablement, loss of sight or loss of limb(s) within 12 months of the **Accident**.

Payment under this section in respect of all the consequences of an **Accident** shall be limited in total to the amount shown in the Scale of Benefits applicable to **Your** age at the time of the **Accident**. In the event of **Your** death within 12 months of the **Accident**, the total payment will be limited to the amount shown for death.

Scale of Benefits

<u>Age</u>	<u>Principal Sum Insured</u>
Under 18 Years	£3,000 / €3,750 / \$5,000
18 to 65 Years	As shown in the Schedule of Benefits applicable to Your chosen Level of Cover
66+ Years	£10,000 / €12,500 / \$16,500

Up to a Maximum Per "Family" of £120,000 / €160,000 / \$200,000

"Family" Means: **You**, **Your Insured** Spouse and **Your Insured Dependent Children** all travelling together with **You** on the same **Trip**.

(Currency is determined by the currency in which **Your** premium was paid)

<u>Loss Description Benefits</u>	<u>Percentage of Principal Sum Insured</u>
1. Permanent and Total Disablement	100%
2. Permanent Total Loss of both Speech and Hearing	100%
3. Quadriplegia	75%
4. Accidental Death	50%
5. Loss of two or more limbs	50%
6. Loss of Sight in both eyes	50%
7. A combination of loss of limb and loss of sight in one eye	50%
8. Paraplegia	50%
9. Hemiplegia	50%
10. Loss of Limb	50%
11. Monoplegia	25%
12. Loss of Thumb and Index Finger of the same hand	25%

What is Not Covered

1. Claims resulting from motorcycling either as a driver or passenger.
2. Claims arising from medical or surgical treatment (unless rendered necessary by an accidental bodily **injury** covered by this **Policy** occurring during a **Trip** within the **Period of Insurance**).
3. Claims arising from **Manual Work**.
4. Claims arising from Myocardial Infarction or Cerebrovascular Accident (CVA/Stroke).
5. Infection, except infection through a wound caused solely by an **Accident**.

Conditions and Limitations Applicable To Personal Accident

It is a requirement of this **Policy** that:

1. In no case shall **Our** liability in respect of **You** exceed in all the largest sum insured applicable under any one of the Personal Accident Schedule of Benefits items.
2. The maximum benefit payable due to a Family involved in the same accident shall not exceed the Maximum Per Family shown in the above Scale of Benefits.
3. No claim shall be payable under more than one item in the Personal Accident Schedule of Benefits in respect of the same **Injury**.
4. In the event that an **Injury** results in **Your** death within thirteen weeks of the date of an **Injury** and prior to the settlement of a claim for Permanent Total Disablement, Permanent Total Loss of both Speech and Hearing or Paraplegia under Personal Accident Loss Description Table, the Accidental Death Benefit shall be payable.
5. In the event of a claim **Our** appointed medical advisor(s) shall be allowed to examine **You** as often as may be deemed necessary.
6. If after **We** have made a payment to **Your** estate in respect of **Your** disappearance and **You** are found to be living, **You** shall reimburse **Us** in full for all monies paid to **Your** estate in respect of such disappearance.

PROVISIONS

1. **We** will not pay more than the amount of the Accidental Death benefit (if an **Injury** does not immediately result in death) until at least thirteen (13) weeks after the date of the **Injury**.
3. **We** will not pay for more than one of the Benefits 1-12 in respect of the same **Injury**.
4. **We** will not pay for any claims arising from medical or surgical treatment (unless rendered necessary by accidental bodily **Injury** covered under this **Policy**).

An **Excess** is not applicable to this Section.

Please also refer to the general exclusions and conditions.

Section B9 – Replacement Personnel/ Chaperone/ Group Leader

What is Covered

If **You** are travelling on a **Trip**, for business purposes, on behalf of a Sponsoring Organisation, or as a chaperone, or as a group leader on an educational trip, **We** will pay up to the sum insured shown in the **Schedule of Benefits** applicable to **Your** chosen **Level of Cover** shown on **Your Certificate of Insurance** and subject to **Your Excess**, for reasonable and necessary additional return travel and accommodation expenses (on a Bed & Breakfast basis only excluding entertainment) **Pre-Authorised** by **Our Nominated Emergency Assistance Service** for **You** or a replacement to complete essential and necessary business, chaperone or group leader commitments if **You** had to cancel or interrupt **Your Trip** due to;

- a. **Your** medical repatriation, unexpected death, hospitalisation, or temporary total disablement (which lasts for a continuous period of at least 72 hours) occurring during **Your Trip** and as certified by a **Medical Practitioner**), or
- b. The unexpected death, **injury** or **illness** (occurring in **Your Home Country** during the period of the **Trip**) of **Your** relative or close business associate.
- c. Being required to be present at **Your Home** or place of business in **Your Home Country** to make **Your** property safe and secure following a burglary or major damage caused by storm, flood or fire that causes serious damage at **Your Home**.

What is Not Covered

1. The **Excess** amount shown in the **Schedule of Benefits** or as shown on **Your Certificate of Insurance**.
2. Any air travel costs in excess of a return economy/ tourist class ticket.
3. Accommodation costs other than on a bed and breakfast basis i.e. the cost of the room plus breakfast.
4. Anything that **You** are not covered for under section A1 – Emergency Medical Expenses.

Please also refer to the general exclusions and conditions.

Schedule C : Optional Cancellation, Curtailment & Abandonment Benefits

If **You** have paid the additional premium and this option is shown as selected and paid for on **Your Certificate of Insurance**, then cover is extended to include this Sections C1.

Section C1 – Cancellation, Curtailment & Abandonment

Cover under this section starts from the **Start Date** shown on **Your Certificate of Insurance** or the date **Your** travel is booked, whichever is the later.

Note : Coverage for Cancellation and Abandonment is excluded and not applicable for persons located, or resident, in the USA at time of Application.

What is Covered

Cancellation / Curtailment

We will pay **You** up to the sum insured shown in the **Schedule of Benefits** applicable to **Your** chosen **Level of Cover** shown on **Your Certificate of Insurance** and subject to **Your Excess**, per **Period of Insurance** irrespective of the number of **Trips** taken, in respect of loss of unused pre-booked travel and accommodation expenses (including unused pre-booked course fees) paid in advance or for which there is a contractual liability, that cannot be recovered from anywhere else, if it is necessary to cancel or curtail the planned **Trip** because of any of the following events involving **You** or a **Travelling Companion** that first occur during the **Period of Insurance**:

- a) The accidental bodily **injury**, unexpected **illness** or unexpected death of **You**, **Your Travelling Companion**, **Your** Close Business Colleague or person with whom **You** intended to stay;
- b) The accidental bodily **injury**, unexpected **illness** or unexpected death of **Your Relative**, or the **Relative** of **Your Travelling Companion**, a Close Business Colleague or person with whom **You** intended to stay;
- c) **Your** presence being required at **Your Home** or place of business in **Your Home Country** to make **Your** property safe and secure following fire, flood or burglary that causes serious damage at **Your** home within 48 hours prior to **Your** departure, or whilst **You** are away on **Your Trip**;
- d) Unexpected requirement for emergency and unavoidable duty as a member of the armed forces, Police and Fire Services resulting in cancellation of previously agreed leave;
- e) Involuntary redundancy, termination or being laid off, through no fault of **You**, or **Your Travelling Companion**, provided that **You**, or **Your Travelling Companion** have been an active employee for the same employer for at least two consecutive years and at the time of booking the **Trip** had no reason to believe **You** would be made redundant, terminated or laid off. Termination must occur following the **Start Date** of **Your Policy**, or at the date of booking **Your Trip** whichever is the later. This provision is not applicable to temporary employment, independent contractors or self-employed persons.

Please note: Curtailment claims will be deducted from the day **You** return to **Your Home Country**, or, **You** are admitted to **Hospital** as an In-Patient so that **You** lose the benefit of accommodation **You** have paid for, or, **You** are confined to **Your** accommodation on medical grounds as certified by a **Medical Practitioner**. **Your** claim will be based solely on the number of complete nights accommodation lost. In respect of travel expenses, **We** will pay for any additional costs but not for the loss of **Your** pre-booked arrangements.

Abandonment

However, if **Your** departure from **Your Home Country** is delayed for more than 12 hours due to the late departure of an aircraft, sea vessel or other publicly licensed form of passenger transport in which **You** had previously booked to travel, provided always that such contingency had not occurred, commenced or been announced before the booking was made in respect of the flight, voyage or journey thus affected and **You** choose to abandon **Your Trip**, instead of a payment under Schedule B. Optional Enhanced Travel Benefits Section B4 Travel Delay (if shown on **Your Certificate of Insurance**), **You** are covered for the unrecoverable costs of the **Trip**, up to the maximum limit shown in the shown in the **Schedule of Benefits**.

What is Not Covered

1. The **Excess** amount shown in the **Schedule of Benefits** or as shown on **Your Certificate of Insurance**.
2. Anything not included in What Is Covered above and losses outside the extent of the contractual liability.
3. Any claim or portion of a claim where **You** have not supplied **Our** necessary validation of **Trip** paid expenses and unrecoverable costs, including documentation from the providers in respect of their cancellation policies.
4. Any directly or indirectly related claim if at the time this **Policy** was arranged and each time **You** make arrangements for a **Trip**;
 - i. **You** or **Your Travelling Companions** have been given a terminal diagnosis, or
 - ii. **You** or **Your Travelling Companions** are planning to travel against the advice of a **Medical Practitioner** or travelling specifically to seek, or **You** know **You** will need, medical treatment while **You** are away, or
 - iii. **You** or **Your Travelling Companions** are aware of the need for an operation or course of treatment at a **Hospital** or Clinic or if **You** have any undiagnosed symptoms that require tests or investigation nor awaiting the results of any tests or investigations.

- iv. **You** or **Your Travelling Companions'** doctor has changed any regular prescribed medication in the last 3 months.
5. Claims for cancelling or cutting short or interrupting **Your Trip** due to any medical condition or set of circumstances known to **You** at the time that the **Policy** was effected or at the time that the **Trip** was booked, whichever is the later, where such condition or circumstances could reasonably have been expected to give rise to cancellation of, or cut short, the **Trip**.
6. **We** shall not be liable for claims arising from any **Pre-Existing Condition** at the inception date of the period of travel. This exclusion shall not apply if such **Pre-Existing Condition** has been without the necessity of medical treatment or consultation for
 - i) 24 consecutive months prior to the purchase date of the **Certificate of Insurance** * or
 - ii) 60 months prior to the purchase date of the **Certificate of Insurance** in the case of heart (including high blood pressure), circulatory or cancer related conditions.

*** Note in respect of 6.i) above only:**

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

If **You** have stable conditions that require no more than 2 routine check-ups/reviews per year, this does not amount to 'consultation' in this context.

7. Any claim related to the health of a non-traveller if **You** made arrangements for **Your Trip** in the knowledge that their state of health is likely to cause **You** to cancel or amend **Your** travel plans.
8. Coming home early due to death or **illness** of a **Relative** or Close Business Colleague caused by an existing medical condition or a known complication of it.
9. Any claim not supported by a detailed letter/certificate from the treating doctor explaining why your early return was medically necessary.
10. Any costs incurred in respect of visa obtained in connection with the **Trip**.
11. Disinclination to travel.
12. The cost of this **Policy**.
13. Claims arising from **Your** anxiety, stress, depression or any other medical or nervous disorder unless **You** provide a medical certificate from a registered medical health professional stating that this necessarily prevented **You** from travel.
14. The cost of **Your** unused original tickets where **Our Nominated Emergency Assistance Service** or **We** have arranged and paid for **You** to come **Home** following **Your** necessary and unavoidable curtailment or interrupting of the **Trip**. If however **You** have not purchased a return ticket, **We** reserve the right to deduct the cost of an economy flight from any additional costs **We** have incurred which are medically necessary to repatriate **You** to **Your Home**.
15. Claims arising as a result of circumstances that had occurred, commenced or been announced before this **Policy** was effected.
16. If **You** fail to check-in on time.⁶
17. Claims for unused travel or accommodation arranged by using Air Miles or Loyalty Points or similar promotions.
18. Losses outside the extent of the contractual liability.
19. Any claim that comes from pregnancy or childbirth.

Conditions and Limitations Applicable To Cancellation, Curtailment & Abandonment

It is a requirement of this **Policy** that if **You**:

- a. **(for cancellation/abandonment)** become aware of any circumstances which may make it necessary for **You** to cancel **Your Trip**, **You** must advise **Your** Tour Operator or travel agent in writing as soon as possible. The maximum amount **We** will pay will be limited to the applicable cancellation charges at that time.
- b. **(for curtailment)** wish to return home earlier than **Your** original plans and claim any additional costs under this **Policy**, **You** must contact **Our Nominated Emergency Assistance Service** and obtain their agreement to the new arrangements. Failure to do so will affect the assessment of, and may invalidate, **Your** claim.

We shall only be liable:-

1. To the extent of the contractual liability.
2. For claims arising from delayed departure if **You** have obtained written confirmation from the **Common Carriers** or their Agents stating the actual date and time of departure and the reason for the delay. For the purposes of claims payment under these Subsections the period of delay shall be taken as commencing at the departure time of the conveyance as specified in the booking confirmation supplied to **You**.
3. If in the selection of the route, means of travel and time of departure **You** have done all things reasonable and practicable to minimise the possibility of late arrival at the departure point.
4. For claims attributable to mechanical breakdown, if **You** have obtained a garage or motoring organisation report confirming the date, cause and time of such breakdown.

Please also refer to the general exclusions and conditions.

Schedule D : Optional Winter Sports Activities & Benefits

If **You** have paid the additional premium and this option is shown as selected and paid for on **Your Certificate of Insurance**, then cover is extended to include Sections D1, D2, D3 and D4. They are automatically included the Annual Multi Trip option.

Section D1 – Winter Sports Activities

What is Covered

Your participation in **Winter Sports** activities during **Your Trip** and subject to:

1. For Single Trip Policies:

The maximum duration for a **Trip** that includes participation in the listed activity is 90 days.

For **Trips** over 90 days duration that require cover for participation in the listed activity must be referred to the **Voyager Insurance Services Ltd on +44 (0) 1483 80 66 88** and no cover shall be in place unless **We** have agreed cover in writing and **You** have paid the appropriate additional premium.

2. For Annual Multi Trip Policies

The maximum duration is 21 days participation in the listed activity during the **Period of Insurance**.

Section D2 – Ski Equipment & Ski Hire

What is Covered

We will pay **You** up to the sum insured shown in the **Schedule of Benefits** applicable to **Your** chosen **Level of Cover** shown on **Your Certificate of Insurance**, after making reasonable allowance for wear, tear and depreciation and subject to the special condition shown below for;

i) Ski Equipment

- a. Loss or theft of, or damage to ski equipment owned or borrowed by **You**.
- b. Loss or theft of, or damage to ski equipment hired by **You**.

ii) Ski Hire

- c. The cost of necessary hire of ski equipment following;
 - i. Loss or theft of, or damage to, **Your** ski equipment insured by **Us**, or
 - ii. The delayed arrival of **Your** ski equipment, subject to **You** being deprived of their use for not less than 12 hours from planned time of first use.

What is Not Covered

1. The **Excess** amount shown in the **Schedule of Benefits** or as shown on **Your Certificate of Insurance**, other than for hire costs.
2. Ski equipment stolen from an unattended motor vehicle between the hours of 8p.m. and 8a.m. or, if stolen at any other time, 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. **Your** damaged ski equipment unless returned to **Our** appointed Claims Handlers 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.

Special conditions applicable to section D2 Ski Equipment

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.

It is a requirement of this **Policy** that **You** must, in the event of a claim, provide receipts or other documentation to prove ownership and value, especially in respect of any items for which **You** are claiming more than £50/€62.50/\$75.

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.

Section D3 – Ski Pack

What is Covered

We will pay **You** up to the sum insured shown in the **Schedule of Benefits** applicable to **Your** chosen **Level of Cover** shown on **Your Certificate of Insurance**, for the proportionate value of any ski pass, ski hire or ski school fee that **You** are unable to use following;

- a. Accidental bodily **injury** or **illness** that prevents **You** from skiing, as medically certified, or
- b. Loss or theft of **Your** ski pass.

What is Not Covered

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

Please also refer to the general exclusions and conditions.

Section D4 – Piste Closure

What is Covered

Valid for the period 1st December to 31st March only.

We will pay **You** up to the sum insured shown in the **Schedule of Benefits** applicable to **Your** chosen **Level of Cover** shown on **Your Certificate of Insurance**, 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 **Your** pre-booked **Trip** resort, up to the total amount shown either;

- a. For the costs **You** have paid for travel to an alternative resort including the necessary additional cost of a ski pass, or
- b. A compensation payment to **You** after **You** return where no alternative is available.

You are not covered if **You** arranged this **Policy** or booked **Your** trip within 14 days of departure and at that time conditions in **Your** planned resort were such that it was likely to be not possible to ski.

Conditions and Limitations Applicable To Piste Closure

It is a requirement of this **Policy** that:

1. **You** 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. **You** must submit receipts for the travel and ski pass costs that **You** wish to claim.

An **Excess** does not apply to this Section.

Please also refer to the general exclusions and conditions.

Schedule E : Optional Action or Action Plus – Adventure Sports & Activities

If **You** have paid the additional premium and this option is shown as selected and paid for on **Your Certificate of Insurance**, then cover is extended to include Schedule E1 or Schedule E2 as shown on **Your Certificate of Insurance**.

In addition to the coverage provided under Section A13 – Sports Activities (Leisure List), coverage will be extended to include the following additional Adventure Sports and Activities listed under either Schedule E1 Action Activities List or Schedule E2 Action Plus Activities.

Special conditions and exclusion applicable to Action and Action Plus Activity Lists

Please note while participating in any of the activities listed under the Action or Action Plus Activity Lists, the following will apply;

- Only available for persons ages under 65 years at time of departure.
- Only available for trips of up to 90 days. Trips of 91 days or over requiring Action or Action Plus Listed Activities, or for cover of activities not listed, must be referred to Voyager Insurance Services on +44 (0) 1483 80 66 88. No cover is in place unless the appropriate additional premium has been paid and cover is confirmed in writing by Voyager Insurance Services Ltd.
- No cover will be provided under Schedule B. Optional Enhanced Travel benefits Section B8 Personal Accident and Section B7 Personal Liability (even if the appropriate premium has been paid and shown on **Your Certificate of Insurance**).
- The policy **Excess** under Section A1 Emergency Medical Expenses and A5 Physiotherapy/Chiropractor will be increased to the greater of **Your** selected **Excess**, or £300 / €400 / \$500, per person per claim. Selecting Nil Medical Excess option will not delete this **Excess** under Schedule E.
- Any involvement in these sports and/or activities is subject to **Your** compliance with local laws and regulations and the use of recommended safety equipment (such as helmet, harness, knee and/or elbow pads) and is subject to the standard policy terms, conditions and exclusions.

Please note the **Policy Terms** and conditions will still apply in all other respects.

Please also refer to the general exclusions and conditions.

Schedule E1 - Action Activities List

- Not applicable to trips of 91 days or over (unless declared to Us and confirmed in writing)

- The following activities are covered on an amateur basis and are subject to a 50% premium load

Bungee Jumping (more than 3 jumps) Cycling (including event training) Flying (piloting of light aircraft as PPL holder)	Football/Soccer (amateur competition/tour) Glacier Walking (2000-4250m, Winter Sports premium must also be paid)	Gliding (as pilot with necessary licence) Gymnastics Marathon Running Rafting (grade 4 or over)	Scuba Diving (maximum depth 40m) Skateboarding (demonstration or competitive)
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Schedule E2 - Action Plus Activities List

- Not applicable to trips of 91 days or over (unless declared to Us and confirmed in writing)

- The following activities are covered on an amateur basis and are subject to a 100% premium load

Includes Leisure Activities and Action Activities: Bouldering (with crash pad, maximum height 7m) Canoeing (grade 4 or above) Canyoning Cat Skiing (with a qualified local guide, Winter Sports premium must also be paid)	Cycling (including competition but not BMX or stunting) Flying (Piloting of light aircraft under instruction) Gliding (as pilot under instruction) Heli Skiing (with a qualified local guide, Winter Sports premium must also be paid)	Horse Riding (including jumping but not racing/hunting) Hurling Judo (training only) Karate (training only) Kayaking (grade 4 or over) Kendo (training only) Kick Boxing (training only) Martial Arts (training only, excluding mixed martial arts)	Modern Pentathlon Polo (elephant or horse) Roller Hockey Sailing (more than 60 miles from a safe haven) Triathlon (not exceeding Olympic distance) White Water Canoeing/ Rafting (grade 4 or over)
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In no event will cover be available for:

American Football Australian Football (Aussie Rules) Base Jumping Big Game Hunting BMX Cave Diving / Spelunking	Gaelic Football Hang Gliding Ice Hockey Jousting Kite Boarding (over land) Mountain Biking (downhill and competition)	Mountaineering Parachuting Paragliding Parasailing Power Lifting Quad Biking Rugby Union & League	Running the Bulls Skeleton or Luge Sky Surfing Speed Trials Speed Way Trekking (above 4,250m) Wrestling
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Pre-Authorisation Requirements

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

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

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

Notification for **Pre-Authorisation** to **Our Nominated Emergency Assistance Service** may be undertaken by **You**, **Your Medical Practitioner**, the **Hospital** administrator or a **Relative**.

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

- **You** incur, or are likely to incur, costs in excess of £500/€600/\$750 (currency is determined by the currency in which **Your** premium was paid) (If **You** are unsure, always check with **Your Medical Practitioner**, **Hospital** or Medical Provider before incurring any costs).
- **You** go into **Hospital** or clinic as an In-Patient or Day-Patient,
- Out-Patient Surgery
- Second Surgical Opinion
- CAT, PET and MRI Scans
- Incurring charges for **Emergency** medical evacuation/repatriation
- Incurring charges for emergency Natural Disaster, Political and Security Evacuation
- Incurring charges for travel arrangements or accommodation
- Incurring charges of cremation, burial or repatriation of **Your** remains
- Incurring Kidnap and Ransom Crisis Response Costs
- or if **You** wish to return **Home** earlier than **Your** original plans.

If it is not possible to notify **Our Nominated Emergency Assistance Service** in advance because the condition requires immediate treatment to save life or limb, **Our Nominated Emergency Assistance Service** must be notified immediately and in any event within 48 hours from the Emergency.

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

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

Emergency 24Hr Medical Assistance & Pre-Authorisation Helpline

Global Response Assistance

24 Hours / 365 Days A Year

Refer to How To Make A Claim Section &

24/7 Emergency Medical Helpline & Assistance Service

Tel (UK) : +44 (0) 2920 468794

Fax (UK) : +44 (0) 2920 468797

e-mail : operations@global-response.co.uk

Please quote your Certificate Number and Scheme Reference: VOY/GV/2018/19

How To Make A Claim

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

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

1. Emergency and Medical Assistance & Pre-Authorisation (24 hour) Helpline

If **You** require any of the following whilst on a **Trip** **You** must ring **Our Nominated Emergency Assistance Service** on the telephone number provided below for **Pre-Authorisation** before seeking any of the following treatment, services and/or supplies:

- **You** incur, or are likely to incur, costs in excess of £500/€600/\$750 (currency is determined by the currency in which **Your** premium was paid) (If **You** are unsure, always check with **Your Medical Practitioner, Hospital** or Medical Provider before incurring any costs).
- **You** go into **Hospital** or clinic as an In-Patient or Day-Patient,
- Out-Patient Surgery
- Second Surgical Opinion
- CAT, PET and MRI Scans
- Incurring charges for **Emergency** medical evacuation/repatriation
- Incurring charges for **Emergency** Natural Disaster, Political and Security Evacuation
- Incurring charges for travel arrangements or accommodation
- Incurring charges of cremation, burial or repatriation of **Your** remains
- Incurring Kidnap and Ransom Crisis Response Costs
- or if **You** wish to return **Home** earlier than **Your** original plans.

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

If **You** have not obtained **Pre-Authorisation** in respect the above treatments, services and/or supplies from **Our Nominated Emergency Assistance Service**, **We** reserve the right to deny **Your** claim under this section or apply substantial co-payments from **You** to a maximum of 50% of the covered costs.

Emergency 24Hr Medical Assistance & Pre-Authorisation Helpline

Global Response Assistance

24 Hours / 365 Days A Year

Refer to How To Make A Claim Section &

24/7 Emergency Medical Helpline & Assistance Service

Tel (UK) : +44 (0) 2920 468794

Fax (UK) : +44 (0) 2920 468797

e-mail : operations@global-response.co.uk

Please quote your Certificate Number and Scheme Reference: **VOY/GV/2018/19**

Global Response may be contacted at any time, should **You** require advice or assistance regarding all emergency matters.

When contacting Global Response the following details must be provided:

- The **Insured Person's** name, location and details (including passport/visa etc).
- The **Insured Person's** Employer, Company or Organisation.
- The **Certificate of Insurance** number and **Period of Insurance** shown on the **Certificate of Insurance**.
- Please quote Scheme Reference: **VOY/GV/2018/19**
- The name and phone number of the doctor and **Hospital** treating the **Insured Person**.
- The telephone or facsimile number on which **You** or **Your** representatives can be contacted.
- **Your** address abroad.
- The **Period of Insurance** shown on the **Certificate of Insurance**.
- The nature of the emergency and/or medical problem.

In the event of an *Emergency* or emergency admission, please do not delay obtaining *Emergency* treatment, but *You* should not attempt to find *Your* own solution and then expect full reimbursement from the Underwriters without prior approval first having been obtained from *Our Nominated Emergency Assistance Service*, except where emergency medical treatment is required urgently to save life or limb and in which case *Our Nominated Emergency Assistance Services* must be notified immediately and in any event within 48 hours from the *Emergency*.

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

Medical Assistance Services provided by the team:

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

2. Non-Emergency Medical and Non-Medical Claims

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

Global Response Claims

Monday - Friday 9.00am – 5.00pm (UK Local Time)
(Outside of these hours voicemail service)
Refer to How To Make A Claim Section
24 hour online claims form request &
non-emergency claims registration

Tel (UK) : +44 (0) 2920 474239
Fax (UK) : +44 (0) 2920 468797
e-mail : travelclaims@global-response.co.uk
Web : www.grclaims.com/claimsform/voyager

Address : Global Response Ltd,
Travel Claims Dept.
Regus House,
Falcon Road,
Cardiff,
CF10 4RU,
United Kingdom

Please quote your Certificate Number and Scheme Reference: VOY/GV/2018/19

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

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