

FAIRSURE TRAVEL INSURANCE

SINGLE & MULTI TRIP / TERMS & CONDITIONS



accident & general

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MEDICAL WARRANTY

AT THE TIME OF BOOKING AND AT THE TIME OF STARTING YOUR TRIP, YOU (OR ANYONE INSURED ON THIS POLICY) MUST BE:

- Healthy & fit to travel
- Not travelling against medical advice
- Not travelling to obtain medical treatment abroad

IF YOU ANSWER YES TO THE FOLLOWING QUESTION AND WISH YOUR MEDICAL CONDITION TO BE COVERED YOU MUST CONTACT ACCIDENT & GENERAL TO COMPLETE A MEDICAL SCREENING.

TELEPHONE: ROI (01) 299 4692 UK/NI: (028) 956 801 33

Q. Have you have been prescribed medication (including repeat prescriptions), received treatment or attended a G.P. or hospital as an outpatient or inpatient in the last 2 years?

YES

NO

Important information relating to medical conditions :

- This policy cannot provide cover relating directly or indirectly to any medical condition where you are on a waiting list or awaiting the results of any tests or investigations.
- If you have been diagnosed as having a terminal illness, this policy is NOT suitable for you and we cannot offer you cover.

You do not have to declare your condition if it is mentioned on the waived conditions list on pages 9 & 10 if it is the only one you have and is well controlled as long as you have been fully discharged from any post-operative follow up and any and all ongoing treatment or investigation.

**Cover for cancellation or curtailment claims due to an immediate relative's pre-existing medical condition is only available on Platinum Plus
Terms and conditions apply. Refer to Health of Relatives on page 7.**

IMPORTANT

- It is **your** responsibility to review the answer to the medical question asked and if **you** are in any doubt or it is incorrect, **you** must contact Accident & General Medical Screening. The answers given form part of **your** insurance certificate.
- If someone has answered the above questions on **your** behalf, it is **your** responsibility to ensure that the answer given is correct and accurate. Any claim arising will be treated as such.
- If **you** fail to disclose a condition or if **your** answers to the medical questions are incorrect, this may result in **your** claim being turned down and **your** policy being invalid.
- No claim arising directly or indirectly from a **pre-existing medical condition** affecting **you** and known to **you** will be covered unless:
 - a) **You** have declared all **pre-existing medical conditions** to us; and
 - b) **You** have declared any changes in **your** health or prescribed medication; and
 - c) **We** have accepted the condition(s) for insurance in writing; and
 - d) **You** have paid any additional premium required.

FAIRSURE SINGLE / MULTI TRIP – SCHEDULE OF COVER (EURO)

No.	SECTION	GOLD	GOLD EXCESS	PLATINUM (No Excess)	PLATINUM PLUS (No Excess)
1	Cancellation	€4,000	€100 (Single Trip) €25 Loss of Deposit	€7,500	€10,000
	Airline Cancellation / Tax Fees	€100		€100	€100
2	Curtailment	€3,000	€100	€6,500	€10,000
3	Personal Accident	€25,000	NIL	€40,000	€50,000
4	Medical Expenses	€5,000,000	€100	€7,500,000	€10,000,000
4a	Dental Treatment	N/C	N/C	€450	€450
5	Medical Inconvenience Benefit	€25 per day up to €400	€0	€25 per day up to €650	€25 per day up to €1000
6	Baggage	€1,750	€100	€2,500	€3,000
	Single Article Limit	€150		€350	€500
	Valuables Limit	€200		€500	€750
	Delay	€100		€100	€100
	Money Limit	€150		€400	€500
7	Personal liability (Per Policy)	€2,500,000	€0	€2,500,000	€2,500,000
8	Personal Assistance	€250	€0	€250	€250
9	Lost / Stolen Travel Tickets	€500	€75	€500	€1,000
10	Lost Passport Expenses	€400	€0	€400	€500
11	Travel Delay	€25 1st 12 hour, €15 each 12 hours thereafter up to €150		€25 1st 12 hour, €15 each 12 hours thereafter up to €150	€25 1st 12 hour, €15 each 12 hours thereafter up to €150
	Abandonment	€4,000	€0	€7,500	€10,000
12	Missed Departure / Connection	€500	€0	€500	€1,000
13	Hijack	€50 per day up to €500	€0	€50 per day up to €500	€100 per day up to €1000
14	Catastrophe	€1,000	€100	€1,000	€1,000
15	Government Travel Advice	€1,250	€0	€1,250	€2,000
16	Non-Operation of flight	N/C	N/C	€500	€500
17	BUSINESS COVER				
17a	Company Funds	N/C	N/C	€650	€1,000
17b	Business Equipment	N/C	N/C	€1,250	€1,500
17c	Single Article Limit	N/C	N/C	€500	€750
17d	Replacement Colleague	N/C	N/C	€2,500	€5,000
18	Golf Cover				
18a	Golf Equipment	N/C	N/C	€1,250	€2,000
18b	Green Fees	N/C	N/C	€350	€350
18c	Hole in One	N/C	N/C	€200	€200
19	Winter Sports				
19a	Ski Equipment	N/C	N/C	€500	€750
19b	Ski Pack	N/C	N/C	€350	€500
19c	Ski Hire	N/C	N/C	€250	€250
19d	Piste Closure	N/C	N/C	€400	€400
19e	Avalanche Closure	N/C	N/C	€125	€125
OPTIONAL EXTRAS					
20	Event Cancellation	€2,000	€0	€2,000	€2,000
21	Cruise Cover – Connection	€750	€0	€750	€750
22	Natural Disaster (inc volcanic ash)	€3,000	€0	€3,000	€3,000
23	Excess Waiver	Optional	€0	included	included

KEY N/C means “Not Covered”


FAIRSURE SINGLE / MULTI TRIP – SCHEDULE OF COVER (GBP)


No.	SECTION	GOLD	GOLD EXCESS	PLATINUM (No Excess)	PLATINUM PLUS (No Excess)
1	Cancellation	£2,500	£60 (Single Trip) £25 Loss of deposit	£5,500	£7,500
	Airline Cancellation / Tax Fees	£100		£100	£100
2	Curtailment	£2,500	£60	£5,000	£7,500
3	Personal Accident	£7,500	NIL	£20,000	£30,000
4	Medical Expenses	£3,000,000	£60	£5,000,000	£6,500,000
	Dental Treatment	N/C	N/C	£350	£350
5	Medical Inconvenience Benefit	£20 per day up to £300	£0	£20 per day up to £500	£20 per day up to £650
6	Baggage	£1,000	£60	£1,500	£2,000
	Single Article Limit	£125		£250	£350
	Valuables Limit	£150		£400	£500
	Delay	£60		£60	£60
	Money Limit	£125		£300	£350
7	Personal liability (Per Policy)	£2,000,000	£0	£2,000,000	£2,000,000
8	Personal Assistance	£250	£0	£250	£250
9	Lost / Stolen Travel Tickets	£400	£50	£400	£650
10	Lost Passport Expenses	£300	£0	£300	£350
11	Travel Delay	£15 1st 12 hour, £10 each 12 hours thereafter up to £100		£15 1st 12 hour, £10 each 12 hours thereafter up to £100	£15 1st 12 hour, £10 each 12 hours thereafter up to £100
	Abandonment	£2,500	£0	£5,500	£7,500
12	Missed Departure / Connection	£400	£0	£400	£650
13	Hijack	£40 per day up to £400	£0	£40 per day up to £400	£40 per day up to £650
14	Catastrophe	£600	£60	£600	£600
15	Government Travel Advice	£1,000	£0	£1,000	£1,200
16	Non-Operation of flight	N/C	N/C	£300	£300
17	Business Cover				
17a	Company Funds	N/C	N/C	£500	£650
17b	Business Equipment	N/C	N/C	£1,000	£1,000
17c	Single Article Limit	N/C	N/C	£400	£500
17d	Replacement Colleague	N/C	N/C	£2,000	£3,500
18	Golf Cover	N/C	N/C		
18a	Golf Equipment	N/C	N/C	£1,000	£1,200
18b	Green Fees	N/C	N/C	£250	£250
18c	Hole in One	N/C	N/C	£150	£150
19	Winter Sports	N/C	N/C		
19a	Ski Equipment	N/C	N/C	£400	£500
19b	Ski Pack	N/C	N/C	£250	£350
19c	Ski Hire	N/C	N/C	£200	£250
19d	Piste Closure	N/C	N/C	£300	£300
19e	Avalanche Closure	N/C	N/C	£100	£100
OPTIONAL EXTRAS					
20	Event Cancellation	£1,500	£0	£1,500	£1,500
21	Cruise Cover – Connection	£500	£0	£500	£500
22	Natural Disaster (inc volcanic ash)	£3,000	£0	£3,000	£3,000
23	Excess Waiver	Optional	£0	Included	Included

KEY N/C means “Not Covered”

You are only covered for taking part in any sports or activities if they are listed below and the appropriate policy level has been purchased.

KEY :  Fairsure Gold

 Fairsure Platinum

 Fairsure Platinum Plus

You must ensure that any activity is adequately supervised and appropriate safety equipment is worn/used at all times whilst participating in the activity.

You will not be covered for **personal liability** cover Section 7 whilst partaking in any of these activities

SCHEDULE OF HAZARDOUS ACTIVITIES

ACTIVITY	POLICY	ACTIVITY	POLICY
4x4 Off-roading (Within organiser's guidelines. No liability cover)	G, P, P +	Cycling (Excluding professional and mountain biking, no racing)	G, P, P +
Abseiling	P, P +	Dancing (Including instruction)	G, P, P +
Aerial Safari (Chartered aircraft and organised excursion)	G, P, P +	Deep-sea fishing (Provided you are with a professional fisherman)	G, P, P +
Aerial tram	G, P, P +	Dragon boat racing	P, P +
Aerobics	G, P, P +	Dry slope skiing	G, P, P +
Air travel (Other than as a fare paying passenger on a regular scheduled airline or licensed charter aircraft)	No Cover	Duathlon/Triathlon	P, P +
Air boarding	G, P, P +	Dune bashing (Within organiser's guidelines, no personal liability cover)	P, P +
Amateur athletics	G, P, P +	Jeep safari (Within organiser's guidelines, no guns, no personal liability cover)	P, P +
American football	P, P +	Elephant riding	G, P, P +
Angling	G, P, P +	Expeditions (Other than those packaged by a recognised tour operator)	No Cover
Archaeological digging	G, P, P +	Falconry	G, P, P +
Archery (Provided it is properly supervised)	G, P, P +	Fell walking / Running (Up to 3,000 metres above sea level, not using picks or ropes)	G, P, P +
Assault course	P, P +	Fencing	P, P +
Badminton	G, P, P +	Fives	G, P, P +
Banana boating (Only as a passenger with no right of control)	G, P, P +	Flying (As passenger in a private plane, helicopter or light aircraft up to 12 hours, no personal liability cover)	P, P +
Baseball	P, P +	Flying fox (cable car)	P, P +
Basketball	G, P, P +	Frisbee	G, P, P +
Battle re-enactment	G, P, P +	Gaelic games	G, P, P +
Beach games	G, P, P +	Gliding (Excluding crewing and piloting)	P, P +
Big-game hunting	No Cover	Go-karting (up to 120cc) (Provided properly supervised and organised)	G, P, P +
Billiards / Snooker / Pool	G, P, P +	Go- karting (over 120cc) (Provided properly supervised and organised)	P, P +
Blokarting (No liability cover)	P, P +	Golf	G, P, P +
Body boarding / Boogie boarding	G, P, P +	Grass skiing	P, P +
Bowls	G, P, P +	Gymnastics	G, P, P +
Breathing Observation Bubble (BOB)	P, P +	Handball	G, P, P +
Bridge Climb / Walk (Within organiser's guidelines)	G, P, P +	Hang -gliding	No Cover
Bungee- jumping	P, P +	High diving (Under 5 Meters and excluding cliff diving)	P, P +
Camel riding	P, P +	Hiking / Trekking (up to 3,000 metres above sea level) (No Picks or Ropes)	G, P, P +
Camp America Counsellor	G, P, P +	Hiking / Trekking (up to 6,000 metres above sea level) (No Picks or Ropes)	P, P +
Canoeing / Rafting (In calm waters - not sea)	G, P, P +	Hockey	G, P, P +
Canoeing in white waters	P, P +	Horse-riding or Pony-trekking on a casual basis (Excluding competition/ jumping. Must wear a helmet)	P, P +
Canopy walking	G, P, P +	Hot-air ballooning (As part of an organised excursion)	P, P +
Clay pigeon shooting (No liability cover)	G, P, P +	Hydro zorbing	G, P, P +
Climbing (On climbing wall only)	G, P, P +	Ice hockey	No Cover
Crewing of a vessel (Inside territorial waters)	G, P, P +	Iron Man (Must be part of an organised Event)	P, P +
Crewing of vessels from one country to another	No Cover	Jet boating (As part of an organised excursion. No racing, no personal liability cover)	P, P +
Cricket	G, P, P +	Jet skiing (No personal liability cover)	P, P +
Croquet	G, P, P +	Kayaking	P, P +
Cross country running	G, P, P +	Kite surfing	P, P +
Curling	G, P, P +	Korfball	G, P, P +
Cycle Touring	P, P +	Lacrosse (Amateur only)	P, P +

SCHEDULE OF HAZARDOUS ACTIVITIES CONTINUED:

ACTIVITY	POLICY	ACTIVITY	POLICY
Marathon running	P, P +	Shark cage diving (Must be pre-organised in the UK or Ireland)	P, P +
Martial arts	No Cover	Shinty	G, P, P +
Micro lighting	No Cover	Skateboarding (Excludes racing, competition and liability cover. Helmet & Pads must be worn)	G, P, P +
Motor cycles/mopeds up to 125cc (Must wear a helmet and the driver must have a full Irish or UK motorcycle license or the local equivalent)	G, P, P +	Skin-diving	G, P, P +
Motor cycles/mopeds over 125cc	No Cover	Snorkelling	G, P, P +
Motor rallying in major and non-major events	No Cover	Soccer	G, P, P +
Mountain biking (Helmet must be worn. Excluding competition, racing or extreme cycling)	P, P +	Softball	P, P +
Mountaineering	No Cover	Sphering	G, P, P +
Netball	G, P, P +	Squash	G, P, P +
Orienteering	G, P, P +	Stunt events	No Cover
Outward bound pursuits	G, P, P +	Surfing	G, P, P +
Paddle boarding	G, P, P +	Swimming	G, P, P +
Parachuting (Single jump; tandem only)	P, P +	Swimming with dolphins	G, P, P +
Parachuting (Solo)	No Cover	Table-tennis	G, P, P +
Parascending (when attached to a speedboat)	P, P +	Team sports (Provided they are played on an amateur and recreational basis only and that there is no reward involved directly or indirectly. If the sport is mentioned elsewhere on this list the appropriate policy level must be obtained.)	G, P, P +
Pedalos	G, P, P +	Ten- pin bowling	G, P, P +
Pot-holing	No Cover	Tennis	G, P, P +
Professional sports of any kind	No Cover	Trampolineing	P, P +
Quad-biking (Under 150cc and wearing a helmet)	P, P +	Tug of war	G, P, P +
Racquetball	G, P, P +	Volleyball	G, P, P +
Rambling	G, P, P +	Ultimate frisbee	G, P, P +
Refereeing	G, P, P +	War Games/Paint Balling	P, P +
Ringos (Within organiser's guidelines and no cover for personal liability)	G, P, P +	Via Ferrara (Grades A-C)	P, P +
Rock climbing (where ropes and guides are required)	No Cover	Water- Skiing (No cover for water ski-jumping)	G, P, P +
Rollerblading / skating	G, P, P +	Water polo	G, P, P +
Rounder's	G, P, P +	White and black water rafting (Grades 1 to 4)	P, P +
Rowing	G, P, P +	Windsurfing.	G, P, P +
Rugby football	P, P +	Winter Sports: cross-country skiing (must be accompanied by a guide or instructor) , Dog Sledding, Ice- Skating, Skiing,	P, P+ (or as Optional Extra)
Safaris with guns (including walking safaris)	No Cover	Skiing off-piste (must be accompanied by a guide or instructor), Snowboarding, Snow-mobiling (No cover for third party injuries or liability), snow sledging and Tobogganing (Excluding Cresta run. No competitive Winter Sports)	
Safaris without guns	P, P +		
Sailing / Yachting (Inside territorial waters – no cover for personal liability)	G, P, P +		
Sand boarding / Surfing / Skiing	P, P +	NOTE : The following winter sports are not covered under this policy: Ski Acrobatics, Ski Jumping, Heli-Skiing, Bob-Sleighing, Luge, Ski Racing of any kind, the use of skeletons or bobsleighs, snow jumping stunts	No Cover
Sand yachting (No racing, no personal liability cover)	P, P +	Yoga	G, P, P +
Scuba-diving (Down to 30 metres provided you are with a certified Buddy)	P, P +		
Sea canoeing/kayaking (Within coastal waters)	G, P, P +		
Segway	G, P, P +		

KEY :



Fairsure Gold



Fairsure Platinum



Fairsure Platinum Plus

FAIRSURE TRAVEL INSURANCE

YOUR INSURERS – WHO WE ARE

This insurance is arranged by Accident & General Insurance Services Ltd and is underwritten by Europ Assistance S.A, Irish Branch.

Europ Assistance S.A is a French stock corporation, regulated by the French Insurance Code, having its registered office at 1, promenade de la Bonnette, 92230 Gennevilliers, France, registered in the Register of Commerce and Companies of Nanterre (Reference number 451 366 405) acting through its Irish office (trading as EUROP ASSISTANCE S.A., Irish Branch) whose principal establishment is located at 4th Floor, 4-8 Eden Quay, Dublin 1, D01N5W8, Ireland, registered in the Irish Companies Registration Office under number 907089.

Europ Assistance S.A. (trading as Europ Assistance S.A. Irish Branch) is regulated in France by the Autorité de Contrôle Prudentiel et de Résolution (ACPR) of 61 rue Taitbout, 75436 Paris Cedex 09, France.

Europ Assistance S.A. Irish Branch conducts business in Ireland in accordance with the Code of Conduct for Insurance Undertakings published by the Central Bank of Ireland.

Accident & General is a multi-agency intermediary authorised and regulated by the Central Bank of Ireland. Regulated Number 8954. Company Registration number 146193. Registered address is 6 Leopardstown Office Park, Burton Hall Avenue, Sandyford Dublin 18, D18 P6F5.

This certificate of insurance is issued subject to the conditions and exclusions of this insurance. Cover commences on payment of the appropriate premium. This policy has been sold to **you** on a non-advised basis and **you** should read this information to ensure that it meets **your** requirements. **You** may already possess alternative insurance(s) for some or all the features and benefits provided by this product; it is **your** responsibility to investigate this. If upon reading this policy **you** find it does not meet **your** requirements, please refer to the relevant cooling off/policy cancellation section.

Medical Warranty Questionnaire

If **you** answer Yes to the following question for **you** or anyone in **your** party, **you** must contact Accident & General to complete a medical screening.

Have you been prescribed medication (including repeat prescriptions), received treatment or attended a G.P. or hospital as an outpatient or inpatient in the last 2 years?

You do not have to declare **your** condition if it is mentioned on the waived conditions list on pages 9 & 10 if **your** condition is the only one you have and is well controlled as long as **you** have been fully discharged from any post-operative follow up and any and all ongoing treatment or investigation (unless otherwise mentioned on the list).

IMPORTANT

This policy cannot provide cover relating directly or indirectly to any **medical condition** where **you** are on a waiting list or awaiting the results of any tests or investigations.

If **you** have been diagnosed as having a terminal illness, this policy is not suitable for **you** and **we** cannot offer **you** cover.

It is **your** responsibility to review the answers to the medical question asked and noted on **your** certificate of insurance. If **you** are in any doubt or the answers are incorrect in any way, **you** must contact Accident & General Medical Screening on 01 299 4692 (if calling from the Republic of Ireland) or 028 956 80133 (if calling from the UK).

RELATIVES' MEDICAL CONDITIONS

Cancellation or **Curtailed** cover for an **immediate relative's pre-existing medical condition is only available** under Platinum Plus. Cover for cancellation or **curtailment** will only be in force if the policy is purchased within 14 days of booking the **trip** and there is no change in the **medical condition** from the time of purchasing the **trip** to purchasing the insurance. There is no cover for cancellation or **curtailment** due to a terminal diagnosis which has been received prior to the purchase of the insurance.

IMPORTANT HEALTH REQUIREMENTS RELATING TO YOU

You must comply with the following conditions to have full protection under this policy. If **you** do not comply **we** may cancel the policy, refuse to deal with **your** claim or **we** may reduce the amount of any claim payment.

Any medical information supplied in a Medical Health Declaration will be treated in the strictest confidence, will be used solely for **our** own internal purposes for the assessment of the risk, and will not be disclosed to any outside person or authority without the specific approval of the person whose details are shown in the Medical Health Declaration.

To be covered, **you** must be healthy, fit to travel and to undertake **your** planned **trip**; the insurance will NOT cover **you**:

- a) If **you** are travelling against the advice of a **doctor** (or would be travelling against the advice of a **doctor** had **you** sought his/her advice);
- b) If **you** are travelling with the intention of obtaining medical treatment or consultation abroad.
- c) If **you** have any undiagnosed symptoms that require attention or investigation in the future (that is symptoms for which **you** are awaiting investigations/consultations, or awaiting results of investigations, where the underlying cause has not been established).

No claim arising directly or indirectly from a **pre-existing medical condition** affecting **you** and known to **you** will be covered unless:

- a) **You** have declared all **pre-existing medical conditions** to us; and

- b) **You** have declared any changes in **your** health or prescribed medication; and
- c) **We** have accepted the condition(s) for cover in writing; and
- d) **You** have paid any additional premium required.

Each **insured person** who has a **pre-existing medical condition** must make a medical health declaration before each **period of insurance** and, if there are any changes in health or prescribed medication, prior to start of the **period of insurance** or departing on any **trip**.

Failure to declare all **pre-existing medical conditions** that are relevant to this insurance may invalidate the policy.

We may ask **you** to obtain, at **your** own expense, a medical report from **your** General Practitioner or Consultant in order to assess whether cover is available.

Based on **our** assessment of the medical information supplied, **we** will decide if the person is suitable for this insurance, if certain exclusions or restrictions should be imposed or if cover can be offered subject to the payment of an additional premium. If **we** offer cover, and if the cover is subject to the payment of an additional premium, cover will not commence until **we** have received full payment and provided written confirmation to **you**.

Please see the medical warranty above.

RECIPROCAL HEALTH AGREEMENT

Europe and EHIC

If **you** are travelling to European Union countries **you** should obtain a European Health Insurance Card (EHIC). **You** can apply as an Irish citizen either through **your** local Post Office and/or Health Board or download an application form here

http://www.hse.ie/eng/services/list/1/schemes/EHIC/EHIC_Application_Form.pdf

or as a citizen of the United Kingdom or Northern Ireland **you** can apply by downloading an application form here:

<http://www.nhs.uk/NHSEngland/Healthcareabroad/EHIC> or by telephoning 0300 330 1350.

This will entitle **you** to benefit from the reciprocal health agreements which exist between certain European countries.

AUSTRALIA AND MEDICARE

If **you** are travelling to Australia and **you** have to go to hospital, **you** must register for and make use of the treatment offered under the national Medicare scheme. If **you** know **you** need treatment, **you** can enrol for Medicare at a DHS Service Centre. If **you** receive treatment before **you** enrol, Medicare benefits will be reimbursed for eligible visitors.

If valid medical costs have been reduced using an EHIC, other reciprocal health agreement or private health insurance, **we** will not deduct any **excess**.

EMERGENCY MEDICAL EXPENSES

The **Fairsure** Travel Insurance policy is **NOT** a Private Medical Insurance policy, and does not provide cover for procedures that can be carried out in **your home country** after repatriation. Medical costs in private facilities abroad will not be covered unless authorised in advance by **us** and no private treatment will be covered where medically suitable state facilities are available.

Medical Emergency: In the event of a medical emergency **you** must contact **us** as soon as possible on +44 (0) 2920 662 416. **You** MUST contact **us** before incurring any expenses. If **you** are physically prevented from contacting **us** immediately, **you** or someone designated by **you** must contact **us** within 48 hours.

IMPORTANT

Pregnancy and Childbirth

This policy is designed to provide cover for unforeseen events. Pregnancy and childbirth are not considered as unforeseen events. For the avoidance of doubt, please note that cover is **ONLY** given under Sections 1, 2, 4 and 5 of this policy for claims arising from **complications of pregnancy and childbirth**. Please make sure **you** read the definition of **complications of pregnancy and childbirth** given under the Definitions below.

HEALTH OF RELATIVES

IMPORTANT LIMITATIONS

CANCELLATION AND CURTAILMENT COVER

Important health requirements relating to you and your immediate relatives

This policy will NOT cover any claims under Sections 1 and 2 (**Cancellation** and **Curtailement**) arising directly or indirectly from any **pre-existing medical condition** known to **you** prior to the start of the **period of insurance** affecting any **immediate relative** or travelling companion who is not insured under this policy, or person with whom **you** intend to stay whilst on **your trip** if:

- a terminal diagnosis had been received prior to the start of the **period of insurance**; or
- they were on a waiting-list for, or had knowledge of the need for, surgery, inpatient treatment or investigation at any hospital or clinic at the start of the **period of insurance** (unless Platinum Plus cover purchased); or
- if during the 90 days immediately prior to the start of the **period of insurance** they had:
 - i) required surgery, inpatient treatment or hospital consultations (unless Platinum Plus cover purchased); or

- ii) required any form of treatment or more than 1 prescribed medication (unless Platinum Plus cover purchased)

IMPORTANT INFORMATION REGARDING PLATINUM PLUS COVER FOR CANCELLATION AND CURTAILMENT.

Cancellation or **Curtailement** cover for an **immediate relative's pre-existing medical conditions** under Platinum Plus will only be in force if the policy is purchased within 14 days of booking the **trip** and there is no change in the **medical condition** from the time of purchasing the **trip** to purchasing the insurance. There is no cover for cancellation or **curtailement** due to a terminal diagnosis which has been received prior to the purchase of the insurance.

You should also refer to the appropriate policy sections and **General Exclusions**.

IMPORTANT

Consumer Insurance Act

You are required by the provisions of the Consumer Insurance (Disclosure and Representations) Act to take care to:

- supply accurate and complete answers to all the questions **we** or the administrator may ask as part of **your** application for cover under the policy;
- to make sure that all information supplied as part of **your** application for cover is true and correct;
- tell **us** of any changes to the answers **you** have given as soon as possible.

Failure to provide answers in-line with the requirement of the Act may mean that **your** policy is invalid and claims may not be paid.

WAIVED MEDICAL CONDITIONS

The following **medical conditions** are covered without additional charge and subject to the normal terms and conditions of this insurance, provided (a) the **insured person(s)** are not awaiting surgery for the condition, and (b) the **insured person(s)** have been fully discharged from any post-operative follow-up and ongoing treatment or investigation.

- Abnormal Smear Test
- Achilles Tendon Injury
- Acne, Acronyx (Ingrowing Toe-nail)
- Adenoids
- Allergic Rhinitis
- Alopecia
- Anal Fissure/Fistula
- Appendectomy
- Astigmatism
- Athlete's Foot (Tinea Pedis)
- Attention Deficit Hyperactivity Disorder
- Bell's Palsy (Facial Paralysis)
- Benign Prostatic Enlargement
- Bladder Infection (no ongoing treatment, no hospital admissions)
- Blepharitis
- Blindness
- Blocked Tear Ducts
- Breast - Fibroadenoma
- Breast Cyst(s)

- Breast enlargement / Reduction
- Broken Bones (other than head or spine) – (no longer in plaster)
- Bunion (Hallux Valgus)
- Bursitis
- Caesarean Section
- Candidiasis (oral or vaginal)
- Carpal Tunnel Syndrome
- Cartilage Injury
- Cataracts
- Cervical Erosion
- Cervicitis
- Chalazion
- Chicken Pox (fully resolved)
- Cholecystectomy
- Chronic fatigue syndrome (if only symptom is fatigue and no hospital admissions)
- Coeliac Disease
- Cold Sore (Herpes Simplex)
- Common Cold(s)
- Conjunctivitis
- Constipation
- Corneal Graft
- Cosmetic Surgery
- Cyst - Breast
- Cyst - Testicular
- Cystitis (no ongoing treatment, no hospital admissions)
- Cystocele (no ongoing treatment, no hospital admissions)
- D & C
- Deaf Mutism
- Deafness
- Dental Surgery
- Dermatitis (no hospital admissions or consultations)
- Deviated Nasal Septum
- Diarrhoea and/or Vomiting (resolved)
- Dilatation and Curettage
- Dislocations (no joint replacements or hospital admissions)
- Dry Eye Syndrome
- Dyspepsia
- Ear Infections (resolved - must be all clear prior to travel if flying)
- Eczema (no hospital admissions or consultations)
- Endocervical Polyp
- Endocervicitis
- Endometrial Polyp
- Epididymitis
- Epiphora (Watery Eye)
- Epispadias
- Epistaxis (Nosebleed)
- Erythema Nodosum
- Essential Tremor
- Facial Neuritis (Trigeminal Neuralgia)
- Femoral Hernia
- Fibroadenoma
- Fibroid - Uterine
- Fibromyalgia
- Fibromyositis
- Fibrositis
- Frozen Shoulder
- Gall Bladder Removal
- Ganglion
- Glandular Fever (full recovery made)
- Glaucoma
- Glue Ear (resolved - must be all clear prior to travel if flying)
- Goitre
- Gout
- Grave's Disease
- Grommet(s) inserted (Glue Ear)
- Gynaecomastia
- Haematoma (external)
- Haemorrhoidectomy

- Haemorrhoids (Piles)
 - Hallux Valgus (Bunion)
 - Hammer Toe
 - Hay Fever
 - Hernia (not Hiatus)
 - Herpes Simplex (Cold Sore)
 - Herpes Zoster (Shingles)
 - Hip Replacement (no subsequent arthritis and never any dislocation of a joint replacement)
 - Hives (Nettle Rash)
 - Housemaid's Knee (Bursitis)
 - HRT (Hormone Replacement Therapy)
 - Hyperthyroidism (Overactive Thyroid)
 - Hypospadias
 - Hypothyroidism (Underactive Thyroid)
 - Hysterectomy (provided no malignancy)
 - Impetigo
 - Indigestion
 - Influenza (full recovery made)
 - Ingrowing Toe-nail (Acronyx)
 - Inguinal Hernia
 - Insomnia
 - Intercostal Neuralgia (no admissions)
 - Intertrigo
 - Irritable Bowel Syndrome (IBS) (provided definite diagnosis made and no ongoing investigations)
 - Keinboeck's Disease
 - Keratoconus
 - Knee Injury - Collateral/cruciate ligaments
 - Knee Replacement (no subsequent arthritis and never any dislocation of a joint replacement)
 - Kohlers Disease
 - Labyrinthitis
 - Laryngitis
 - Learning Difficulties
 - Leptothrix
 - Leucoderma
 - Lichen Planus
 - Ligaments (injury)
 - Lipoma
 - Macular Degeneration
 - Mastitis
 - Mastoidectomy (resolved - must be all clear prior to travel if flying)
 - Menopause
 - Menorrhagia
 - Migraine (provided definite diagnosis is made and there are no ongoing investigations)
 - Miscarriage
 - Mole(s)
 - Molluscum Contagiosum
 - Myalgia (Muscular Rheumatism)
 - Myalgic Encephalomyelitis (ME) (if the only symptom is fatigue and no hospital admissions)
 - Myxoedema
 - Nasal Infection
 - Nasal Polyp(s)
 - Nettle Rash (Hives)
 - Neuralgia (no hospital admissions)
 - Nosebleed(s)
 - Nystagmus
 - Osgood-schlatter's Disease
 - Osteochondritis
 - Otosclerosis
 - Overactive Thyroid
 - Parametritis
 - Pediculosis
 - Pelvic Inflammatory Disease
 - Photodermatosis
 - Piles
 - Post Viral Fatigue Syndrome (if the only symptom is fatigue and no hospital admissions)
 - Pregnancy (provided no complications)
 - Prickly Heat
 - Prolapsed Uterus (womb)
 - Pruritis
 - Psoriasis (no hospital admissions or consultations)
 - Repetitive Strain Injury
 - Retinitis Pigmentosa
 - Rhinitis (Allergic)
 - Rosacea Ruptured Tendons
 - Salpingo-oophoritis
 - Scabies
 - Scalp Ringworm (Tinea Capitis)
 - Scheuermann's Disease (provided no respiratory issues)
 - Sebaceous Cyst
 - Shingles (Herpes Zoster)
 - Sinusitis
 - Skin Ringworm (Tinea Corporis)
 - Sleep Apnoea (no machine used to assist breathing)
 - Sore Throat
 - Sprains
 - Stigmatism
 - Stomach Bug (resolved)
 - Strabismus (Squint)
 - Stress Incontinence (no urinary infections)
 - Synovitis
 - Talipes (Club Foot)
 - Tendon Injury
 - Tennis Elbow
 - Tenosynovitis
 - Termination of Pregnancy
 - Testicles – Epididymitis / Hydrocele / Varicocele
 - Testicular Cyst
 - Testicular Torsion (Twisted Testicle)
 - Throat Infection(s)
 - Thyroid - Overactive Thyroid Deficiency
 - Tinea Capitis (Scalp Ringworm)
 - Tinea Corporis (Skin Ringworm)
 - Tinea Pedis (Athlete's Foot)
 - Tinnitus
 - Tonsillitis
 - Tooth Extraction / Toothache
 - Torn Ligament
 - Torticollis (Wry Neck)
 - Trichomycosis
 - Turner's Syndrome
 - Umbilical Hernia
 - Underactive Thyroid
 - Undescended Testicle
 - Urethritis (no ongoing treatment, fully recovered)
 - URTI (Upper Respiratory Tract Infection) (resolved, no further treatment)
 - Urticaria
 - Uterine Polyp(s)
 - Uterine Prolapse
 - Varicocele
 - Varicose Veins - legs only, never any ulcers or cellulitis (if GP has confirmed that client is fit to travel)
 - Vasectomy
 - Verruca
 - Vitiligo
 - Warts (benign, non-genital)
 - Womb Prolapse (uterus)
- We will provide the services and benefits described in this policy:**
- during the **period of insurance**
 - within the **geographical limits**
 - subject to the limits of cover, and all other terms, conditions and exclusions contained in this policy

- to persons who have resided in the Republic of Ireland or UK Area or Channel Islands (dependent on where **you** purchased the policy) for 6 months prior to purchasing the policy and intend to return there at the end of their **trip** (except in the case of a **one-way trip**)
- following payment of the appropriate premium for the level of cover selected

This policy will be effected in the country of purchase and subject to the laws of that country.

Claims will be paid in the currency in which the premium was paid.

FAIRSURE COVER

- Single **trip** cover has a maximum **trip** duration of 185 days.
- Multi-**trip** cover has a maximum **trip** duration of 45 days. The period of cover is 365 days from date of purchase. There is no limit on the number of **trips** that may be undertaken in any one period of 365 days. The maximum number of days' cover for **winter sports** activities in any one period of 365 days is 17 days.
- Annual multi-**trip** cancellation cover starts from the start date of **your** policy, not from the date **you** take out the policy. Single **trip** cover cancellation cover starts from the date **you** take out the policy.
- **Winter sports** cover is not available to persons aged over 65 years on the first date of travel.
- **FAIRSURE** annual multi-**trip** cover is not available to persons aged 70 years or over on the date cover starts.
- For all policies, **trips** must start and end in **your home country** except in relation to **one-way trips**, and **you** must have a return ticket.

DEFINITIONS

Wherever the following words and phrases appear in this policy they will always have these meanings:

ACCIDENTAL BODILY INJURY

A sudden, violent, external, unexpected specific event, which occurs at an identifiable time and place, which solely and independently of any other cause results, within 12 months, in the death, **loss of limb**, **loss of sight** or the **permanent total disablement** of an **insured person**.

ASSISTANCE COMPANY

The emergency service provider nominated by **us**. Global Response is **our** nominated emergency service provider.

BUSINESS EQUIPMENT

All computer and ancillary equipment (including hardware and related software) owned by or leased, hired or rented to the **insured person**, and communication equipment including mobile phones owned by, leased, hired or rented to **you** for use in connection with **your** employment or business.

CLOSE BUSINESS ASSOCIATE

Any person whose absence from business for one or more complete days at the same time as **your** absence prevents the proper continuation of that business

COMPANY FUNDS

Cash, currency, bank notes, cheques, postal and money orders, travel tickets, passports, and travellers' cheques, held by **you** on behalf of the business.

COMPLICATIONS OF PREGNANCY AND CHILDBIRTH

Toxaemia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole (molar pregnancy), post-partum haemorrhage, retained placenta membrane, placental abruption, hyperemesis gravidarum, placenta praevia, stillbirths, miscarriage, medically necessary emergency Caesarean sections/medically necessary emergency termination and any premature births more than 8 weeks (or 16 weeks in the case of a known multiple pregnancy) prior to the expected delivery date.

CURTALMENT

Return early to **your home** in **your home country**.

DOCTOR

A registered practising member of the medical profession who is not related to **you** or to any person with whom **you** are travelling.

EXCESS

The first amount of each claim as shown on the schedule of cover. This is payable by each **insured person**.

EVENT

A concert, sporting **event**, match, competition, or other public entertainment for which tickets are bought before the date of travel, taking place at a specific location on a specific date, or other organised **event**/ occasion e.g. wedding abroad, scout jamboree, amateur competition which is the main purpose of **your trip**.

FAMILY

Up to two adults and their children, (including step children, foster children, grandchildren and children under legal guardianship) under the age of 18 (or under the age of 23 years if in full time education), all permanently residing together.

GEOGRAPHICAL LIMITS

The countries for which **you** have paid the appropriate premium, as specified on the Certificate of Insurance, except those countries or parts of countries where the Department of Foreign Affairs (DFA) or Foreign & Commonwealth Office (FCO) has advised against travel or all but essential travel.

UNITED KINGDOM

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

EUROPE

The continent of Europe, including all countries west of the Ural Mountains, Canary Islands, Iceland, The Azores, islands in the Mediterranean and non-European countries bordering the Mediterranean (except Algeria, Lebanon and Libya).

WORLDWIDE EXCLUDING NORTH AMERICA

All countries worldwide, excluding The United States, Canada, The Caribbean.

WORLDWIDE INCLUDING NORTH AMERICA

All countries worldwide.

GOLF EQUIPMENT

Objects or articles usually carried by golfers required to participate in the game of golf, including golf clubs, golf shoes, golf bag, umbrella and waterproof clothing.

GOVERNMENT TRAVEL ADVICE

Travel advice as issued by the Department of Foreign Affairs of the government of The Republic of Ireland or The Foreign and Commonwealth Office of The United Kingdom Government.

HAZARDOUS ACTIVITIES

The activities listed on pages 5 & 6 are defined as **hazardous activities**. Cover for these activities is included for recreational, amateur purposes only unless otherwise stated. If **you** wish to undertake a pursuit or activity which is not listed in this policy or are in any doubt as to whether cover will apply, please call **our** Travel Helpline on (01) 874 8458.

HOLIDAY/TRIP

A pre-booked journey within the countries of the **geographical limits**, as stated on the certificate of insurance, during the **period of insurance** and commencing and ending in **your home country**.

HOME

Your residential address in Republic of Ireland, United Kingdom of Great Britain and Northern Ireland, the Isle of Man or the Channel Islands.

HOME COUNTRY

The country where **you** are resident and have permanently resided for 6 months or more.

IMMEDIATE RELATIVE

Spouse or common-law partner, parent, parent-in-law, step-parent, legal guardian, children (including legally adopted, foster and step-children, and daughter/son-in-law), sibling (including step-siblings and sister/ brother-in-law), uncle, aunt, niece, nephew, grandparent, grandchild, or fiancé(e).

INSURED PERSON

The person(s) named on the Insurance Certificate for this policy and for whom the appropriate premium has been paid.

LOSS OF LIMB

Physical severance at or above the wrist or ankle.

LOSS OF SIGHT

The complete and permanent blindness in one or both eyes.

MANUAL WORK

Work involving the interaction with wild animals of any kind, the installation, assembly, maintenance, repair or use of heavy electrical, mechanical or hydraulic plant or machinery, or working more than 3 meters above the ground.

MEDICAL CONDITION

Any medical or psychological disease, sickness, condition, illness or injury

ONE-WAY TRIP

A single continuous journey during the **period of insurance**, but with cover ceasing 12 hours after the time **you** first leave the Immigration Control of **your** destination country.

PERIOD OF INSURANCE: The period shown on the certification of insurance . Subject to:

- **FAIRSURE Single Trip Cover** - The maximum period of cover is 185 days from date of travel, except in the case of **one-way trips** where cover ceases 12 hours after the time **you** first leave the Immigration Control of **your** destination country.
- **FAIRSURE Multi-Trip Cover** - The period of cover is 365 days from date of purchase. Within that period of cover the maximum period for any one **holiday/trip** for which cover is provided is 45 days. There is no limit on the number of **trips** that may be undertaken in any one period of 365 days.

The maximum number of days' cover for **winter sports** activities in any one period is 17 days for Platinum or Platinum Plus Cover or as shown on **your** certificate of insurance if a **winter sports** option has been purchased.

NOTE: For any of the Single **trip** and Annual Multi-trip options, if **you** travel for more than the number of days for which **you** have paid for cover, **you** will not be covered after the last day for which **you** have paid. There is no cover under the **Cancellation Section** of this policy outside the **period of insurance**. However, if during the **period of insurance**, **you** book a **trip** with a start date after the expiry of **your** Annual Multi-trip policy then Cancellation cover will continue for that **trip** provided **you** renew this policy on or before its expiry date and there is no gap in cover.

Cancellation cover applies under each of the **FAIRSURE** cover options as soon as the premium has been paid and the Certificate of Insurance is issued. Under the **FAIRSURE Multi-trip** cover option, cancellation cover starts from the start date of **your** policy, not from the date **you** take out the policy (Unless the policy is a renewal and there is no gap between policies).

The **cancellation section** applies in respect of each departure from **your home country** during the period of cover.

The remaining covers apply for the duration of the booked **holiday / trip** (or earlier return to **your home country**) plus the period of travel from **home** to departure point and back **home** afterwards, not exceeding 24 hours in each case. If **your** return is unavoidably delayed for an insured reason cover will be extended free of charge for the period of that delay. As the cancellation cover under Section 1 commences immediately the premium has been paid, no refund of premium can be allowed unless the policy is cancelled within fourteen days of the date of issue or receipt of the terms and conditions, whichever is later.

PERMANENT TOTAL DISABLEMENT

Disablement which entirely prevents **you** from attending to business or occupation of any and every kind which lasting for 12 months is, at the expiry of that period, in the opinion of an independent qualified specialist, beyond hope of improvement.

PERSONAL ACCIDENT

Accidental bodily injury caused solely and directly by outward violent and visible means.

PERSONAL BAGGAGE

Suitcases, holdalls, haversacks and the like, and their contents including clothing as usually carried by travellers for their own use; also, infants' pushchairs but not tents, dinghies and other items not usually packed as baggage.

NOTE 1: Items hired to **you**, and all items loaned or entrusted to **you** are excluded (other than skis and **ski equipment** where the appropriate **winter sports** premium has been paid).

NOTE 2: This travel insurance is not intended to cover expensive items for which **you** should take out full 'Personal Possessions' insurance under **your** Home Contents policy.

PERSONAL MONEY

Your cash, currency, bank notes, cheques, postal and money orders, travel tickets, passports, travellers' cheques, held and owned by **you**.

Personal liability

Your legal liability for damages resulting from an accident.

PRE-EXISTING MEDICAL CONDITION

Any **medical condition**, disease, illness or injury for which you received prescribed medication, including repeat prescriptions or for which you received treatment or investigation or attended a G.P, hospital (as an outpatient or inpatient) in the last 2 years, or any terminal illness.

PUBLIC TRANSPORT

A train, bus, coach, ferry service or scheduled flight operating to a published timetable.

REDUNDANCY

Any insured person being unexpectedly declared redundant within the terms of the current **redundancy** legislation or any subsequent employment legislation. If **you** are self-employed **your** business going unexpectedly into liquidation.

STRIKE/INDUSTRIAL ACTION

Any form of organised action which is carried out with the intention of preventing, restricting, disrupting or otherwise interfering with the production of goods or the provision of services.

TRIP/HOLIDAY

A pre-booked journey within the countries of the **geographical limits**, as stated on the certificate of insurance, during the **period of insurance** and commencing and ending in **your home country**.

SINGLE ARTICLE

A **single article** or a pair or set (two or more objects grouped or belonging together having certain features in common and that are used in conjunction with each other).

SKI EQUIPMENT

Skis, bindings, ski boots, ski poles and snowboards.

UNATTENDED

When **you** cannot see or are not close enough to **your** property or vehicle to prevent unauthorised interference or theft of **your** property.

VALUABLES

Cameras, photographic and video equipment, and associated equipment of any kind; computer hardware and software; computer tablets, satellite navigation equipment; games consoles (PlayStation, Gameboy, Nintendo, etc.), accessories and games; personal organisers; mobile telephones; televisions; portable audio equipment (DVD, CD, mini-disc, MP3 players, i-pods, etc.) and all associated discs and accessories; smart phones, spectacles; prescription sunglasses, telescopes; binoculars; jewellery; watches (including smart watches); furs; leather articles; perfumes; precious stones and articles made of or containing gold, silver or other precious metals.

WE/US/OUR

Europ Assistance S.A, Irish Branch.

WINTER SPORTS

Activities carried out as detailed in the Winter Sports Section of the Hazardous Activities Schedule on Page 6.

WINTER SPORTS EQUIPMENT

skis, ski-bindings, ski boots, ski goggles and bindings, ski poles, snowboards.

YOU/YOUR

Each **insured person** including their legal personal representative(s) where necessary.

SECTION 1 - CANCELLATION

YOU ARE COVERED FOR:

GOLD COVER

The cancellation, after the date of issue of the policy, of **your** unrecoverable travel and/or accommodation expenses.

PLATINUM AND PLATINUM PLUS COVER

In addition to the above, **you** are also covered for prepaid green fees, prepaid match tickets or prepaid concert, entertainment and theme park tickets if **you** have selected the Platinum or Platinum Plus level of cover, which have not been used and for which **you** have paid or contracted to pay.

WE WILL PAY:

Up to the amount shown in the Schedule of Cover for the cover level **you** have chosen if the cancellation of **your holiday/trip** is necessary and unavoidable due to any of the following:

1. The illness, injury, death or being subject to quarantine of:
 - a) **You**;
 - b) The person with whom **you** are intending to travel and on whom **your trip** depends;
 - c) An **immediate relative of yours** or of any person with whom **you** are intending to travel and on whom **your trip** depends or any person **you** are planning to stay with; or
 - d) A **close business associate of yours**.
2. **You** being called for jury service or as a witness in a Court of Law (but not as an expert witness or where **your** employment would normally require **you** to attend court).
3. **Your redundancy** or the **redundancy** of any person with whom **you** are intending to travel arising during the period of cover, provided that **we** are informed in writing immediately notification of **redundancy** is received.
4. **Your home** or place of business being made uninhabitable due to fire, lightning, explosion, earthquake, subsidence, storm, flood, falling trees, riot or civil commotion, malicious damages, burst pipes, impact by aircraft, vehicles, animals or the police requesting **your** presence following burglary or attempted burglary at **your home** or place of business.

We will pay Up to €100/£100 for any charges payable by **you** to seek refunds from **your** carrier for airport taxes, airport charges, service charges, facility charges, user fees, security charges or air passenger duty relating to **your** cancellation of **your trip**.

WE WILL NOT PAY FOR:

1. The **excess** unless **you** have chosen the Platinum or Platinum Plus level of cover or purchased the **excess** waiver option.
2. Claims under subsection 1 of this section where a medical certificate has not been obtained from the attending **doctor** confirming it is necessary to cancel the **holiday/trip**.

3. More than the cancellation charge that would have applied had **you** notified the travel agent/tour operator or provider of transport/accommodation immediately it was found necessary to cancel the **holiday/trip**.
4. Any claim arising directly or indirectly from a known **pre-existing medical condition** affecting **you** unless **you** have declared all **pre-existing medical conditions** to **us** and have acceptance in writing from **us**.
5. Any claim arising directly or indirectly from a **pre-existing medical condition**, known to **you** prior to the start of the **period of insurance**, affecting any **immediate relative**, travelling companion who is not insured under this policy or person with whom **you** intend to stay whilst on **your trip** if:
 - a) a terminal prognosis has been received prior to the **period of insurance**;
 - b) they were on a waiting-list, or had knowledge of the need for, surgery, inpatient treatment or investigation at any hospital or clinic at the start of the **period of insurance** (unless **you** have purchased the Platinum Plus cover); or
 - c) during the 90 days immediately prior to the **period of insurance** they had;
 - i) required surgery, inpatient treatment or hospital consultations (unless **you** have purchased the Platinum Plus cover); or
 - ii) required any form of treatment or more than 1 prescribed medication (unless **you** have purchased the Platinum Plus cover).
6. Claims relating to a non-travelling relative's **pre-existing medical condition** unless Platinum Plus has been purchased within 14 days of booking (Single **Trip** Only) and/or the **medical condition** has arisen or deteriorated from the time of purchasing the **trip** to purchasing the insurance.
7. Cancellation caused by pregnancy or childbirth unless the cancellation is certified by a **doctor** as necessary due to **complications of pregnancy and childbirth**.
8. Claims arising from actual or planned **strike** or **industrial action** which was common knowledge at the time **you** booked the **trip**.
9. Failure by the provider of any part of the booked **trip** to supply the service or transport unless the **event** is specifically covered under Section 21 of this policy and the additional premium has been paid. You should direct any claim in this case to the provider involved.
10. Anything arising directly or indirectly from the following causes:
 - a) Prohibitive regulations by the government of any country.
 - b) Any circumstance known to **you** likely to cause cancellation prior to the **period of insurance** or the booking of the **trip**.
11. Claims arising due to **your** disinclination to travel.
12. Anything mentioned in the General Exclusions.

IMPORTANT NOTICE

Under the new European Union (EU) travel regulations (Montreal Convention), **you** are entitled to claim compensation from **your** carrier if **you** check in on time but **you** are denied boarding because there are not enough

seats available or if **your** flight is cancelled or delayed. The carrier must offer **you** financial compensation. You must notify the carrier or travel agent immediately **you** know the **trip** is to be cancelled, to minimise **your** loss as far as possible. If **you** fail to notify the carrier or travel agent immediately it is found necessary to cancel the **trip**, **our** liability shall be restricted to the cancellation charges that would have applied had such failure not occurred.

If **you** cancel the **trip** due to unforeseen illness or injury **you** must provide a medical certificate from the treating **doctor** stating that this prevented **you** from travelling.

SPECIAL CONDITIONS RELATING TO CLAIMS

Your cancellation must be necessary and unavoidable for **you** to claim. Disinclination to travel will not be covered. If **your** outward flight, sea-crossing or international coach or train journey is cancelled by the carrier, **you** must provide **us** with written documentation from the carrier, specifying the reason for the cancellation.

If **you** cancel **your trip** because **your** presence is required by the police in connection with burglary or fire affecting **your home** during **your trip**, **you** must provide **us** with written documentation from the police confirming that the loss or damage occurred during the **trip**.

SECTION 2 – CURTAILMENT

IMPORTANT NOTICE

If **you** have to curtail **your holiday/trip** **you** must contact the **Assistance Company** on +44 (0) 2920 662 416

If **you** do not contact the **Assistance Company** but make **your** own arrangements to return **home** early, **your** claim will be limited to €650/£500 or the actual costs incurred by **you** whichever is less.

YOU ARE COVERED FOR:

Reasonable costs of returning **you** to **your home** plus the value of the unused portion of **your** travel and accommodation costs paid for prior to departure.

WE WILL PAY:

Up to the amount shown in the Schedule of Cover for the cover level **you** have chosen if **you** have to cut short **your holiday/trip** and have to return **home** due to any of the following:

1. The death, severe injury or serious illness that happens during **your trip** of:
 - a) You or any person with whom you are travelling and on whom your trip depends or any person you had planned to stay with; or
 - b) An **immediate relative** of **yours**; or
 - c) A **close business associate** of **yours**.
2. **Your home** or place of business being made uninhabitable due to fire, lightning, explosion, earthquake, subsidence, storm, flood, falling trees riot or civil commotion, malicious damages, burst pipes, impact by aircraft,

vehicles, animals, or the police requesting **your** presence following burglary or attempted burglary at **your home** or place of business.

NOTE - Claim payments for **curtailments** are calculated pro-rata on the total cost of the **holiday** paid in advance, after deducting the cost of the outward and return transport. The calculation will start from the date of return to **your home country**.

WE WILL NOT PAY FOR:

1. The **excess** as shown in the schedule of cover unless **you** have chosen the Platinum or Platinum Plus level of cover or purchased the **excess** waiver option.
2. Claims under subsection 1 of this section where a medical certificate has not been obtained from the attending **doctor** confirming it is necessary to curtail the **holiday/trip**.
3. Any claim arising directly or indirectly from a known **pre-existing medical condition** affecting **you** unless **you** have declared all **pre-existing medical conditions** to **us** and have acceptance from **us** in writing.
4. Additional travelling expenses incurred, which are not authorised by **us**.
5. More than €650/£500 or the actual costs incurred by **you** (whichever is the lesser) if **you** do not contact the **Assistance Company** prior to curtailing **your holiday/trip**.
6. Any claim arising directly or indirectly from a **pre-existing medical condition**, known to **you** prior to the **period of insurance**, affecting any travelling companion who is not insured under this policy; a person with whom **you** intend to stay whilst on **your trip** or **your close business associate** if:
 - a) a terminal prognosis was received prior to purchasing the **insurance**;
 - b) they were on a waiting-list, or had knowledge of the need for, surgery, inpatient treatment or investigation at any hospital or clinic at the start of the **period of insurance** (unless **you** have purchased the Platinum Plus cover); or during the 90 days immediately prior to the **period of insurance** they had;
 - c) required surgery, inpatient treatment or hospital consultations (unless **you** have purchased the Platinum Plus cover); or
 - d) required any form of treatment or more than 1 prescribed medication (unless **you** have purchased the Platinum Plus cover).
7. **Curtailment** caused by pregnancy or childbirth unless the **curtailment** is certified by a **doctor** as necessary due to **complications of pregnancy and childbirth**.
8. Anything mentioned in the General Exclusions.

SECTION 3 - PERSONAL ACCIDENT

YOU ARE COVERED FOR:

A lump sum payment if **you** suffer an **accidental bodily injury** during the **trip**, which, within 12 months, is the sole and direct cause of death or **permanent total disablement**.

WE WILL PAY

To **you** or **your** legal personal representatives the amount shown in the Schedule of Cover for the cover level **you** have chosen if; **you** suffer **accidental bodily injury** during the **trip** which, within 12 months is, the sole and direct cause of death or **permanent total disablement**, as per the following:

1. **loss of limb**, total and permanent **loss of sight** in one or both eyes
2. **permanent total disablement**
3. Death

NOTE - If **you** are aged 65 years and over, the death benefit will be limited to funeral and other expenses up to €3,000/£2,000 and the **permanent total disablement** benefit will not apply.

IMPORTANT

Any claim under this section is limited to 50% of the benefit payable if the injury is as a result of undertaking a covered hazardous activity.

WE WILL NOT PAY FOR:

1. Injury not caused solely by outward, violent and visible means.
2. **Your** disablement caused by mental or psychological trauma not involving **your** bodily injury.
3. Any claims for death, loss or disablement caused by or arising directly or indirectly from:
 - a) Disease or any existing physical disability or illness
 - b) Any injury which existed prior to the start of the **holiday/trip**
 - c) Pregnancy
 - d) An incident which is as a result of any **hazardous activity** unless cover for that activity unless the appropriate level of cover has been purchased. In such cases where there is cover, 50% of the overall benefit is payable.
 - e) Any claims arising directly or indirectly as a result of any **pre-existing medical conditions**, unless **you** have declared all **pre-existing medical conditions** to **us** and have acceptance from **us** in writing
4. Any more than one of the benefits 1 or 2 above in respect of any one occurrence.
6. Anything mentioned in the General Exclusions.

SECTION 4 – EMERGENCY MEDICAL AND REPATRIATION EXPENSES

ATTENTION:

In the event of a medical emergency the **Assistance Company** must be contacted by the **insured person** or someone acting on their behalf at the first available opportunity.

GLOBAL RESPONSE: TEL +44 (0) 2920 662 416

Failure to contact the **Assistance Company** could result in **your** claim being limited to €650/£500.

For travel to the United States of America: **We** will only pay for reasonable and necessary emergency medical treatment, surgical, hospital, ambulance and nursing fees and charges. This means costs that are incurred for approved, eligible medical services or supplies up to 150% of the published medical rates for the same or similar treatment as payable by US Medicare.

We reserve the right to limit payment to what **our** medical officer deems reasonable.

If **our** medical officer advises a date when it is feasible and practical to repatriate **you**, but **you** choose instead to remain abroad, **our** liability to pay any further costs under this section after that date ceases and will be limited to what **we** would have paid if **your** repatriation had taken place at the time **we** specified.

YOU ARE COVERED FOR:

Medical and related expenses, including emergency expenses necessarily and reasonably incurred outside of **your home country**, if during the **holiday/trip** **you** become ill or are injured or need emergency dental treatment for the immediate relief of pain only and not requiring the use of precious metals (Platinum or Platinum Plus Cover only).

WE WILL PAY:

Up to the amount shown in the Schedule of Cover for the cover level **you** have chosen in respect of expenses necessarily and reasonably incurred for:

1. Any unforeseen emergency medical and surgical treatment, hospital and nursing home charges.
2. Reasonable and necessary costs for additional accommodation and travelling expenses (Economy Class unless agreed by the Assistance Company) if it is necessary to remain beyond **your** scheduled return date. This includes, with prior authorisation of the Assistance Company, reasonable costs for someone to travel to, remain with **you** and accompany **you home**.
3. (Platinum or Platinum Plus cover only) Emergency dental treatment (for immediate relief of pain only and not involving the use of precious metals).
4. In the event of **your** death reasonable expenses incurred for the conveyance of the body or ashes to **your home country** or local funeral expenses abroad as shown in the Schedule of Cover.

NOTE - All receipts must be retained and produced in the event of a claim. **Your** claim may be rejected if receipts are not produced.

If in the opinion of the **doctor** in attendance and the **Assistance Company** Medical Officer, **you** are fit to travel, **we** reserve the right to:

- a) Repatriate **you** to **your home country**; or
- b) Arrange for **your** transfer to another hospital, clinic or location of **our** choice abroad.

WE WILL NOT PAY FOR:

1. The **excess** as shown in the Schedule of Cover unless **you** have chosen the Platinum or Platinum Plus level

- cover or purchased the **excess** waiver option.
2. Any additional hospital costs arising from single or private room accommodation unless medically necessary.
 3. Any claims arising directly or indirectly as a result of any **pre-existing medical conditions**, unless **you** have declared all **pre-existing medical conditions** to us and have acceptance from us in writing
 4. Any sums which can be recovered by **you** and/or which are covered under any National Health Insurance Scheme, any reciprocal health agreement or any private health insurance.
 5. Any pre-planned or expected medical treatment or diagnostic procedure.
 6. Any treatment which is not a surgical or medical procedure with the sole purpose of curing or relieving acute unforeseen illness or injury.
 7. Any claims for costs related to pregnancy or childbirth unless the claim is certified by a **doctor** as necessary due to **complications of pregnancy and childbirth**.
 8. Treatment or services provided by a private clinic or hospital, health spa, convalescent home or any rehabilitation centre unless confirmed as medically necessary by our Medical Officer.
 9. More than the costs of **your** repatriation to **your home country** if **you** are fit to travel and this has been confirmed by the treating **doctor** and the **Assistance Company** Medical Officer and **you** have refused the offer of assistance to be repatriated to **your home country**.
 10. More than €650/£500 in respect of medical expenses incurred by **you** if you did not contact the **Assistance Company** prior to incurring these expenses.
 11. Any expenses incurred for illness, injury or treatment required in consequence of:
 - a) surgery or medical treatment which in the opinion of the attending **doctor** and the **Assistance Company's** Medical Officer can or could have been reasonably delayed until **your** return to **your home country**.
 - b) medication which at the time of departure **you** knew **you** needed.
 12. Preventative treatment which can be delayed until **you** return to **your home country**.
 13. **Your** claim if **you** have not obtained a written certificate of fitness and ability to travel where **you** are undergoing medical treatment at the time of paying the final **holiday/trip** balance.
 14. Any elective (non-emergency) treatment or surgery, including exploratory tests which are not directly related to the illness or the injury which necessitated **your** admittance into hospital.
 15. Treatment for cosmetic purposes unless the **Assistance Company's** Medical Officer agrees that such treatment is necessary as the result of an accident covered under this policy.
 16. Any dental treatment or diagnostic procedure which is not solely for the immediate relief of pain or discomfort, or to alleviate distress in eating.
 17. Any dental treatment or diagnostic procedure if **you** have not purchased the Platinum or Platinum Plus level of cover.
 18. Expenses incurred as a result of a tropical disease when **you** have not had the recommended inoculations and/or taken the recommended medication.
 19. Claims arising directly or indirectly from covered **winter sports** or **hazardous activities** where the correct cover

- level has not been chosen or additional premium paid.
20. Claims arising directly or indirectly from any of the **winter sports** or **hazardous activities** for which cover is not available. See page 5&6
 21. Medical treatment in **your home country**.
 22. Air-sea rescue and transfer costs;
 23. Anything mentioned in the General Exclusions.

SECTION 5 - MEDICAL INCONVENIENCE BENEFIT

YOU ARE COVERED FOR:

A benefit per day for inpatient treatment outside of **your home country**. This is intended to cover things like phone calls, and taxi costs for visitors.

WE WILL PAY:

The amount shown in the Schedule of Cover for the cover level **you** have chosen in addition to any medical expenses incurred under Section 4 of this policy if **you** are admitted as an inpatient to a recognised hospital abroad.

WE WILL NOT PAY FOR:

1. Anything listed in WE WILL NOT PAY under Section 4: Emergency Medical and Repatriation Expenses.
2. For anything mentioned in the General Exclusions.

SECTION 6 - PERSONAL BAGGAGE

YOU ARE COVERED FOR:

PERSONAL BAGGAGE

Any of **your** own baggage (not hired, loaned or entrusted to **you**) which is lost, stolen, damaged or destroyed.

DELAYED PERSONAL BAGGAGE

Your baggage being delayed in reaching **you** on **your** outward journey for at least 12 hours and **you** have written confirmation from the carrier or tour representative.

PERSONAL MONEY

Money lost or stolen whilst being carried on **your** person or while left in a locked safety deposit box.

WE WILL PAY:

PERSONAL BAGGAGE: Up to the amount shown in the Schedule of Cover for the cover level **you** have chosen for the value or repair of the articles (less a deduction for wear, tear and depreciation). Claims in respect of **valuables** or in respect of **single articles** or a pair or set or articles which is / are lost, stolen, damaged or destroyed will be limited to the amount shown in the Schedule of Cover for the cover level **you** have chosen.

NOTE - In the event of a claim in respect of a pair or set of articles **we** shall be liable only for the value of that part of the pair or set which is lost, stolen, damaged or destroyed.

DELAYED PERSONAL BAGGAGE

Up to the amount shown in the Schedule of Cover towards the cost of buying replacement necessities (receipts will be necessary in the event of a claim). Cover applies to **your** outward journey only.

PERSONAL MONEY

Up to the amount shown in the Schedule of Cover for the cover level **you** have chosen.

NOTE

- The maximum **we** will pay for any one article, or for any one pair or set of articles, is shown in the Schedule of Cover. If **you** cannot provide an original receipt, valuation report or other satisfactory proof of ownership (e.g. a photograph of **you** wearing the article) and value to support the claim, payment for any one article, or for any one pair or set of articles, will be limited to a maximum of €75/£50.
- Evidence of replacement value is not sufficient.
- The maximum **we** will pay for all articles lost, damaged or stolen in any one incident is limited to €250/£200 if **you** cannot provide satisfactory proof of ownership and value.
- The maximum **we** will pay under this policy for all **valuables** owned by each **insured person** is shown in the Schedule of Cover.
- The maximum **we** will pay for sunglasses or prescription glasses of any kind is €150 / £125 per **insured person**.
- The maximum **we** will pay for mobile telephones is subject to the **Single Article** Limit of the level of cover chosen.
- The maximum **we** will pay for **personal baggage** or **valuables** lost, damaged or stolen from a beach or pool-side is €150 / £125 per **insured person**.
- The maximum **we** will pay for any cigarettes or alcohol lost, damaged or stolen is €75/£50 in total.

WE WILL NOT PAY:

1. The **excess** unless **you** have chosen the Platinum or Platinum Plus level of cover or purchased the **excess** waiver option. This is charged twice on claims that include both **personal baggage** and money.
2. If **you** do not exercise reasonable care for the safety and supervision of **your personal baggage** and **money**.
3. If **you** do not obtain a written police report within 24 hours of the discovery in the event of loss, burglary or theft.
4. If **you** do not obtain a written carrier's report if **your personal baggage** is lost or damaged in transit (or a Property Irregularity Report (P.I.R.) in the case of an airline).
5. For anything that can be replaced by the issuer.
6. For loss arising from confiscation or detention by Customs or other officials or authorities.
7. For loss, destruction, damage or theft of dentures; bonds; securities; stamps or documents of any kind, including driving licences and passports; musical instruments; glass; china; antiques; pictures; pedal cycles; hearing aids; unused mobile telephone rental charges or prepayments; coupons; vehicles or accessories; boats and/or ancillary equipment; samples or merchandise or business goods or specialised equipment relating to a trade or profession.
8. For loss due to wear and tear, denting or scratching, moth or vermin.
9. For loss of **valuables** left as checked-in **personal baggage**.

10. For mechanical breakdown or malfunction; breakage of fragile or brittle articles unless caused by fire or by accident to the vessel, aircraft or vehicle in which they are being carried.

11. For **personal baggage** stolen from:
 - a) An **unattended** vehicle unless it was in the locked boot of the vehicle and there is evidence of forcible entry;
 - b) A vehicle left for any period between the hours of 2100hrs and 0900hrs;
 - c) A hatchback vehicle unless the **personal baggage** was in the locked boot of the vehicle, below the rear parcel shelf and out of sight.
12. For any shortages due to error, omission or depreciation in value.
13. For claims for lost or stolen property unless a receipt (or other acceptable evidence) for the purchase of the original goods is produced.
14. For anything mentioned in the General Exclusions.

SPECIAL CONDITIONS RELATING TO CLAIMS:

We have the option to either pay **you** for the loss, or replace, reinstate or repair the items concerned.

Claims are paid based on the value of the goods at the time that they are lost and not on a 'new for old basis' or replacement cost basis; an appropriate deduction is made for wear, tear, and depreciation.

You must take suitable precautions to ensure the safety of **your personal baggage**, and must not leave it unsecured, **unattended** or beyond **your** reach at any time.

If claiming for **your** goods that were stolen or lost **you** should produce proof of purchase of the original goods by way of receipts, credit card or bank statements, as failure to do so may affect the assessment of the claim.

Within 24 hours of discovery of the incident, **you** must report loss of **personal baggage** to the local police or to the carrier, as appropriate, (damage to **personal baggage** in transit must be reported to the carrier before **you** leave the baggage hall and a Property Irregularity Report (PIR) must be obtained), or to **your** hotel or accommodation management, or to the tour operator representative.

You must produce to **us** written documentation from one of the parties listed above confirming that the loss or theft occurred during the **trip**, otherwise no claim will be paid.

IMPORTANT NOTICE:

Under the new European Union (EU) travel regulations (Montreal Convention) **you** are entitled to claim compensation from **your** carrier if **your** checked-in luggage is damaged or lost by an EU airline. **You** must claim compensation from the carrier within seven days. If **your** checked-in luggage is delayed, **you** must claim compensation from the carrier within 21 days of its return.

SECTION 7 - PERSONAL LIABILITY

YOU ARE COVERED FOR:

Your legal expenses and legal liability for damages payable to a third party resulting from an accident occurring during the **holiday / trip**.

WE WILL PAY:

Up to the amount shown in the Schedule of Cover for the cover level **you** have chosen in respect of any one occurrence for claims made against **you** for:

1. **Accidental bodily injury** caused to a person who is not a member of **your family** or employed by **you**.
2. Loss or damage to any property which **you** do not own and is not hired, loaned or borrowed by **you** or any member of **your family**, or an employee of **yours**.
3. Damage to **your** temporary **holiday/trip** accommodation that does not belong to **you** or to any member of **your family** or employee.

WE WILL NOT PAY:

1. Claims arising directly or indirectly from any agreement or contract which adds any liability which would not have existed otherwise.
2. Claims for injury, loss or damage arising directly or indirectly from:
 - a) Ownership or use of firearms, aircraft, horse-drawn or mechanically propelled vehicles, vessels, sail or powered boats other than rowing boats, punts or canoes, animals other than horses, domestic dogs or cats.
 - b) The occupation (except temporarily for the **holiday / trip**) or ownership of any land or buildings.
 - c) The carrying out of any trade or profession.
 - d) Racing of any kind.
 - e) Wilful or malicious acts.
3. Liability for which indemnity is provided under any other insurance.
4. For any injury, illness, death, loss, expense or other liability attributable to HIV (Human Immunodeficiency Virus) and/or any HIV-related illness including AIDS and/or any mutant derivatives or variations thereof.
5. Liability which was as a result of undertaking any **hazardous activity**.
6. For anything mentioned in the General Exclusions.

SECTION 8 - PERSONAL ASSISTANCE

THIS SECTION IS ONLY AVAILABLE IF YOU HAVE CHOSEN THE PLATINUM OR PLATINUM PLUS LEVELS OF COVER

In all cases where **you** use the services offered in this section, **you** will still be able to make a claim under any other section of the policy. If **you** need to use any of the services in this section, contact the Assistance Company who will help **you**. Tel: +44 (0) 2920 662 416.

YOU ARE COVERED FOR:

The costs incurred in providing the following services:

1. The transmission of up to two urgent messages to **your home** in **your home country** following **your** illness, accident, unforeseen travel delay problems or other unforeseen problems arising.
2. Advice in replacing essential medication or prescription drugs which have been lost or are unobtainable in the country **you** are in.
3. Help with obtaining names and addresses of local **doctors**, hospitals, clinics and dentists when consultation or minor treatment is required.
4. Advice and, where possible assistance, with the replacement of lost / stolen tickets and travel documents and referral to suitable travel offices.
5. Advice in obtaining contact details of bank, police and embassy if **your** credit card(s) or charge card(s) are lost or stolen.

WE WILL NOT PAY:

1. For the cost of any replacement articles, documents, drugs or other medicines
2. For anything mentioned in the General Exclusions.
3. The provision of services referred to in this section is at the sole discretion of the Assistance Company. In certain circumstances or locations, it may not be possible to provide the services mentioned. This section is intended to provide advice and assistance; **we** do not accept any liability or additional expenses that may be caused either directly or indirectly by the provision of this service.

SECTION 9 - LOST/STOLEN TRAVEL TICKETS

YOU ARE COVERED FOR:

The loss or theft of any prepaid non-refundable tickets valid for travel on **public transport** outside **your home country** including Inter-Rail passes, Eurail passes, Amtrak passes, Ameripass tickets and such like, provided the original ticket is personalised to be used only by **you**.

WE WILL PAY:

Up to the amount shown on the Schedule of Cover in this document for the cover level **you** have chosen towards the cost of obtaining a replacement ticket to enable **you** to continue **your** journey, or towards the cost of travel back to **your home country**, whichever is the less.

WE WILL NOT PAY:

1. The **excess** unless **you** have chosen the Platinum or Platinum Plus level of cover or purchased the **excess** waiver option.
2. If **you** do not exercise reasonable care for the safety and supervision of **your** non-refundable ticket.
3. If **you** do not obtain a written police report within 24 hours of the discovery in the event of theft of the ticket.
4. If **you** do not obtain a written report from the service provider.
5. Anything that can be replaced by the issuer.

- For **you** prepaid non-refundable tickets stolen from a. an **unattended** vehicle b. a hotel room, unless the ticket was in a locked safe.
- For anything mentioned in the General Exclusions.

SECTION 10 - LOST PASSPORT EXPENSES

YOU ARE COVERED FOR:

The cost of a temporary passport and reasonable additional travel or accommodation expenses **you** incur abroad in obtaining a temporary passport.

WE WILL PAY:

Up to the amount shown in the schedule of cover for the cover level **you** have chosen if **your** passport is lost or stolen.

WE WILL NOT PAY:

- If **you** do not exercise reasonable care for the safety and supervision of **your** passport.
- If **you** do not obtain a written police report within 24 hours of discovery of the loss.
- For loss, arising from confiscation or detention by Customs or other officials or authorities.
- Anything that can be replaced by the issuer.
- If **your** passport is stolen from:
 - an **unattended** vehicle
 - a hotel room unless the passport was in a locked safe.
- For anything mentioned in the General Exclusions.

SPECIAL CONDITIONS RELATING TO CLAIMS:

Within 24 hours of discovery of the incident **you** must report loss of **your** passport to the local police or to the carrier, as appropriate, or to **your** hotel or accommodation management, or to the tour operator representative.

You must provide **us** with written documentation from one of the parties listed above confirming that the loss or theft occurred during the **trip** otherwise no claim will be paid.

SECTION 11 - TRAVEL DELAY ABANDONMENT

YOU ARE COVERED FOR:

Cancellation or delay of more than 12 hours beyond the intended departure (as specified on **your** travel ticket) or arrival time of **your** pre-booked flight, sea crossing, coach or train departure to or from **your home country** as a result of:

- Strike** or **industrial action** (provided that when the policy was issued there was no reasonable expectation that the **holiday/trip** would be affected by such cause).
- Adverse weather conditions.
- Mechanical breakdown or technical fault of the **public transport you** are travelling on (excluding any claims arising from withdrawal from service temporarily or otherwise on the orders or recommendation of the Civil Aviation Authority or a port authority or similar body in any country).

WE WILL PAY:

- The amount shown in the Schedule of Cover for the first full 12 hours that **you** are delayed for each full 12-hour delay thereafter up to the maximum shown in the Schedule of Cover.
- Up to the amounts shown on the Schedule of Cover as chosen by **you** not otherwise recoverable if **you** abandon **your trip** on the outward leg of **your** journey (after a full 24-hour delay).

Or alternatively

You can make use of airport lounge access on delays on **your** outward journey after a delay of at least 4 hours. (This section does not apply to trips within **your** home country)

WHAT YOU ARE COVERED FOR

AIRPORT LOUNGE ACCESS

If the outward flight (first leg only) on which you are booked to travel is delayed by at least four hours as a result of:

- strike or industrial action** provided that when this policy was taken out, there was no reasonable expectation that the **trip** would be delayed;
- adverse weather conditions;
- mechanical breakdown or technical fault of the aircraft.

We will provide access to an airport lounge, where available. Lounge access will become available on the announcement of a minimum four-hour delay, not, for example, two consecutive two-hour delays.

You must have access to a mobile device so that you can receive an SMS message in order to gain access to the lounge.

To take advantage of this benefit you will need to call the 24-hour access phone number: +44 (0)1689 892252

You will need to quote **your** policy number and flight details. If **your** claim is valid **you** will then be sent an SMS message which will give **you** access to an airport lounge for the duration of **your** delay.

There may be occasions when this benefit is unavailable:

- If the lounge is closed when the delay occurs – during the night, for instance
- If the lounge is at full capacity
- If **you** or another **insured person** fail to meet the lounge terms and conditions such as dress code or minimum age

WE WILL NOT PAY:

- The **excess** (if **your** claim is under 2, abandonment) unless **you** have chosen the Platinum or Platinum Plus level of cover or purchased the **excess** waiver option.
- If **you** did not check-in for the **public transport** departure in accordance with the recommended check-in time limits.
- If **you** do not obtain written confirmation from the **public transport** company stating the period and the reason for the delay.
- If **your** claim arises from a **strike** and/or **industrial**

action existing or known of on the date of purchase of this policy or arranging the **trip** whichever is later.

5. If **you** have made a claim under Section 16 – Non-Operation of Flight.
6. If the aircraft on which **you** are booked to travel is withdrawn from service as a result of ash or other debris arising from a volcano. **You** should direct any claim in this event to the transport operator involved.
7. Any costs relating to airport taxes, airport charges, service charges, facility charges, user fees, security charges or air passenger duty. **You** should obtain a refund from **your** carrier for such charges.
8. For anything mentioned in the General Exclusions.

IMPORTANT NOTICE

Under the new European Union (EU) travel regulations, **you** are entitled to claim compensation from **your** carrier if **your** flight is delayed for more than five hours. The airline must offer to refund **your** ticket.

SECTION 12 - MISSED DEPARTURE/ CONNECTION

YOU ARE COVERED FOR:

Necessary additional travel and accommodation expenses that **you** incur to reach **your** pre-booked destination.

WE WILL PAY:

Up to the amount shown in the Schedule of Cover for the cover level **you** have chosen for necessary additional travel and accommodation expenses if **you** arrive at the point of international departure and/or any intermediate departure point en-route on **your** pre-booked journey too late to begin or continue the booked **holiday/trip** as a result of a failure of **public transport** or due to an accident or mechanical failure involving the vehicle in which **you** were travelling, provided that **you** have taken reasonable steps to complete the journey to the departure point on time to check-in in accordance with the recommended check-in limits.

WE WILL NOT PAY:

1. If **your** claim arises from withdrawal of service of an aircraft or sea vessel on the recommendation of a port authority or the Civil Aviation Authority or any similar body in any country.
2. If **your** claim arises from a **strike** and/or **industrial action** existing on the date **you** purchased this insurance or at the time of booking any **trip** whichever is later.
3. If the reason for the failure of the **public transport** is within the control of the provider.
4. If the aircraft on which **you** are booked to travel is withdrawn from service as a result of ash or other debris arising from a volcano. You should direct any claim in this event to the transport operator involved.
5. For anything mentioned in the General Exclusions.

SPECIAL CONDITIONS RELATING TO CLAIMS

You must take every reasonable step to commence and complete the journey to the departure point and check in for the flight, sea crossing, coach or train journey on time. **You** must obtain written confirmation from the carrier stating the period and reason for the delay.

SECTION 13 - HIJACK

YOU ARE COVERED FOR:

A benefit per day in the event of the aircraft in which **you** are travelling being hijacked.

WE WILL PAY:

A benefit per 24 hours up to the maximum shown in the **schedule of cover** for the duration of the hijack.

WE WILL NOT PAY:

1. If **you** or **your family** or **your** business connections have engaged in activities that could be expected to increase the risk of hijack.
2. For anything mentioned in the General Exclusions.

SECTION 14 - CATASTROPHE

YOU ARE COVERED FOR:

The cost of providing replacement similar accommodation if **your** booked and pre-paid accommodation is inhabitable due to fire, flood, earthquake or storm.

WE WILL PAY:

Up to the amount shown in the **schedule of cover** if **you** cannot stay in **your** booked accommodation because of one of the causes specified above.

WE WILL NOT PAY:

1. The **excess** unless **you** have chosen the Platinum or Platinum Plus level of cover or purchased the **excess** waiver option.
2. Any expenses that **you** can recover from any tour operator, airline, hotel or other provider of services,
3. Any expenses that **you** would normally have to pay during the period of **your holiday/trip**.
4. Any claim resulting from **you** travelling against the advice of the appropriate international, national or local authority.
5. If **you** do not provide a written statement from an appropriate public authority confirming the reason and nature of the disaster and how long it lasted.
6. For any event that results in a claim under this Section which was known about before **you** left from **your** international departure point.
7. If **you** do not provide evidence of all the extra costs **you** had to pay.
8. For anything mentioned in the General Exclusions.

SECTION 15 - GOVERNMENT TRAVEL ADVICE

Should the Department of Foreign Affairs or the Foreign and Commonwealth Office advise against travel, or all but essential travel, after **you** have purchased **your** policy or have booked **your trip**:

YOU ARE COVERED FOR:

CANCELLATION

Cancellation fees payable by **you** if **you** cancel **your trip** for:

- a) Travel and accommodation;
- b) Ski hire, ski school, lift passes, prepaid green fees, prepaid match tickets and prepaid concert tickets if the appropriate cover option has been chosen, **you** have paid the additional premium and it is mentioned on the Certificate of Insurance.

CURTAILMENT

The value of the unused portion of **your** travel and accommodation costs. This section will also cover ski hire, ski school, lift passes, prepaid green fees, prepaid match tickets and prepaid concert tickets not used by **you** if the appropriate cover option has been chosen, **you** have paid the additional premium and it is mentioned on the Certificate of Insurance.

MISSED DEPARTURE/ CONNECTION

Necessary additional travel and accommodation expenses that **you** incur in order to reach **your** booked destination.

ADDITIONAL EXPENSES

Additional expenses incurred in respect of travel and accommodation expenses incurred by **you** as a result of a **government travel advice** that is the sole cause of an interruption to **your** pre-booked travel itinerary.

WE WILL PAY:

CANCELLATION

Up to the amount shown in the Schedule of Cover if the cancellation arises as a direct result of **government travel advice** issued not to travel to **your** intended destination that is announced within seven days of the pre-booked departure date.

CURTAILMENT

Up to the amount shown in the Schedule of Cover if **you** have to cut short **your trip** and have to return **home** due to events occurring in the country **you** are visiting as a result of which **government travel advice** is issued advising **you** to leave the country for **your** own safety.

MISSED DEPARTURE/ CONNECTION

Up to the amount shown in the Schedule of Cover for necessary additional travel expenses if **your** outward or return journey is cancelled as a result of the airline or ferry company on which **you** are booked to travel, cancelling the service as a direct result of **government travel advice**.

ADDITIONAL EXPENSES

Up to the amount shown in the Schedule of Cover if **you** incur additional accommodation expenses or if **you** incur additional travel expenses if **your** pre-booked return transportation is cancelled or delayed as a result of the airline **you** are booked to travel on cancelling the service as a direct result of **government travel advice**.

WE WILL NOT PAY:

1. If the airline or other carrier or tour operator make alternative arrangements to accommodate **you** or rearrange flights.
2. For any claim arising as a result of a terrorist incident or threat of a terrorist incident occurring.
3. For anything mentioned in the General Exclusions.

SECTION 16 - NON-OPERATION OF FLIGHT

THIS SECTION IS ONLY AVAILABLE IF YOU HAVE CHOSEN THE PLATINUM OR PLATINUM PLUS LEVELS OF COVER

YOU ARE COVERED FOR:

Necessary additional travel and accommodation expenses **you** incur in order to reach **your** booked destination.

WE WILL PAY:

Up to the amount shown in the Schedule of Cover in respect of necessary and unavoidable additional travel and accommodation expenses, incurred by **you** if **you** arrive at the point of international departure and/or any intermediate departure point en-route on either **your** outward or return journey and the flight on which **you** are booked, is not operating and the first available flight offered to **you** by the carrier is more than 24 hours later than **your** original scheduled time of departure.

WE WILL NOT PAY:

1. If **your** claim arises from withdrawal of service of an aircraft or sea vessel on the recommendation of a port authority or the Civil Aviation Authority or any similar body in any country.
2. If **your** claim arises from a **strike** and/or **industrial action** existing or known of on the date **you** purchased this insurance or at the time of booking any **trip** whichever is later.
3. If written confirmation from the carrier is not provided confirming the cancellation/non-operation of **your** original booked flight.
4. If written confirmation from the carrier is not provided giving details of the alternative flight offered to **you**.
5. If **you** do not have original receipts confirming the additional travel and/or accommodation costs incurred by **you**.
6. If **you** have made a claim under Section 11 - Travel Delay/Abandonment
7. For anything mentioned in the General Exclusions.

SECTION 17 - BUSINESS COVER

attempted burglary at **your home** or place of business.

THIS SECTION IS ONLY AVAILABLE IF YOU HAVE CHOSEN THE PLATINUM OR PLATINUM PLUS LEVELS OF COVER.

YOU ARE COVERED FOR:

COMPANY FUNDS

Company funds lost or stolen whilst being carried on **your** person or left in a locked safety deposit box.

BUSINESS EQUIPMENT

Business equipment which is lost, stolen, damaged or destroyed.

REPLACEMENT COLLEAGUE

Travel expenses to send a colleague to replace **you** on a business **trip**, if **you** become ill or are injured while abroad and are forced to curtail or are otherwise unable to continue conducting **your** business as a result of **your** illness or injury. If **you** do not contact the **Assistance Company** but make **your** own arrangements to have a replacement colleague join **you**, **your** claim will be limited to €650/£500 or the actual costs incurred whichever is the lesser.

WE WILL PAY:

COMPANY FUNDS

Up to the amount shown in the Schedule of Cover for lost or stolen **company funds**.

BUSINESS EQUIPMENT

Up to the amount shown in the Schedule of Cover. Claims in respect of **single articles** or a pair or set of articles which is / are lost, stolen, damaged or destroyed will be limited to the amount shown in the Schedule of Cover.

NOTE - In the event of a claim in respect of a pair or set of articles **we** shall be liable only for the value of that part of the pair or set which is lost, stolen, damaged or destroyed.

REPLACEMENT COLLEAGUE

Up to the amount shown in the Schedule of Cover in respect of extra travel and accommodation costs incurred as a result of a colleague of **yours** having to replace **you** if **you** are unable to attend to the business which was the purpose of **your trip** or if **you** have to cut short **your trip** and have to return **home** due to any of the following:

1. The death, severe injury or serious illness of:
 - a) **You** or any person with whom **you** are travelling and on whom **your trip** depends,
 - b) An **immediate relative of yours**, or
 - c) A **close business associate of yours**.
2. **Your home** or place of business being made uninhabitable due to fire, lightning, explosion, earthquake, subsidence, storm, flood, falling trees, riot or civil commotion, malicious damages, burst pipes, impact by aircraft, vehicles, animals, the police requesting **your** presence following burglary or

WE WILL NOT PAY:

1. Any claim arising directly or indirectly from a known **pre-existing medical condition** affecting **you** unless **you** have declared all **pre-existing medical conditions** to **us** and have acceptance from **us** in writing.
2. Any claim arising directly or indirectly from a **pre-existing medical condition**, known to **you** prior to the **period of insurance**, affecting **your close business associate** if:
 - a) a terminal prognosis was received prior to the **period of insurance**;
 - b) they were on a waiting-list, or had knowledge of the need for, surgery, inpatient treatment or investigation at any hospital or clinic at the start of the **period of insurance**; (unless **you** have purchased the Platinum Plus option) or during the 90 days immediately prior to the **period of insurance** they had;
 - c) required surgery, inpatient treatment or hospital consultations (unless **you** have purchased the Platinum Plus option); or
 - d) required any form of treatment or more than 1 prescribed medication (unless **you** have purchased the Platinum Plus option)
3. For additional travel and accommodation costs incurred where it is not confirmed as medically necessary that **you** were unable to attend the business which was the purpose of **your trip** and / or where a medical certificate has not been obtained from the attending **doctor** abroad confirming it is necessary to curtail the **trip**.
4. More than €650/£500 or the actual additional travelling and accommodation costs incurred (whichever is the lesser) if **you** do not contact the **Assistance Company** prior to arrangements being made to have a colleague replace **you** while abroad.
5. If **you** do not exercise reasonable care for the safety and supervision of **your company funds** and/or business **equipment**.
6. If **you** do not obtain a written police report within 24 hours of the discovery in the event of loss, burglary or theft of **your company funds** and / or business **equipment**.
6. If **you** do not obtain a written carrier's report if **your business equipment** is lost or damaged in transit (or a Property Irregularity Report (P.I.R.) in the case of an airline).
7. For loss due to confiscation or detention by Customs or other officials or authorities.
8. For loss, theft, damage or destruction of dentures; bonds; securities; stamps or documents of any kind, including driving licences and passports; musical instruments; typewriters; glass; china; antiques; pictures; pedal cycles; hearing aids; coupons; vehicles or accessories; boats and/or ancillary equipment.
9. For loss due to wear and tear, denting or scratching, moth or vermin.
10. For loss of **valuables** left as checked-in **personal baggage**.
11. For mechanical breakdown or malfunction, breakage of fragile or brittle articles unless caused by fire or by accident to the vessel, aircraft or vehicle in which they are being carried.

12. For **business equipment** stolen from:
 - a) an **unattended vehicle** unless it was in the locked boot of the vehicle and there is evidence of forcible entry;
 - b) A vehicle left for any period between the hours of 2100hrs and 0900hrs;
 - c) A hatchback vehicle unless the **business equipment** was in the locked boot of the vehicle, below the rear parcel shelf and out of sight.
13. For any shortages due to error, omission or depreciation in value.
14. For claims for lost or stolen **business equipment** unless a receipt (or other acceptable evidence) for the purchase of the original goods is produced.
15. For additional travelling and accommodation costs incurred in a colleague replacing **you** abroad, which are not authorised by us.
16. For anything mentioned in the General Exclusions.

SECTION 18 - GOLF COVER

GOLF COVER IS ONLY AVAILABLE IF YOU HAVE CHOSEN THE PLATINUM OR PLATINUM PLUS LEVELS OF COVER.

SECTION 18A - GOLF EQUIPMENT

LOSS, THEFT OR DAMAGE

WE WILL PAY:

Up to the amount shown in the Schedule of Cover for the value or repair of **golf equipment** (after making proper allowance for wear, tear and depreciation). Claims will be limited to €250 / £200 in respect of a single club and / or other items of **golf equipment** that are lost, stolen, damaged or destroyed.

NOTE - in the event of a claim in respect of a set of golf clubs **we** shall be liable only for the value of that part of the set which, is lost, stolen, damaged or destroyed.

DELAY

If **your golf equipment** is delayed reaching **you** on **your** outward journey for at least 12 hours and for which **you** have written confirmation from the carrier or tour operator, **we** will pay a benefit per day up to the amount shown in the Schedule of Cover towards the cost of hiring alternative **golf equipment**. If **your golf equipment** is permanently lost or stolen any amount payable will be deducted from the total claim.

IMPORTANT NOTICE:

Under the new European Union (EU) travel regulations, **you** are entitled to claim compensation from **your** Carrier if **your** checked-in luggage is damaged or lost by an EU airline, **you** must claim compensation from the Carrier within seven days. If **your** checked-in luggage is delayed, **you** must claim compensation from the Carrier within 21 days of its return.

WE WILL NOT PAY

1. If **you** do not exercise reasonable care for the safety and supervision of **your golf equipment**.
2. If **you** do not obtain a written police report within 24 hours of the discovery in the event of loss, burglary or theft of **your golf equipment**.
3. If **you** do not obtain a written carrier's report if **your golf equipment** is lost or damaged in transit (Property Irregularity Report (P.I.R.) in the case of an airline or carrier).
4. For loss due to confiscation or detention by Customs or other officials or authorities
5. For loss, destruction, damage or theft due to wear and tear, denting or scratching, moth or vermin.
6. For any additional value an item of **golf equipment** may have because it is part of a pair or a set.
7. For **golf equipment** stolen from:
 - a) An **unattended vehicle** unless it was in the locked boot of the vehicle and there is evidence of forcible entry;
 - b) A hatchback vehicle unless the **golf equipment** was in the locked boot of the vehicle, below the rear parcel shelf and out of sight and there is evidence of forcible entry.
 - c) A vehicle left for any period between 2100hrs and 0900hrs regardless of where it was left in the vehicle; or
8. For anything mentioned in the General Exclusions.

SECTION 18B - GREEN FEES

CANCELLATION OR CURTAILMENT

YOU ARE COVERED FOR:

The value of the unused portion of **your** prepaid green fees, paid for prior to departure.

WE WILL PAY:

You up to the amount shown in the Schedule of Cover in respect to prepaid green fees if cancellation of **your trip** is necessary and unavoidable due to the following:

1. A valid claim under either Section 1 (Cancellation) or Section 2 (**Curtaiment**) of this policy.

WE WILL NOT PAY:

1. Claims where a medical certificate has not been obtained from the attending **doctor** confirming it is necessary to curtail or cancel the **holiday/trip**.
2. For anything arising directly or indirectly from the following causes:
 - a) Prohibitive regulations by the government of any country.
 - b) Any circumstances known to **you** likely to cause cancellation prior to the **period of insurance**.
3. For anything mentioned in the WHAT WE WILL NOT PAY under Section 1 (Cancellation), Section 2 (Curtaiment) and General Exclusions.

NOTE - If **you** have to curtail **your holiday/trip** for an insured reason **you** must contact the **Assistance Company** who will arrange for **your** repatriation to **your home country**.

DELAYED ARRIVAL

WE WILL PAY:

Up to the amount shown in the Schedule of Cover in respect of prepaid green fees if **your** arrival at **your** final destination is delayed for more than 12 hours because of **strike**, riot, civil commotion, accident, mechanical breakdown of the **public transport you** are travelling on or adverse weather conditions as a result of which **you** are unable to utilise the prepaid green fees on the day of **your** arrival.

WE WILL NOT PAY:

1. If **you** do not obtain written confirmation from the carrier or tour operator, confirming the delay and stating the cause.
2. For anything mentioned in What we will not pay under Section 11 Travel Delay and the General Exclusions.

GOLF COURSE CLOSURE

WE WILL PAY:

The amount per each full day if the course **you** have prepaid green fees for is closed due to adverse weather conditions up to a limit as shown in the Schedule of Cover.

WE WILL NOT PAY:

1. If the course closure, the prepayment of green fees and the fact of there being no credit allowed, is not certified by the secretary / manager of the club in respect of which the green fees have been prepaid.
2. If the club has allowed a credit in respect of the unused green fees or has rebooked a tee time for **you**.
3. For anything mentioned in the General Exclusions.

SECTION 18C - HOLE IN ONE

YOU ARE COVERED FOR:

Up to the amount shown in the Summary of Cover in the event of **your** scoring a hole-in-one during **your holiday/trip**.

WE WILL NOT PAY:

1. If **you** are not a member of a recognised golf club affiliated to a National Golfing Union and hold an official National Golfing Union Handicap.
2. If **you** do not have **your** scorecard signed by **your** playing partner(s) who must be members of a National Golfing Union.
3. If the golf course at which the hole-in-one is scored is not affiliated to the Golfing Union of the country in which it is located.
4. If **your** scorecard is not countersigned by the secretary/ manager of the club at which the hole-in-one has been scored.
5. If temporary greens and/or tee boxes are in use.
6. For anything mentioned in the General Exclusions.

SECTION 19 - WINTER SPORTS COVER

THESE SECTIONS ARE ONLY AVAILABLE IF YOU HAVE CHOSEN THE PLATINUM OR PLATINUM PLUS LEVELS OF COVER OR HAVE CHOSEN THE WINTER SPORTS OPTION ON MULTI-TRIP GOLD, HAVE PAID THE ADDITIONAL PREMIUM AND IT IS MENTIONED THE CERTIFICATE OF INSURANCE

SECTION 19A - SKI EQUIPMENT

YOU ARE COVERED FOR:

The loss, theft, damage or destruction of **ski equipment** belonging to **you** or hired by **you**.

WE WILL PAY:

Up to the amount shown in the Schedule of Cover for the cover level **you** have chosen for the value or repair of **ski equipment** (after making proper allowance for wear, tear and depreciation) if owned by **you** or up to €200/£150 if the **ski equipment** has been hired by **you**.

NOTE - In the event of a claim in respect of a pair or set of articles, **we** will be liable only for the value of that part of the pair or set which is lost, stolen, damaged or destroyed. Skis are covered when locked to a roof rack, which is itself locked to the roof of a vehicle.

WE WILL NOT PAY:

1. The **excess** unless **you** have chosen the Platinum or Platinum Plus level of cover or purchased the **excess** waiver option
2. If **you** do not exercise reasonable care for the safety and supervision of **your ski equipment** or **ski equipment** hired by **you**.
3. If **you** do not obtain a written police report within 24 hours of the discovery in the event of loss, burglary or theft of the **ski equipment**.
4. If **you** do not obtain a written carrier's report if **your ski equipment** is lost or damaged in transit (or a Property Irregularity Report in the case of an airline).
5. If **you** do not have receipted evidence if the **ski equipment** has been hired by **you**.
6. For loss, theft, damage or destruction by Customs or other officials or authorities.
7. For damage due to wear and tear.
8. For **ski equipment** stolen from:
 - a) An **unattended vehicle** unless it was in the locked boot or for vehicles without a separate boot, locked in the vehicle and covered from view and there is evidence of forcible entry to the vehicle confirmed by a police report;
 - b) A vehicle left for any period between 2100hrs and 0900hrs regardless of where it is located in the vehicle.
9. For anything mentioned in the General Exclusions.

SECTION 19B - SKI PACK

YOU ARE COVERED FOR:

The proportional amount of irrecoverable pre-paid charges that **you** have paid or contracted to pay for **ski equipment** hire, lift passes and ski school costs.

WE WILL PAY:

Up to the amount shown in the Schedule of Cover for the cover level **you** have chosen if **you** are necessarily prevented from skiing for more than 48 hours following injury or illness during the period of **your holiday/trip**.

WE WILL NOT PAY:

1. The **excess** unless **you** have chosen the Platinum or Platinum Plus level of cover or purchased the **excess** waiver option
2. Anything mentioned in WHAT WE WILL NOT PAY in Section 4 Medical Expenses.
3. For anything mentioned in the General Exclusions.

SECTION 19C - SKI HIRE

YOU ARE COVERED FOR:

The cost of necessary hire of **ski equipment**.

WE WILL PAY:

Up to the amount shown in the Schedule of Cover for the cover level **you** have chosen if **you** are deprived of **your own ski equipment** following:

1. Loss or damage to it;
2. It being misdirected or delayed in transit resulting in **your** being deprived of the use of **your ski equipment** for 12 hours or more on **your** outward journey and being unable to ski as a result.

WE WILL NOT PAY:

1. The **excess** for each of **you** unless **you** have chosen the Platinum or Platinum Plus level of cover or purchased the **excess** waiver option
2. If **you** do not retain all hire receipts in respect of the hire of alternative **ski equipment**.
3. If **you** do not obtain a written carrier's report if **your ski equipment** is lost or damaged in transit (or a Property Irregularity Report (P.I.R.) in the case of an airline).
4. For anything mentioned in the General Exclusions.

SECTION 19D - PISTE CLOSURE

YOU ARE COVERED FOR:

The total closure of all ski facilities in **your** resort due to adverse weather conditions.

WE WILL PAY:

A benefit per day up to the amount shown in the Schedule of Cover for transportation costs to the nearest resort where there are adequate snow conditions, or compensation per day in the event of there being no suitable resort available.

WE WILL NOT PAY:

1. If **you** are able to obtain compensation in respect of:
 - a) Total closure of skiing facilities in **your** resort from any other source, or;
 - b) If the total closure of the skiing facilities in **your** resort is not certified by a representative of the tour operator or of the management of the resort visited.
2. If the closure of the piste is due to avalanche danger, **strikes** or closure of the lift system.
3. For anything mentioned in the General Exclusions.

SECTION 19E - AVALANCHE COVER

YOU ARE COVERED FOR:

Additional travel and accommodation expenses necessarily incurred if the outward or return journey is delayed beyond the scheduled arrival time as a direct result of avalanche, subject to the delay in arrival being of at least 12 hours.

WE WILL PAY:

The amount shown in the Schedule of Cover per 12 hours up to a maximum shown.

WE WILL NOT PAY:

1. If a claim has been submitted under Section 1 or 2.
2. For anything mentioned in the General Exclusions.

SECTION 20 - EVENT CANCELLATION

THIS SECTION IS OPTIONAL

THE FOLLOWING BENEFITS ARE ONLY AVAILABLE IF YOU HAVE CHOSEN THE EVENT CANCELLATION OPTION, HAVE PAID THE ADDITIONAL PREMIUM AND IT IS MENTIONED ON THE CERTIFICATE OF INSURANCE.

YOU ARE COVERED FOR:

Cancellation & Curtailment cover (Sections 1 & 2) which is extended to include up to the amount shown in the Schedule of Cover in respect of **your** part of the pre-paid travel accommodation and entrance fees, which are irrecoverable from any other source, following the cancellation of a specific **event** which was the principle reason for **your** booked **trip** as a direct or indirect result of one of the reasons listed below, which were not announced or known prior to the date **you** purchased this insurance or at the time of booking any **trip** whichever is later:

WE WILL PAY

1. For the closure of the venue or denial of access to the venue by order of the applicable authority.
2. Closure of the venue or denial of access to the venue due to fire, explosion, lightening, and impact by aircraft or failure of the main power supply.
3. Cancellation of the **event** due to the bankruptcy of the organisers.
4. Non-appearance of the named leading performer in the **event**, and non-acceptability of any substitute.

- The Irish Government or the UK Foreign and Commonwealth office advising against travel or all but essential travel to the country or area where the **event** is due to take place.
- Cancellation of the **event** due to adverse weather conditions, war, **strike**, or civil commotion prior to start of travel.

WE WILL NOT PAY:

- If the **event** is rescheduled to take place within 24 hours of the original date and time as originally published.
- For anything mentioned in the General Exclusions. All other terms, conditions and exclusions of Section 1 & 2- **Cancellation** and **Curtailment** apply to this endorsement, as do the general terms, conditions and exclusions of the **Fairsure** policy.

SECTION 21 - CRUISE CONNECTION

THE FOLLOWING BENEFITS ARE ONLY AVAILABLE IF YOU HAVE CHOSEN THE CRUISE COVER OPTION, HAVE PAID THE ADDITIONAL PREMIUM AND IT IS MENTIONED ON THE CERTIFICATE OF INSURANCE.

YOU ARE COVERED FOR:

The amount shown in the Policy Schedule for reasonable additional onward travel expenses and accommodation (room only) necessarily incurred in reaching the next available embarkation point of **your** cruise itinerary if **you** fail to arrive at the original embarkation point in time to board the cruise ship on which **you** are booked to travel, or **your** failure to disembark at the original disembarkation place and time to reach **your** international flight departure point, as a direct result of:

- the failure of any scheduled **public transport**
- the failure of **your** booked cruise ship
- strike**, **industrial action** or adverse weather conditions.

SPECIAL CONDITIONS RELATING TO CLAIMS

You must allow sufficient time for the scheduled **public transport**, cruise ship or other transport to arrive on schedule and to deliver **you** to **your** embarkation point or International Departure point. This is at **our** discretion.

WE WILL NOT PAY

- Claims arising directly or indirectly from:
 - Strike** or **industrial action** or air traffic control delay existing or publicly announced by the date **you** purchased this insurance or at the time of booking any **trip** whichever is later.
 - Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Irish Aviation Authority or a Port Authority or any similar body in any country.
- Additional expenses where the scheduled **public transport** operator has offered reasonable alternative travel arrangements.
- Any delay caused by quarantine on the cruise ship due to contagious disease.
- Anything mentioned in the general exclusions

SECTION 22 - NATURAL DISASTER

(INCLUDING VOLCANIC ASH)

THE FOLLOWING BENEFITS ARE ONLY AVAILABLE IF YOU HAVE CHOSEN THE NATURAL DISASTER OPTION, HAVE PAID THE ADDITIONAL PREMIUM AND IT IS MENTIONED ON THE CERTIFICATE OF INSURANCE.

YOU ARE COVERED:

For Cancellation / Abandonment of **your trip** or expenses incurred if **you** are delayed or stranded on **your** return journey as a direct result of a natural disaster (tsunami, earthquake, volcanic eruption, landslide, natural fire, tornado, flood or hurricane) occurring after the date **you** purchased this insurance or at the time of booking any **trip** whichever is the later.

WE WILL PAY:

- Cancellation and Abandonment: Up to €3,000 in all for any one **holiday/trip** to reimburse **you** for the unused travel and/or accommodation costs which **you** have paid or are contracted to pay and which **you** cannot recover from any other source when **you** are prevented from travelling to their destination abroad due to:
 - the **public transport** on which **you** are booked to travel from **your home country** on the outbound leg of **your holiday/trip** being cancelled and not replaced or reinstated within 24 hours of its Scheduled departure time or delayed by at least 24 hours from its scheduled departure time; or
 - the Travel Advice Unit of the Department of Foreign Affairs or the Foreign and Commonwealth Office issuing a directive advising against all, or all but essential travel to **your** destination
- Travel Delay / Stranded Abroad:
 - Up to the amount shown in the Summary of Cover for meals, refreshments and telephone calls;
 - Up to the amount shown in the Schedule of Cover if **you** are stranded abroad – for reasonable costs incurred by **you** for hotel accommodation and transport between the airport and the hotel;
 - Up to the amount shown in the Schedule of Cover for additional pet care fees incurred if **you** are delayed for 24 hours or stranded abroad for a longer period; when the scheduled departure of the **public transport** in which **you** are booked to travel **your holiday/trip** from or to **your home country** is delayed.

SPECIAL CONDITIONS

- Cover will only apply where a recognised government or public authority body, acting on behalf of such government or public authority, of the country to or from which **you** are travelling has issued a directive:
 - prohibiting all travel, or all but essential travel, to or from or
 - recommending evacuation from:
 - the country or specific area or **event** to which **you** were travelling provided that the directive came into force after **your holiday/trip** was booked (or after the start date of the **period of**

insurance, if later) or in the case of **curtailment** or rearrangement, **you** had left **your home country** to commence the **holiday/ trip**.

2. You must:
 - a) check-in before the scheduled departure time shown on **your** travel itinerary; and
 - b) comply with the travel agent, tour operator and transport providers contract terms; and
 - c) maintain contact with the **public transport** operator and;
 - d) if stranded abroad:
 - i) make every reasonable effort to return to **your home country** at the earliest opportunity;
 - ii) not accept a refund from the **public transport** operator for the return leg of **your holiday/trip** to **your home country**, unless **you** can arrange an alternative method of returning to **your home country** at an earlier time than if **you** had allowed the original **public transport** operator to return **you** to **your home country**.
 - e) provide **us** with written confirmation from the operator that the **public transport** on which **you** were scheduled to travel was cancelled or delayed as a direct result of a natural disaster, and if appropriate, the length of the delay;
 - f) make every reasonable effort to recover the additional costs and expenses incurred from the **public transport** operator or any other available source.

WE WILL NOT PAY:

1. Any charge or expense paid for with, or settled using, any kind of promotional voucher or points, timeshare, property bond or points scheme, or any claim for management fees, maintenance costs or exchange fees in relation to timeshares or similar arrangements.
2. Any claim for costs and/or expenses recoverable from any other source.

GENERAL EXCLUSIONS

WE WILL NOT COVER:

1. Any circumstance known to **you** before purchasing this insurance or at the time of booking any **trip** which could reasonably be expected to result in a claim.
2. Loss, damage or expense which at the time of happening is insured by, or would, but for the existence of this policy, be insured by any other existing certificate, policy or any motoring organisation's service. If **you** have any other policy in force, which may cover the event for which **you** are claiming, **you** must tell **us**. Examples of this would include (but are not limited by) Private Medical Insurance, Home Contents Insurance, Gadget Insurance or through the carrier). This exclusion shall not apply to **Personal Accident** cover under Section 3.
3. Any losses which are not directly covered by the terms and conditions of this policy. Examples of losses **we** will not pay for include loss of earnings due to being unable to return to work following injury or illness happening while on a **trip** and replacing locks if **you** lose **your** keys.
4. Costs of telephone calls or faxes, meals, taxi fares (with

the sole exception of the taxi costs incurred for the initial journey to a hospital abroad due to an **insured person's** illness or injury), interpreters' fees, time-share maintenance fees, **holiday** property bonds or points and any additional travel or accommodation costs (unless pre-authorised by **us** as part of a valid claim under Section 4 Medical/medical related expenses and Medical Emergency Assistance, Section 1 Cancellation, or Section 2 **Curtailment**.)

5. Any deliberately careless or negligent act or omission by **you**.
6. **Your** intentional self-injury or wilful exposure to needless risk (except in an attempt to save human life)
7. Any claim arising or resulting from **your** own intentional illegal or criminal act.
8. **Your** suicide or attempted suicide, **you** deliberately injuring **yourself**.
9. Any claim arising directly or indirectly from **your** drug addiction or solvent abuse, alcoholism, excessive alcohol intake, or **you** being under the influence of drug(s).
10. Wilful exposure to exceptional risk, except in an attempt to save human life.
11. **Hazardous activities** as defined on the **Hazardous Activities** Table on page 5&6 unless **you** have chosen the appropriate level of cover.
12. Any **hazardous activities** not shown on the **hazardous activities** table.
13. **Winter sports** unless **you** have chosen **Fairsure Platinum** or **Platinum Plus** Level of cover or the **Winter Sports** optional cover, paid the appropriate premium and it is mentioned on the Certificate of Insurance. There is no cover for the **Winter Sports** as listed on the **Winter Sports** table on page 6.
14. Participation in any formal organised competition involving any **hazardous activities** or **winter sports** (as defined on pages 5&6) unless otherwise specifically mentioned on the **Hazardous Activities** table on page 5&6.
15. Fighting except in self-defence.
16. Any act of terrorism; this exclusion will not apply to **Personal Accident** Section or Medical Emergency Expenses Section provided **you** have not participated in or conspired in such activities.
17. Any legal liability directly or indirectly relating to:
 - a) Ionising radiation or contamination by radioactivity from any waste from the combustion of nuclear fuel;
 - b) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear machinery or any part of it;
 - c) Pressure waves caused by aircraft and other flying objects travelling faster than the speed of sound.
18. You travelling to a country or specific area or **event** to which the Irish or UK government has advised persons not to travel.
19. **Manual work** of any kind.
20. Any payment which **you** would normally have made during **your** travels if nothing had gone wrong.
21. Any claim directly or indirectly relating to the malfunction of any computer equipment as a result of a computer

virus. This exclusion does not apply to claims under Section 3 **Personal Accident** and Section 4 Medical Related Expenses and Medical Emergency Assistance.

22. Any claim when **you** have not paid the appropriate premium for **your** planned **trip**. If **you** travel for more than the number of days for which **you** have paid for cover, **you** will not be covered after the last day for which **you** have paid.
23. Loss of any kind arising from the provision of, or any delay in providing, the services to which this policy relates, unless negligence on **our** part can be demonstrated.
24. Any loss or damage directly or indirectly caused by the provision of, or any delay in providing, the medical (or medical related) services to which the cover under this policy relates, whether provided by **us** or by anybody else (whether or not recommended by **us** and/or acting on **our** behalf) unless negligence on **our** part can be demonstrated.
25. Any loss, damage, destruction, distortion, erasure, corruption or alteration of electronic data from any cause whatsoever.

GENERAL CONDITIONS

1. Cover will not be valid unless each **insured person** has declared all necessary **pre-existing medical conditions** to **us** and they have been formally accepted by **us** in writing. (Please refer to the Important Health Requirements).
2. During each **period of insurance** and before **you** depart on each **trip** **you** must declare to the Accident & General Medical Screening Helpline any change in **your** health or medical status. This change must be accepted in writing by **us** before cover will be continued. If **you** are unsure as to whether **you** need to tell **us** about a change **you** should contact the Accident & General Medical Screening Helpline.
3. No payment will be made under the policy without appropriate evidence to confirm the details of the claim.
4. Any certificates, information, evidence and receipts required by **us** must be obtained at **your** expense (originals must be provided). If **we** require a medical examination **you** must agree to this and in the event of death **we** are entitled to a post mortem examination, both at **our** expense.
5. **You** should take all reasonable steps to recover any lost or stolen article.
6. **You** must exercise reasonable care for the supervision and safety of both **you** and **your** property. **You** must take all reasonable steps to avoid or minimise any claim. **You** must act as if **you** are not insured.
7. **You** must avoid needless self-exposure to peril unless **you** are attempting to save human life.
8. In the event of a valid claim **you** shall allow **us** the use of any relevant travel tickets **you** are not able to use because of the claim.
9. If any claim is found to be fraudulent in any way this policy is void and all claims will be denied.
10. **You** should not admit liability, offer or promise to make any payment without written consent from **us**.
11. **We** are entitled to take over **your** rights in the defence or settlement of a claim, or to take proceedings in **your**

name for **our** own benefit against another party and **we** shall have full discretion in such matters. This is to enable **us** to recover any costs **we** have incurred from any third party who may have liability for the costs.

12. **We** may, at any time, pay to **you** **our** full liability under this policy after which **we** will accept no further liability.
13. Where it is possible for **us** to recover sums that **we** have paid out under the terms of the policy, **you** must co-operate fully with **us** in any recovery attempt **we** make. **We** will pay all costs associated with the recovery. Should **you** instigate **your** own recovery from other parties the sums **we** have paid out under the terms of the policy must be reimbursed from any recovery **you** have made.
14. **We** may give 7 days' notice of cancellation of this policy by recorded delivery to **you** at **your** last known address. In this case, **we** shall refund to **you** the unexpired pro-rata portion of the premium **you** have paid.
15. **You** will be required to repay to **us**, within one month of **our** request to **you**, any costs or expenses **we** have paid on **your** behalf which are not covered under the terms and conditions of this policy.
16. The period of cover under this policy can only be extended by the issue of a continuation policy, provided no claim is pending and there are no known circumstances which may give rise to a claim and if the original policy has not yet expired.
17. Claims must be notified to **us** in writing within 28 days of the claim arising.
18. When engaging in any sport or **holiday** activity (not excluded under General Exclusions) **you** must accept and follow the supervision and tuition of experts qualified in the pursuit or activity in question, and **you** must use all appropriate precautions, equipment and eye protection.
19. Although **we** are prepared to cover **you** when undertaking certain sports and activities, the availability of the insurance cover does not, in itself, imply that **we** consider such sports and activities to be safe. At all times **you** must satisfy **yourself** that **you** are capable of safely undertaking the planned sport or activity and **you** must take care to avoid injury, accident or loss to **yourself** and to others.
20. **You** will be covered when travelling by recognised **public transport** between countries, but not if **you** are being paid to crew a private motor or sailing vessel or are travelling by private plane.

WHAT TO DO IN THE CASE OF MEDICAL EMERGENCY

In the event of a Medical Emergency or if **you** need to return **home** early **you** must contact the **Assistance Company** as soon as possible. Details of how to contact them are shown below. Failure to contact the **Assistance Company** may result in **your** claim being limited to €650/£500.

The emergency assistance provided for **you** by this insurance is operated by the **Assistance Company**. In the event of any illness, injury, accident or hospitalisation which requires:

IN THE CASE OF A MEDICAL EMERGENCY PLEASE CONTACT:

GLOBAL RESPONSE

Tel: +44 (0) 2920 662 416

Fax: +44 (0) 2920 468 797

Email: operations@global-response.co.uk

The **Assistance Company** may be able to guarantee costs on **you** behalf. When contacting the **Assistance Company** please tell them **you** have Accident & General Travel Insurance **Fairsure** Single & Multi **Trip** and give them **your** policy number along with a telephone number where **you** can be contacted.

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

If **you** need medical treatment **you** must contact the **Assistance Company** immediately. Failure to do so could mean **we** will reduce the amount **we** pay for medical expenses.

REPATRIATION OF PATIENTS

If **you** have to return to **your home country** under section 2 (Emergency medical, repatriation & associated expenses), **you** must contact the **Assistance Company**. If **you** do not, this could mean that **we** will not provide cover or **we** may reduce the amount **we** pay for **your** return to **your home country**. **We** reserve the right to repatriate **you** should our medical advisors consider **you** fit to travel.

HOW TO MAKE A CLAIM

You can print the claim form from the OSG website at www.osgtravelclaims.ie.

On the website **you** will be able to get general advice about how to submit a claim and **you** can print the claim form and submit it to OSG. This will speed up the processing of **your** claim.

Claim forms can also be obtained by requesting them from:

FAIRSURE TRAVEL INSURANCE CLAIMS,

OSG, Merrion Hall, Strand Road,

Sandymount, Dublin 4,

Tel: +353 (1) 261 2192 or email travel@osg.ie

Return **your** completed claim form (remembering to keep a copy for **your** records) to **Fairsure** Claims together with all original documentation required including:

- **You** certificate of insurance
- Confirmation of booking
- Original receipts in respect of medical expenses
- Original medical reports as appropriate
- Proof of ownership in respect of claims for lost/stolen **personal baggage**, tickets etc.
- Police report (obtained within 24 hours of discovery) in the event of theft of personal property

- Evidence of delay in the event of a claim under the Travel Delay or Missed Departure/Connection sections
- Other evidence as appropriate to **your** claim including the specific information requested on the claim form.

COMPLAINTS PROCEDURE

It is the intention to give **you** the best possible service but if **you** do have any questions or concerns about this insurance or the handling of a claim **you** should follow the Complaints Procedure below:

IF YOUR COMPLAINT IS ABOUT THE SALE OF THE POLICY

Please contact **your** agent who arranged the insurance on **your** behalf at:

CUSTOMER SERVICE DEPARTMENT

ACCIDENT & GENERAL INSURANCE SERVICES LTD.

6 Leopardstown Office Park

Burton Hall Avenue

Sandyford

Dublin 18

D18 P6F5

Tel: +353 (1) 874 8458

E-mail: sales@accidentgeneral.ie

IF YOUR COMPLAINT IS ABOUT A MEDICAL ASSISTANCE CLAIM

Please contact the **Assistance Company** who dealt with your claim at:

THE COMPLAINTS DEPARTMENT

Global Response

Regus House

Falcon Drive

Cardiff

CF10 4RU

Or

Email: customerservices@global-response.co.uk

IF YOUR COMPLAINT IS ABOUT ANY OTHER CLAIM

Please contact :

THE CHIEF EXECUTIVE OFFICER

OSG Outsource Services Group Limited

Merrion Hall

Strand Road

Sandymount

Dublin 4

Tel: +353 (1) 661 5344

E-mail: info@osg.ie

If it is not possible to reach an agreement, **you** have the right to make an appeal to the Insurance Ombudsman of Ireland or the Financial Ombudsman Service in the United Kingdom. This also applies if **you** are insured in a business capacity but have a group annual turnover of less than €3 million. You may contact the Insurance Ombudsman of Ireland at:

INSURANCE OMBUDSMAN OF IRELAND

3rd Floor
Lincoln House
Lincoln Place
Dublin 2

Local: 1890 882090
Tel: +353 1 6620899
Fax: +353 1 6620890
E-mail: enquiries@financialombudsman.ie

If **you** are resident in the United Kingdom that authority is the:

THE FINANCIAL OMBUDSMAN SERVICE

Exchange Tower,
London, E14 9SR

Tel 1: 0800 023 4 567
Tel 2: 0300 123 9 123

Email: complaint.info@financial-ombudsman.org.uk

Your statutory rights are not affected if **you** choose to follow any of the complaints procedures above. For further information about **your** statutory rights contact **your** local authority Trading Standards Service or Citizens Advice Bureau.

POLICY CANCELLATION PROVISIONS

If **you** decide that for any reason, this policy does not meet **your** insurance needs then please return it to **your** agent within 14 days from the day of purchase or the day on which **you** receive **your** policy documentation, whichever is later. On the condition that **you** have not travelled and no claims have been made or are pending, **we** will refund **your** premium in full. Thereafter **you** may cancel the insurance cover at any time by informing **your** agent however, no refund of premium will be payable.

The Insurer is not bound to accept renewal of any insurance and may at any time cancel any insurance document by giving 14 days' notice in writing where there is a valid reason for doing so. A cancellation letter will be sent to **you** at **your** last known address. Valid reasons may include but are not limited to:

- a) Fraud
- b) Non-payment of premium
- c) Threatening and abusive behaviour
- d) Non-compliance with policy terms and conditions

DATA PROTECTION

DATA PROTECTION ACT 1998

Please note that any information provided to **us** will be processed by **us** and **our** agents in compliance with the provisions of the Data Protection Act 1998, for the purpose of providing insurance and handling claims, if any, which may necessitate providing such information to third parties.

We may also send the information in confidence to other companies including those located outside the European Economic Area.

ACCIDENT & GENERAL INSURANCE SERVICES LTD

6 Leopardstown Office Park
Burton Hall Avenue
Sandyford
Dublin 18
D18 P6F5

Tel: +353 (1) 874 8458
E-mail: sales@accidentgeneral.ie

To ensure **we** are consistent in providing **our** customers with quality service, **we** may record **your telephone call**.

IN THE EVENT OF A MEDICAL EMERGENCY

GLOBAL RESPONSE

Tel: +44 (0) 2920 662 416 Fax: +44 (0) 2920 468 797 (Claims number please)

Email: operations@global-response.co.uk

TO MAKE A CLAIM UPON RETURN HOME

OSG

Tel: + 353 (1) 261 2192 www.osgtravelclaims.ie Email: travel@osg.ie

CHECKLIST

PLEASE ASK YOURSELF THE FOLLOWING

- Do I have any pre-existing medical condition that I need to tell you about?
If Yes then please contact Medical Screening on
 - **ROI** 01 299 4692
 - **UK** 028 956 801 33
- Do I have any relatives with ongoing medical conditions?
 - If **YES**, consider Platinum Plus cover
- Will I engage in any winter sports on my trip?
- Will I engage in any hazardous activities on my trip?
 - If **YES**, consider Platinum cover

**IF YOU WISH ANYTHING CLARIFIED, PLEASE CONTACT OUR TRAVEL HELPLINE ON
TEL: +353 (1) 874 8458**

**IF YOU HAVE PURCHASED AN FAIRSURE MULTI-TRIP POLICY, THE MAXIMUM DURATION OF ANY
TRIP IS 45 CONSECUTIVE DAYS AND CANCELLATION COVER ONLY COMMENCES ON THE START
DATE OF THE POLICY**



accident & general