

TRAVEL INSURANCE

policy wording document

Are you a little bit Avanti?

IMPORTANT! Please read this booklet carefully and take it away with you

CLASSIC CRUISE
CLUB CRUISE
DELUXE CRUISE

24 HOUR MEDICAL EMERGENCY SERVICE – Healix Assistance

IMPORTANT – please quote reference Avanti Travel HCC.

Healix Assistance provides immediate help in the event of **your** illness or injury arising outside **your country of residence**. They provide a multi-lingual emergency service 365 days a year and can be contacted by telephone 24 hours a day.

If **you** have an emergency during **your** trip and require medical treatment whilst outside the **United Kingdom**, or if **your** journey is cut short (**Curtailement**) or **you** have to return early to the **United Kingdom**, **you** must phone Healix Assistance as soon as possible. When contacting them, **you** will need to quote **your** Policy Number and confirm that **you** have an Avanti policy insured by HCC International Insurance Company plc.

When **you** call Healix Assistance, it is a condition of service that they shall solely be responsible for all decisions on the most suitable and reasonable solution to any medical problem.

The service includes, where necessary:

1. Multi-lingual assistance with doctors and hospitals.
2. Repatriation arrangements by escort by a medical attendant
3. Travel arrangements for other members of **your** party or **your immediate relative**.
4. On arrival in **your country of residence**, an ambulance service to hospital or **your home**.

If you are anywhere in the world, call us on:

EMERGENCY TELEPHONE NUMBER: UK +44 (0) 208 763 3174

If you are in the USA, call us on:

EMERGENCY TELEPHONE NUMBER: UK +44 (0) 208 763 3174 or

TOLL FREE EMERGENCY NUMBER: 866-968-4668

If **you** are in the USA and contact **us** prior to visiting a medical facility, **we** will be able to assist **you** in getting the best care required. If **you** are already receiving treatment at a hospital, please inform them that **your** insurance is part of the First Health Network and then contact **us** as soon as possible. If all of **your** medical treatment is provided by a First Health Network hospital or doctor, **we** will also waive the **excess** under the Medical Emergency Expenses and Repatriation section.



NOTE: FAILURE TO CONTACT HEALIX ASSISTANCE FOR CLAIMS OVER £500 MAY RESULT IN A CLAIM BEING INVALID.

A note to all insured persons, doctors and hospitals

This is not a private medical insurance. If any medical treatment is needed, **you** must tell **us** immediately or **we** may not guarantee medical expenses. If **you** need any medical treatment, **you** must allow Healix Assistance to see all of **your** medical records and information.

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Single and Annual Multi-trip Policy Summary

This Policy Summary is to help **you** understand the insurance that **your** Policy provides. It details the key features, benefits, limitations, and exclusions, but **you** still need to read the Policy Wording for a full description of the terms of the insurance, including the policy definitions, together with the validation certificate, and any endorsements, applying to **your** policy. The levels of cover and excesses which apply to **your** insurance are detailed in the Summary of Cover on page 5, 6 & 7 of **your** Policy wording. Important Notes are detailed on pages 10 to 17 of **your** Policy Wording. This Policy Summary does not form part of the Policy Wording.

Insurer – this insurance is underwritten by HCC International Insurance Company plc

Purpose of this Insurance –to provide financial protection and emergency assistance for **your** trip(s).

Period of Cover –as stated on **your** Validation Certificate.

Principal Exclusions and Limitations	Policy Reference
Medical Health Requirements	
Restrictions in cover apply if a claim is made relating to a medical condition, illness, or injury, of the Insured Person(s), or any person who your travel depends on, which you or they knew about before you bought this insurance, or which develops before the travel to which this insurance applies begins. It is very important that you refer to the Medical Health Requirement Clause on pages 11, 12, 13 & 14 of the Policy Wording, as you may be able to obtain cover for such medical conditions by contacting Avanti on 01376 560800 or if you have any queries regarding cover.	Medical Health Requirements Clause Pages 11, 12, 13 & 14
Sports and Activities	
We will not pay any claim directly or indirectly resulting from participation in certain activities, professional or organised sports, racing, speed or endurance tests. We may be prepared to offer cover for certain sports or activities, so if you require such cover, or are unsure whether the particular activity / pursuit is considered hazardous by us, you should contact Avanti on 01376 560800.	Important Notes - Sports and Activities Page 16 General Exclusions Pages 23, 24 & 25
Personal Property & Personal Money	
Cover is provided for loss, damage, or theft of your Personal Property, including Personal Money and Loss of Documents. We may, however, take off an amount for wear and tear when settling a claim, depending on the age and condition of the property. Cover is only provided up to maximum amounts for individual items, valuable items, and cash within the overall limit. The Policy Wording provides full details of these limits.	Sections 9 & 10 Pages 32, 33, 34 & 35
Excesses	
Certain sections of cover are subject to an excess applying to each claim. An excess means that you are responsible for the first sum per person per incident when you claim. The amount of any	Summary of Cover Pages 5, 6 & 7

excess is detailed in the Policy Wording on the Summary of Cover page, and under the Sections to which an excess applies.	
Duration of Cover	
All trips must start from, and end in the United Kingdom (including the Isle of Man and Channel Islands), and the policy must cover the whole duration of the trip, and cannot be effected once travel has commenced. If your insurance is under an Annual Multi-Trip Policy, a maximum duration of any one trip applies. The limit, including the limit for Winter Sports cover (if applicable) is stated in the Policy Wording.	Pages 10 , 11 & 15
If you change your mind	
If, having examined your Policy Wording, you decide the insurance does not meet your needs, you can cancel the insurance within 14 days from the date you receive the Policy Wording, and we will refund the premium provided you have not taken a trip to which the insurance applies, and you have not made a claim. If you wish to cancel your insurance you should contact Avanti on 01376 560844.	Cancellation Page 13 & 14
<p>MAKING A CLAIM – If you wish to make a claim, please telephone the appropriate number below:- Emergency medical or travel expenses whilst abroad – Telephone Healix Assistance: Toll Free in the USA on 866-968 4668 or 0208 763 3174 from all other areas. All other Claims please report to Avanti Claims, 308-314 London Road, Hadleigh, Essex, SS7 2DD. Telephone 01702 427240. Email : info@csal.co.uk</p>	
<p>YOUR RIGHT TO COMPLAIN – Whilst every effort is made to maintain the highest service standards, should there be an occasion when the service you receive falls below standard you expect, please contact the following:-</p> <ol style="list-style-type: none"> Any complaint you may have regarding the insurance under your Policy, or the way a claim has been dealt with, please follow the Complaints Procedure detailed on page 19 and 20 of your Policy Wording. If after following the procedure detailed in a) above you are still dissatisfied, you have the right to refer your complaint to: <p>The Financial Ombudsman Service, Exchange Tower, Harbour Exchange Square, London, E14 9SR</p>	
<p>THE FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)- HCC International Insurance Company plc are covered by the FSCS. This means that you may be entitled to compensation from the Scheme if we are unable to meet our financial obligations. Full details are available from the FSCS.</p>	

HCC International Insurance Company plc, A subsidiary of HCC Insurance Holdings, Inc., HCC International Insurance Company plc is authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority. Registered in England and Wales No. 01575839. Registered office: 1 Aldgate, London, EC3N 1RE. Financial Services Register number 202655.

INTRODUCTION

Purpose of this Insurance – to provide financial protection and emergency assistance for **your** trip(s). This Policy Wording is to confirm that those persons who have paid the required premium are insured by HCC International Insurance Company plc a subsidiary of HCC Insurance Holdings, Inc.

This document gives the full terms, exclusions and conditions of the policy. The policy wording, including any endorsement issued by **us**, makes up a contract between **you** and

us and is made up of the validation certificate and this policy document, which together forms the contract of insurance, and is based upon the information that **you** provided during **your** application.

You should read **your** policy in full to understand what is and is not covered.

Governing Law: Your policy is governed by English Law.

SUMMARY OF COVER

(Cover per **insured person** unless otherwise stated)

Table of benefits for a Single trip and an Annual Multi-trip							
Policy Section	Benefit	Club Cruise – Single Trip		Classic Cruise – Single Trip and Annual Multi-Trip		Deluxe Cruise - Single trip and Annual Multi-trip	
		Maximum amount insured (for each person insured)	Excess	Maximum amount insured (for each person insured)	Excess	Maximum amount insured (for each person insured)	Excess
1 & 2	Cancellation and Curtailment	£7,500	£75 (£40 for loss of deposit)	£6,000	£75 (£40 for loss of deposit)	£10,000	£0
3	Missed Departure	£1,000	£75	£1,000	£75	£1,000	£0
4	Abandonment	Up to £7,500	£75	Up to £6,000	£75	Up to £10,000	£0
	Travel Delay	£10 for the first 12 hours, £10 for all other 12 hours up to £100	£0	£10 for the first 12 hours, £10 for all other 12 hours up to £100	£0	£10 for the first 12 hours, £10 for all other 12 hours up to £100	£0
5	Personal Accident:						
	Loss of limbs or sight (aged under 70)	£10,000	£0	£10,000	£0	£10,000	£0
	Permanently disabled (aged under 70)	£10,000	£0	£10,000	£0	£10,000	£0
	Death benefit (aged 18 to 69)	£5,000	£0	£5,000	£0	£5,000	£0
	Death benefit (aged under 18)	£2,000	£0	£2,000	£0	£2,000	£0
	All benefits (aged 70 and over)	£2,000	£0	£2,000	£0	£2,000	£0
6	Medical Emergency Expenses and Repatriation	£10million	£75	£10million	£75	£10million	£0
	Funeral Expenses	£3,000		£3,000		£3,000	
	Diagnostic Tests Limit	£10,000		£10,000		£10,000	
	USA	£5,000		£5,000		£5,000	

	All other countries						
7	Medical Inconvenience Benefit	£20 for every 24 hours up to £1,000	£0	£20 for every 24 hours up to £1,000	£0	£20 for every 24 hours up to £1,000	£0
8	United Kingdom Expenses	£500	£0	£500	£0	£500	£0
Sections 9, 10 & 11 only apply if your validation certificate shows that you are covered for this							
9	Personal Property	£3,000	£75	£2,500	£75	£5,000	£0
	Single article pair or set limit	£300	£75	£300	£75	£500	£0
	Valuables limit in total	£500	£75	£500	£75	£500	£0
	Sunglasses limit	£75	£0	£75	£0	£150	£0
	Prescription Glasses	£200	£0	£200	£0	£200	£0
	Delayed Baggage	£50 for the first 12 hours, then £50 for every 24 hours thereafter for purchases made, up to £500	£0	£50 for the first 12 hours, then £50 for every 24 hours thereafter for purchases made, up to £500	£0	£50 for the first 12 hours, then £50 for every 24 hours thereafter for purchases made, up to £500	£0
10	Personal Money and Documents	£500	£75	£500	£75	£500	£0
	Cash limit	£250	£75	£250	£75	£250	£0
	Cash limit (aged under 18)	£50	£0	£50	£0	£50	£0
11	Loss of Passport	£200	£0	£200	£0	£200	£0
12	Personal Liability	£2million	£0	£2million	£0	£2million	£0
13	Hijack	£100 per 24 hours up to £1,000	£0	£100 per 24 hours, up to £1,000	£0	£100 per 24 hours, up to £1,000	£0
14	Mugging	£50 per complete day of inpatient treatment or medically confined to room: up to £500	£0	£50 per complete day of inpatient treatment or medically confined to room: up to £500	£0	£50 per complete day of inpatient treatment or medically confined to room: up to £500	£0
15	Legal Costs and Expenses	£25,000	£0	£25,000	£0	£25,000	£0
16	Pet Care	£25 per day up to £150	£0	£25 per day up to £150	£0	£50 per day up to £150	£0
17	Catastrophe	£500	£75	£500	£75	£500	£0
18	Withdrawal of Services	£20 per day up to £200	£0	£20 per day up to £200	£0	£20 per day up to £200	£0
19	Homecare Assistance	28 Hrs in 2 weeks	£0	28 Hrs in 4 weeks	£0	28 Hrs in 6 weeks	£0
Golf cover is only available if you pay the appropriate extra premium and cover is shown on your validation certificate							

20A	Golf Equipment	£1,000	£75	£1,000	£75	£1,000	£0
	Single article pair or set limit	£300		£300		£300	
20B	Golf Equipment Hire	£50 per day up to £400	£0	£50 per day up to £400	£0	£50 per day up to £400	£0
20C	Loss of Green Fees	£375	£0	£375	£0	£375	£0
20D	Hole in One	£100	£0	£100	£0	£100	£0
Cruise Cover Extra's							
21A	Cruise Itinerary Change	£100 per port	£0	£100 per port	£0	£100 per port	£0
21B	Room Cabin Confinement	£50 per completed day of inpatient treatment or medically confined to room up to £500	£0	£50 per completed day of inpatient treatment or medically confined to room up to £500	£0	£50 per completed day of inpatient treatment or medically confined to room up to £500	£0
21C	Unused Excursions	£500	£75	£300	£75	£500	£0
21D	Cruise Interruption	£1,000	£0	£1,000	£0	£1,000	£0
21E	Emergency Evening Wear	£100	£0	£100	£0	£100	£0
Winter sports cover is only available if you pay the appropriate extra premium or if you have bought Annual Multi-trip cover and cover is shown on your validation certificate							
22A	Winter Sports Equipment (owned)	NO COVER	N/A	£1,000	£75	£1,000	£0
	Single article pair or set limit (owned)	NO COVER	N/A	£250	£75	£250	£0
	Hired total	NO COVER	N/A	£250	£75	£250	£0
22B	Winter Sports Equipment Hire	NO COVER	N/A	£20 a day up to £300	£0	£50 a day up to £500	£0
22C	Winter Sports Pack	NO COVER	N/A	£75 a day up to £300	£0	£75 a day up to £300	£0
22D	Piste Closure	NO COVER	N/A	£20 a day up to £250	£0	£20 a day up to £250	£0
22E	Avalanche Delay	NO COVER	N/A	£250	£0	£250	£0
22F	Search and Rescue	NO COVER	N/A	£10,000	£0	£10,000	£0
22G	Physiotherapy	NO COVER	N/A	£200	£0	£200	£0
Gadget cover is only available if you pay the appropriate extra premium and cover is shown on your validation certificate							
23	Gadget Cover	£1,000	£75	£1,000	£75	£1,000	£0
	Single article, pair or set limit	£500		£500		£500	

DEFINITIONS

Wherever the following words appear in bold print in this wording they will always have these meanings:

Business equipment: Computer equipment (including laptops), communication devices and other business related equipment which is carried by **you** in the course of **your** business.

Business money: Money held by **you** for business purposes.

Change in health: A change in **your** state of health that occurs after the policy has been purchased and would result in **you** now falling under the health declaration detailed under Important Declaration - Medical Health Requirements.

Close business associate: Any person whose absence from business for one or more complete days at the same time as **your** absence prevents the effective continuation of that business. A senior manager or director of **your** business must agree to this.

Common law partner: A person living with another person as husband or wife (including same sex partner) at the same address for at least six consecutive months prior to the date of application.

Complications of pregnancy: 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 section, medically necessary 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.

Country of residence: The United Kingdom, Channel Islands or Isle of Man where all **insured persons** have lived for at least 6 of the last 12 months

Curtail/Curtailment: Return early to **your home** or **you** are hospitalised as an **in-patient** abroad.

Diagnostic Tests: All laboratory and imaging (invasive and non-invasive) tests ordered by **your** doctor to help diagnose or rule out a suspected illness or condition including PET scans, CT scans, MRIs, EKGs, X-rays, echocardiograms, cardiac nuclear studies or cardiovascular procedures such as coronary angiograms plus blood, urine or histopathological tests

Documents: Passport, visa, driving licence and travel tickets.

Excess: An amount deducted per **insured person**, per policy section for each incident which results in a claim.

Excess Waiver: The reduction of the **Excess** to zero.

Gadget(s): Mobile/Smart phones, Satellite Navigation Systems (GPS), Personal Digital Assistants (PDAs), Computers, Laptops, Tablet Computers, Games Consoles (including handheld consoles) and all accessories for these items.

Golf equipment: Golf clubs, golf balls, golf bag, golf trolley (electric or manual), golf shoes and waterproof clothing.

Home: **Your** residential address in **your country of residence**.

In-Patient: A hospital where an **insured person** is admitted and, out of medical necessity, occupies a bed for one or more nights

Insured Person (s): The person or people named on **your** validation certificate.

Immediate relative: Mother, father, sister, brother, wife, husband, **common law partner**, civil partner, fiancé/e, **your** children (including fostered), grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, aunt, uncle, cousin, nephew, niece, step-parent, step-child, step-brother, step-sister, or legal guardian.

Manual work: Work that is physical, including, but not limited to construction, installation, assembly and building work. This does not include bar and restaurant staff, musicians and singers and fruit pickers (who do not use machinery).

Medical emergency service: The 24 hour emergency medical assistance service named in this wording and on **your** validation certificate.

Medical practitioner: A registered practicing member of the medical profession who is not related to **you** or to a **travelling companion**, or to anyone **you** are intending to stay with.

Money : Bank currency notes and coins in circulation, travellers cheques and money/postal orders.

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

Personal baggage: **Your** suitcases (or similar luggage carriers) and their contents usually taken on a trip, together with articles worn or carried by **you**, including **your valuables**, for **your** individual use during **your** trip.

Pre-existing medical condition:

- Any cancer condition; heart-related, blood circulatory or diabetic condition (including high blood pressure and high cholesterol); breathing condition (including asthma, bronchitis and chronic obstructive pulmonary disease); renal, liver or kidney condition; neurological condition (including stroke and epilepsy) or psychiatric or psychological condition (including anxiety, stress and depression);

for which **you** have suffered from or received medical advice or treatment for or been prescribed medication for in the last 5 years.

- Any other medical condition for which you have been referred to a hospital or clinic for outpatient or inpatient tests, investigations, treatment or surgery in the last 12 months.

Public transport: Any publicly licensed train, coach, taxi, bus, aircraft or sea vessel on which **you** are booked to travel.

Reasonable and Customary Costs: costs that are incurred for necessary, approved, eligible medical services or supplies that do not exceed the average reimbursement the medical provider receives for all services rendered to its patients (for USA medical providers this is up to a maximum of one and a half times the rate that would be applicable if the costs were payable by US Medicare). This Plan will reimburse the actual charge billed if it is less than the reasonable and necessary cost. **We** retain discretionary authority to decide if a charge is **Reasonable and Customary**.

Travelling companion: The person with whom **you** have booked to travel on the planned trip. In the case of a tour, **travelling companion** shall mean the person(s) shown on **your** booking form.

Unattended: Where **you** are not in full view of, and are not in a position to prevent, unauthorised interference with **your** property or vehicle.

Valuables: Watches, jewellery, items made of or containing precious stones, semi-precious stones, gold, silver or platinum, photographic, audio, video and electrical equipment of any kind, camcorders and accessories, all photographic/ digital/ optical/ audio/ video media, MP3/4 players or similar and/or accessories, Ebook readers, telescopes, binoculars, furs, leather goods, animal skins, and silks.

We, us, our: HCC International Insurance Company plc

Winter sports equipment: Skis (including bindings), ski boots, ski poles and snowboards.

You, your, yours, yourself: Each **insured person** named on the validation certificate issued with this document. Each person must have lived within the United Kingdom, Channel Islands or the Isle of Man for at least six of the last 12 months and have paid the appropriate premium.

PERIOD OF INSURANCE

The period of insurance is specified on **your** validation certificate. All trips must start from **your country of residence**. If **you** return to **your country of residence** is unavoidably delayed for an insured reason, cover will be extended for the period of the delay. No cover can be provided for trips that have already commenced at the start date of **your** policy except where **you** renew an existing annual multi-trip policy which fell due for renewal during the trip.

Single trip policies:

Cover under the Cancellation section starts from the date of issue of the validation certificate and ends on commencement of the planned trip. For all other sections, cover starts when **you** leave **your home** or business (whichever is the later) to commence the trip and ends on whichever occurs first of the following:

1. the expiry of the period of cover; or
2. **your** return **home** as planned, at the end of the trip; or
3. **your** first return **home** prior to the planned return at the end of the trip.

Cover is included whilst travelling directly from **your home** or business (whichever is the later) to **your** departure point and back again when **you** return, limited to a maximum of 24 hours in each direction.

Claims will only be paid where the policy has been purchased to cover the whole duration of **your** trip even if the incident **you** are claiming for happens during the part of the trip **you** have covered.

For one-way trips only:

1. the expiry of the period of cover; or
2. when **you** first leave immigration control in the country of **your** final ticketed and declared destination.

A single trip policy is not valid for trips exceeding 12 months if **you** are aged up to 70, 90 days if **you** are aged between 71 and 75 (120 days if **you** are travelling to Australia or New Zealand only) or 31 days if **you** are aged 76 or over.

Annual Multi-trip policies:

Only applicable if **you** have purchased Classic or Deluxe Cruise cover

Cover under the Cancellation section starts from either the commencement date on the validation certificate or the time and date at which each trip is booked (whichever is the later), and ends on whichever occurs first of the following:

1. the commencement of each trip; or
2. the expiry of the period of cover.

Cancellation cover for trips booked to commence outside the period of cover is limited to the geographical region shown on **your** validation certificate.

For all other sections, cover starts when **you** leave **your home** or business (whichever is the later) to commence each trip and ends on whichever occurs first of the following:

1. the expiry of the period of cover; or
2. **your** return **home** as planned, at the end of each trip; or
3. **your** first return to **your country of residence** prior to the planned return at the end of each trip; or
4. **your** period of travel exceeding the trip limit.

Cover is included whilst travelling directly from **your** home or business (whichever is the later) to **your** departure point and back again when **you** return, limited to a maximum of 24 hours in each direction.

The total length of any one trip on an annual policy is limited to the maximum number of days shown on **your** validation certificate. If **your** policy renews during a trip then the maximum limit applies to the whole trip. Winter sports cover is limited to 17 days per policy year and is only available if you are aged up to 70 years. This policy is not valid for trips within your **country of residence** unless you have pre-booked accommodation of 2 or more consecutive nights for which you have paid for or is contracted to pay for.

If **you** are aged up to 75 the maximum duration of any one trip is 31 days unless **you** have purchased an extension, paid the additional premium and cover is shown on **your** validation certificate. If **you** are aged up to 70, **you** can purchase extensions of up to 45 or 60 days per trip. If **you** are aged 71 to 75, **you** can purchase an extension of up to 45 days to travel anywhere other than the USA, Canada and the Caribbean. If **you** are aged 76 or over the maximum duration of any one trip is 24 days and there is no cover for winter sports.

Important Declaration - Medical Health Requirements

This insurance policy contains health restrictions that apply to **Your** cover under certain sections of this policy. Anyone named under this policy must have read this Important Declaration and understood the terms, conditions and exclusions relating to the health of **you** and anyone else upon whom **your** trip depends. **Your** policy can only provide cover in respect of an accident or illness which is sudden, unforeseen and beyond **Your** reasonable control and excludes all cover for **Pre-Existing Medical Conditions** unless disclosed to **Us** and **We** agree cover. If you do not comply with the terms of this declaration, **we** may cancel **your** policy or refuse **your** claim or reduce the amount of any claim payment.

You will NOT be covered under Section 1 – Cancellation, Section 2 – Curtailment, Section 5 – Personal Accident, Section 6 – Medical Emergency Expenses and Repatriation, Section 7 – Medical Inconvenience Benefit and Section 8 – United Kingdom Expenses, for any claims arising directly or indirectly:

A) If you are travelling outside the UK:

1. If, in the last 5 years, **you** have suffered from or received medical advice or treatment for or been prescribed medication for:
 - a. any cancer condition

- b. any heart-related, blood circulatory or diabetic condition (including high blood pressure and high cholesterol);
 - c. any breathing condition (including asthma, bronchitis and chronic obstructive pulmonary disease);
 - d. any renal, liver or kidney condition;
 - e. any neurological condition (including stroke and epilepsy)
 - f. any psychiatric or psychological condition (including anxiety, stress and depression);
2. If, in the last 12 months, **you** have suffered from any other medical condition for which **you** have been referred to a hospital or clinic for outpatient or **inpatient** tests, investigations, treatment or surgery;

Unless **you** have contacted us on 01376 560 800 or completed an online Medical Screening at www.avantitravelinsurance.co.uk and we have agreed, in writing, to cover **your** medical condition(s).

If **you** fail to declare any medical conditions, any claims arising from all medical conditions or linked conditions that would fall under the health declaration above will be excluded from cover.

B) If you reside in and are travelling within the UK:

1. If **your medical practitioner** is unable to confirm that at the time **you** bought the policy or booked the trip (whichever is later) he/she would have confirmed that **you** were fit to travel and would not have seen any substantial likelihood of **your** condition deteriorating to such a degree that cancellation or **curtailment** would become necessary.

C) Effective only at the time of buying your policy

1. From any medical condition for which **you**, a **immediate relative** or a **travelling companion** have received a terminal prognosis.
2. From any medical condition which **you** are aware of but for which **you** have not had a diagnosis.
3. From any medical condition for which **you** are on a waiting list for or have knowledge of the need for surgery, treatment or investigation at a hospital, clinic or nursing home.

D) Effective throughout the duration of your policy

1. From any medical condition **you** have in respect of which a **medical practitioner** has advised **you** not to travel (or would have done so had **you** sought their advice), but despite which **you** still travel.

2. From any surgery, treatment or investigations for which **you** intend to travel outside of **your** home area to receive (including expenses incurred due to the discovery of other medical conditions during and/or complications arising from these procedures).
3. From any medical condition for which **you**, a **immediate relative** or a **travelling companion** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**.
4. If **you** or a **travelling companion** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.

E) Changes to your health after purchasing your policy

If, after purchasing or renewing **your** policy but before departing on **your** trip or booking another trip, there is a change in medical condition(s) or development of a new condition for **you** or anyone insured under this policy, which falls under the health declaration above, **you** must contact us on 01376 560 800 as soon as possible. We will assess the **change in health** and confirm if cover for the medical conditions can continue for further trips. If we can continue to offer **you** cover there may be a further charge applied in order to cover this change or new condition. If we cannot continue to offer **you** cover, **you** can either submit a cancellation claim if **you** have booked and paid for a trip that **you** have not yet made; or cancel **your** policy and we will send **you** an appropriate refund as long as **you** have not travelled or made a claim.

If **you** fail to declare a **change in health**, claims arising from all conditions or linked conditions may not be paid.

F) Conditions and Exclusions relating to the health of people upon whom your trip may depend

An **immediate relative** who is not travelling with **you**, a **travelling companion** not insured by this policy, or the person **you** are intending to stay with, may have a **pre-existing medical condition**. Cover under Section 1 – Cancellation and Section 2 – Curtailment is only extended to cover claims relating to these **pre-existing medical conditions** if the person's **medical practitioner** is able to confirm that at the time **you** bought the policy or booked the trip (whichever is later), he/she would have confirmed that he/she would not have seen any substantial likelihood of his/her patient's condition deteriorating to such a degree that cancellation or **curtailment** of **your** trip would become necessary. If the **medical practitioner** cannot confirm this in writing, **your** claim will not be covered.

G) Pregnancy

Normal pregnancy, without any accompanying bodily injury, illness, disease or complication is not covered under this policy. This policy is designed to provide cover for unforeseen events, accidents, illnesses and diseases and normal childbirth would not constitute an unforeseen event. Cover can only be considered where there is a **complication of pregnancy** or if **you**

were unaware of the pregnancy at the time of purchasing the insurance or booking a trip (whichever is later) and **you** are advised not to travel by a **medical practitioner**.

Airlines and ferry companies have their own restrictions due to health and safety requirements so please ensure that **you** check with them or with any other transport provider before **you** book the trip. Please also ensure that **your medical practitioner** and midwife are aware of **your** travel plans, that there are no known complications and that **you** are not travelling against any medical advice.

CANCELLATION OF YOUR POLICY

If, having examined **your** policy wording, **you** decide the insurance does not meet **your** needs, **you** can cancel the insurance within 14 days from the date **you** receive the policy wording, and **we** will refund the premium provided **you** have not taken a trip to which the insurance applies, and **you** have not made a claim.

After the 14 days **you** may cancel the policy at any time by contacting **us**, but no refund of premium will be available. To request cancellation of **your** policy within the 14 days then please email enquiries@avanti.co.uk or write to the address below, confirming that **you** would like to cancel **your** policy and whether there are any claims that have been made or are pending against **your** policy.

Customer Service Department
Avanti Insurance Limited
Century House
Century Drive
Braintree
Essex
CM77 8YG

Cancellation by Us;

If **You** fail to satisfy the terms of **Your** Policy, **We** may choose to cancel **Your** Policy during the Period of Insurance by giving **You** 7 days written notice of cancellation to the last address **You** provided **Us** with. Examples of when **We** might do this includes **You** not paying a Premium when due, **Us** discovering that **You** are no longer eligible for cover (such as no longer living in the UK), etc.

GEOGRAPHICAL LIMITS

Single Trip

United Kingdom: covers trips to, from, and within the United Kingdom, other than trips by Channel Islands residents to other parts of the United Kingdom, and trips by other United Kingdom residents to the Channel Islands.

Europe 1: the continent of Europe west of the Ural mountains, all countries bordering the Mediterranean Sea, as well as Madeira and The Azores, (but excluding those countries mentioned in Europe 2).

Europe 2 – Europe 1 and Spain, the Canaries, Turkey, Cyprus, Malta and Switzerland.

Australia and New Zealand - Australia and New Zealand

(Including cover for a stopover of up to 24 hours in any Worldwide country on both your outward and return journey)

Worldwide 1 - excluding USA, Canada & the Caribbean.

Worldwide 2 - including USA, Canada & the Caribbean.

Annual Multi-Trip

Europe: the continent of Europe west of the Ural mountains, all countries bordering the Mediterranean Sea, as well as Madeira and The Azores.

Australia and New Zealand - Australia and New Zealand

(Including cover for a stopover of up to 24 hours in any Worldwide country on both your outward and return journey)

Worldwide 1 - excluding USA, Canada & the Caribbean.

Worldwide 2 - including USA, Canada & the Caribbean.

AGE LIMITS

Single Trip

A single return holiday or journey, of up to 365 days, if **you** are aged 70 or under at the time of taking out the insurance, beginning and ending in **your Country of Residence**. **We** provide cover for holidays in **your Country of Residence** if **you** have pre-booked accommodation for 2 or more consecutive nights which **you** have paid for or contracted to pay for. **We** will only cover for up to 90 days if **you** are aged between 71 and 75 (or 120 days if **you** are only travelling in Australia or New Zealand), or 31 days for each trip if **you** are aged 76 and over. Winter sports is only available to persons aged up to 70 years (at the date of issue).

Annual Multi-Trip

Only applicable if you have purchased Classic or Deluxe Cruise cover

If **you** are aged up to 75, this policy entitles **you** to take trips up to a maximum duration of 31 days unless **you** have purchased an extension, paid the additional premium and cover is shown on **your** validation certificate. If **you** are aged up to 70, **you** can purchase extensions of up to 45 or 60 days per trip. If **you** are aged 71 to 75, **you** can purchase an extension of up to 45 days to travel anywhere other than the USA, Canada and the Caribbean.

Family cover applies to **you** and **your** husband/wife or **common law partner/civil partner** plus up to four dependent children of either of **you**, under the age of 23 years in full time education

and all permanently residing with **you**. Adults travelling under this policy may travel independently. **Your** dependent children are only covered when travelling with an adult insured under this policy.

SPORTS AND ACTIVITIES

We will not pay any claim directly or indirectly resulting from participation in certain activities, professional or organised sports, racing, speed or endurance tests.

Where cover for sports and activities is provided, it is on the basis that **you** are participating on a recreational and non-professional basis.

Any participation in sports or activities is subject to **your** compliance with local laws and regulations and the use of recommended safety equipment (such as helmet, harness, knee and/or elbow pads).

Sports and activities covered

Participation in the following activities is covered at no additional premium and without the need for prior declaration.

Cover is provided whilst participating in these sports and activities under all sections of the policy except the Personal Property section (unless otherwise agreed).

Any marked with ‡ are not covered under the Personal Accident section, any marked with * are not covered under the Personal Liability section:

Aerobics/Pilates/Yoga, Archery *, Badminton, Banana Boating, baseball, basketball, Beach games, Body boarding/Boogie Boarding (only on inland waters or coastal waters within a 12 mile limit from land) *, Bungee jump ‡, Camel/Elephant Riding, clay pigeon shooting, Climbing (on climbing wall only), cricket, Cycling (excluding BMX and mountain biking) *, Dinghy/Hobie Cat sailing (only on inland waters or coastal waters within 12 miles from land) *, Flying as a passenger in an aircraft (private plane, small aircraft, glider or helicopter), Football/Soccer, Fruit or vegetable picking (under 3 metres), Go karting *, Golf, Gym – Fitness, Hiking/Fell Walking/Rambling/Trekking (below 2,000 metres), Horse riding (maximum 7 days, no polo, hunting or jumping) *, Hot air ballooning, Hydro zorbing, Ice-skating (rink only), Jet skiing *, Martial arts (non-contact training only), Motorcycling (maximum 125cc, with appropriate licence held) *, Non-**manual work** (excluding animal sanctuary/refuge work) *, Paintballing *, Parascending/Parasailing (over water), Pony trekking, Rafting/Canoeing/Kayaking (including white water up to grade 3 and in coastal waters within 12 miles from land) *, Roller skating/Blading/In-line skating (no stunts), Safari (not involving use of firearms), Sailing (including Yachting and catamaran, within European waters, no racing) *, Shark diving (in a cage) ‡, Skydiving (one jump and tandem only) ‡, Sledging/Sleigh riding (as a passenger only, pulled by horse, reindeer or dogs), Snorkeling, Surfing *, Swimming (in a pool, inland waters or coastal waters within 12 miles from land), Swimming with dolphins, Sydney Harbour Bridge walk, Tennis, Trampolining, Tree top trekking, Trekking/Hiking/Walking (between 2,000 and 4,000 metres altitude, no overnight stay), Tubing/Ringos, Water skiing (only on inland waters or coastal waters within 12 miles from land, no jumping) *, Wind tunnel flying ‡, Windsurfing/Board sailing (only on inland waters or coastal waters within 12 miles from land) *, Zorbing.

Winter sports activities

If **you** have purchased a Single Trip policy and the appropriate additional premium has been paid for winter sports cover (or if **you** have purchased an Annual Multi-Trip policy **you** will be covered for up to 17 days winter sports during the policy year) **we** will then cover **you** for skiing and snowboarding as well as the following winter sports activities:

Big foot skiing, Cross country skiing (recognised paths), Glacier skiing, Heli-skiing/-boarding, Langlauf, Mono-skiing, Off-piste skiing (with a professional guide on designated pistes within the resort), Skidoo, Ski touring, Sledging, Snow mobiling, Snow shoeing, Snowcat skiing, Tobogganing.

Sports and activities not covered

We may be able to offer cover for other sports and activities which are not listed. If **you** plan to participate in a sport or activity that does not appear in the list on page 16 or the above Winter sports list, **you** should contact Avanti on 01376 560800.

If **you** do not tell **us** about **your** planned sport or activity **we** may not pay any claims arising from **your** participation.

24 HOUR MEDICAL EMERGENCY SERVICE – Healix Assistance

IMPORTANT – please quote reference Avanti Travel HCC.

Healix Assistance provides immediate help in the event of **your** illness or injury arising outside **your country of residence**. They provide a multi-lingual emergency service 365 days a year and can be contacted by telephone 24 hours a day.

If **you** have an emergency during **your** trip and require medical treatment whilst outside the United Kingdom, or if **your** journey is cut short (**Curtailed**) or **you** have to return early to the United Kingdom, **you** must phone Healix Assistance as soon as possible. When contacting them, **you** will need to quote **your** Policy Number and confirm that **you** have an Avanti policy insured by HCC International Insurance Company plc.

When **you** call Healix Assistance, it is a condition of service that they shall solely be responsible for all decisions on the most suitable and reasonable solution to any medical problem.

The service includes, where necessary:

1. Multi-lingual assistance with doctors and hospitals.
2. Repatriation arrangements by escort by a medical attendant
3. Travel arrangements for other members of **your** party or **your immediate relative**.
4. On arrival in **your country of residence**, an ambulance service to hospital or **your home**.

If you are anywhere in the world, call us on:

EMERGENCY TELEPHONE NUMBER: UK +44 (0) 208 763 3174

If you are in the USA, call us on:

EMERGENCY TELEPHONE NUMBER: UK +44 (0) 208 763 3174 or

TOLL FREE EMERGENCY NUMBER: 866-968-4668

If **you** are in the USA and contact **us** prior to visiting a medical facility, **we** will be able to assist **you** in getting the best care required. If **you** are already receiving treatment at a hospital, please inform them that **your** insurance is part of the First Health Network and then contact **us** as soon as possible. If all of **your** medical treatment is provided by a First Health Network hospital or doctor, **we** will also waive the **excess** under the Medical Emergency Expenses and Repatriation section.



NOTE: FAILURE TO CONTACT HEALIX ASSISTANCE FOR CLAIMS OVER £500 MAY RESULT IN A CLAIM BEING INVALID.

A note to all insured persons, doctors and hospitals

This is not a private medical insurance. If any medical treatment is needed, **you** must tell **us** immediately or **we** may not guarantee medical expenses. If **you** need any medical treatment, **you** must allow Healix Assistance to see all of **your** medical records and information.

RECIPROCAL HEALTH AGREEMENTS**In Europe:**

If **you** are a United Kingdom resident **you** are entitled to medical treatment which becomes necessary when temporarily visiting countries in the European Union (EU), Iceland, Liechtenstein, Norway or Switzerland free of charge or at a reduced cost by using the European Health Insurance Card (EHIC). **You** can apply for an EHIC for **your** spouse/partner and any children up to the age of 16 (19 if they are in full time education) at the same time as applying for **your** own. **You** can apply online at www.ehic.org.uk or by calling 0300 330 1350.

If **you** use **your** EHIC in an applicable country, **we** will not deduct the **excess** under the Medical Emergency Expenses section.

In Australia and non-EEA countries and territories.

There are reciprocal medical treatment arrangements for United Kingdom nationals travelling in Australia.

If **you** need medical treatment in Australia, **you** should enrol with a local MEDICARE office. **You** do not need to enrol when **you** arrive, but **you** should do this after the first occasion **you** receive treatment. **In-patient** and out-patient treatment at a public hospital will then be available free of charge or at a minimal cost. Details of how to enrol and the free treatment available can be found by visiting the MEDICARE website www.medicareaustralia.gov.au.

The UK also has reciprocal healthcare agreements with other non-EEA countries and territories. Details can be found at www.nhs.uk/NHSEngland/

If **you** are admitted to hospital it is a condition of the policy that, **you** must contact the **medical emergency service** helpline immediately and before obtaining any treatment. If **you** do not then **your** claim may be declined.

HOW TO MAKE A CLAIM

When something happens which is likely to give rise to a claim under this policy, **You** must notify Avanti Claims in writing as soon as reasonably possible after it happens and, in any case, within 28 days from the date of return to the **United Kingdom**. Such notice shall include full details of the event.

You should contact Avanti Claims
Telephone: 01702 427240
Email: info@csal.co.uk

Claims Cooperation

You shall provide assistance and co-operate with **Us** or **Our** representatives in obtaining any other records **We** or they feel necessary to evaluate the incident or claim. If **You** do not co-operate with **Us** and/or **Our** investigation of the claim, **We** shall not be liable to pay any claim.

Access to additional materials

You shall provide **Us**, or designated representatives, all information, documentation, medical information that **We** or they may reasonably require during the term of this policy, or until all claims have been resolved, whichever is later.

Right to medical records and medical examination

Following notification of a claim, **You** shall provide, when asked, all authorisations necessary to obtain **Your** medical records. **We** have the right to have **You** examined by a physician or vocational expert of **Our** choice, and at **Our** expense, when and as often as **We** may reasonably request.

COMPLAINTS PROCEDURE

How to make a complaint

We are dedicated to providing **You** with a high quality service and want to ensure that this is maintained at all times. If **You** feel that **We** or another party connected with this Policy have not offered a first class service please write and tell them and they will do their best to resolve the problem.

<p>Claims In respect of any questions or concerns about the handling of a claim You should put Your question or concern to:</p>	<p>Sales If Your complaint is about the way this Policy was sold, You should put Your question or concern to:</p>
<p>Avanti Claims 308-314 London Road Hadleigh Benfleet Essex SS7 2DD Telephone:01702 427240 Email: info@csal.co.uk</p>	<p>Sales Department Managing Director Avanti Travel Insurance Century House Century Drive Braintree Essex CM77 8YG Email: complaints@avanti.co.uk Telephone: 01376 560844</p>

You will be contacted within five days of receiving **Your** complaint to inform **You** of what action is being taken. **We** will try to resolve the problem and give **You** an answer within four weeks. If it will take longer than four weeks **We** will tell **You** when **You** can expect an answer. If **You** have not been given an answer within eight weeks **We** will tell **You** how **You** can take **Your** complaint to the Financial Ombudsman Service for review. This complaints procedure does not affect any legal right **You** have to take action. Once **You** have received **Your** final response from **Us**, and if **You** are still not satisfied **You** can contact the Financial Ombudsman Service: Financial Ombudsman Service

Exchange Tower, Harbour Exchange Square, London, E14 9SR

Phone: 0800 023 4567 (free for people phoning from a "fixed line", i.e. a landline at home) or 0300 123 9123 (free for mobile-phone users who pay a monthly charge for calls to numbers starting 01 or 02)

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

Financial Conduct Authority

HCC International Insurance Company plc, A subsidiary of HCC Insurance Holdings, Inc., HCC International Insurance Company plc is authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority. Registered in England and Wales No. 01575839. Registered office: 1, Aldgate, London, EC3N 1RE. Financial Services Register number 202655.

You can check the Financial Conduct Authority website at www.fca.org.uk, which includes a register of all the firms they regulate, or **you** can contact them on Tel No.0800 111 6768

Financial Services Compensation Scheme

We are covered by the Financial Services Compensation Scheme (FSCS).

If **we** fail to carry out **our** responsibilities under this policy, **you** may be entitled to compensation from the Financial Services Compensation Scheme. Information about the scheme is available at www.fscs.org.uk or by phone on **0800 678 1100** or **0207 741 4100**.

DATA PROTECTION

Introduction

Please make sure **you** read and understand this Data Protection Notice as it explains to **you** what **we** will do with the information **you** give **us** if **you** apply for **our** products and /or services. It is highly likely that **we** will need both personal and sensitive data about yourself and anyone else who is covered by this application form and who is also to be covered under the policy, in order to administer the insurance policy and any claims which may arise. **You** should show this notice to any other person who is covered under **your** insurance policy. If **your** application includes other individuals then **we** will assume they have given their consent to **you** to give their information to **us**.

Protection of your Personal Data

The security of **your** personal information is very important to **us** and **we** are compliant with all current data protection legislation. All personal information that **you** supply to **us**, either in respect of yourself or other individuals in connection with **our** products, will be treated in strictest confidence by **us** and will be held by **us** for the purpose of providing and administering **our** products and services. This may involve the collection and processing of sensitive data (as defined in the Data Protection Act 1998) and if **you** complete an application form for **our** products and/or services **you** will be giving **your** consent to such information being processed by **us** (which may include other companies within **our** group of companies) or **our** agents.

It may be necessary to pass **your** personal and sensitive data to other companies for processing on **your** behalf. Some of these companies may be based outside the European Union in countries which may not have the legislation or laws to protect **your** personal data but in all cases **we** will ensure that it is kept securely and only used for the purposes for which it was provided. To ensure that **your** personal data is kept securely should it leave the European Union and be passed to a company outside of that **we** will ensure that **we** have entered into a model clause agreement with that company to ensure **your** personal and sensitive data is kept safe and secure.

GENERAL CONDITIONS

1. At the time of purchasing this insurance **you** will have been asked questions to enable **us** to assess **your** risk, failure to answer accurately and honestly could lead to **your** policy being invalid and all claims will be forfeited. These may include but are not limited to questions about **your** state of health or that of an **immediate relative** or any planned sports or activities. If the answers given change after the policy was purchased **you** must notify **us** of this change.
2. Under some sections there is an amount deducted (an **excess**) per incident, which applies to each **insured person** involved in an incident, as do the sums insured under each section.
3. If **we** require any medical certificates, information, evidence, receipts or bills, these must be obtained by **you** at **your** expense. Claims will not be paid if **you** do not provide these or for any loss which has not been proven.
4. In the event of a claim, 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. These costs will be met by **us**.
5. **You** must take all reasonable steps to recover any lost or stolen article.
6. If any claim is found to be fraudulent in any way no section of this policy will apply. **We** will not refund any premium and we may inform the police of the circumstances.
7. The original validation certificate must be produced before any claim is paid.
8. **You** must not make any payment, admit liability, offer or promise to make any payment without written consent from **us**.
9. **We** are entitled to take over any rights in the defence or settlement of any claim and to take proceedings in **your** name for **our** benefit against any other party.
10. **We** may at any time pay to **you our** full liability under the policy after which no further payments will be made in any respect.
11. If at the time of making a claim there is any other policy covering the same risk **we** are entitled to contact that insurer for a contribution.
12. **You** must assist **us** to obtain or pursue a recovery or contribution from any third party or other insurers (including the Department of Works and Pensions) by providing all details required and by completing any necessary forms.
13. **We** and **you** do not intend any term of this contract to be enforceable by any third party in accordance with the Contracts (Rights of Third Parties) Act 1999.

GENERAL EXCLUSIONS

We will not cover the following:

1. any claim where the terms shown under 'MEDICAL HEALTH REQUIREMENTS' have not been followed;
2. any claim arising from **you** failing to take medication as prescribed by **your medical practitioner**;
3. any claim for the cost of elective (non-emergency) treatment or surgery, including exploratory tests, which are not directly related to the illness or injury which necessitated **your** admittance into hospital;
4. any claim arising from sexually transmitted infections;
5. any claim arising from **your** suicide or attempted suicide or deliberately injuring **yourself**;
6. any claim arising from **you** being under the influence of drink or drugs (unless prescribed by a **medical practitioner**), alcoholism or other alcohol related illnesses, drug addiction, solvent abuse;
7. jumping from vehicles, balconies or buildings or any other self-exposure to needless risk (unless **your** life is in danger or **you** are trying to save someone's life);
8. any claim arising or resulting from **you** being involved in any malicious, reckless, illegal or criminal act including **your** failure to comply with the laws applicable to the country in which **you** are travelling;
9. any claim where the terms shown under 'SPORTS AND ACTIVITIES' requirements have not been followed;
10. any claim arising from air travel within 24 hours of scuba diving;
11. any claim arising as a result of **you** driving a motor vehicle, riding a motorcycle or mechanically assisted bicycle, unless **you** have an appropriate licence, are insured under a motor insurance policy, are following the local safety laws and, in respect of motorcycling, the engine capacity is 125cc or lower or if **you** are not wearing a helmet. Quad biking is not covered at any time. Any claim where **you** are not wearing a seatbelt when traveling in a motor vehicle, where a seatbelt is available;
12. any claim arising as a result of **your manual work**;
13. any claim arising from the bankruptcy/liquidation of any tour operator, travel agent or transportation company;
14. any other loss connected to the event **you** are claiming for, unless **we** specifically provide cover under this policy. For example, loss of earnings due to being unable to return to work following injury or illness occurring whilst on a trip, or for the cost of replacing locks if keys are lost whilst on a trip;
15. any costs recoverable from another source;
16. any costs incurred by, or on behalf of, any person who is not insured by this policy;
17. any costs for any management fees, maintenance costs, or exchange fees associated with timeshares and similar arrangements.
18. any claim for loss or damage to any property and expense or legal liability; directly or indirectly caused by or contributed to by, or arising from:
 - a. ionising radiations or radioactive contamination from any nuclear fuel or nuclear waste which results in burning of nuclear fuel;
 - b. the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it;

- c. pressure waves from aircraft and other flying objects travelling faster than the speed of sound;
19. any payment which **you** would normally have made during **your** travels, if nothing had gone wrong;
 20. any claim arising as a result of the failure of any computer hardware or software or other electrical equipment to recognise or process any date as the true calendar date (this exclusion does not apply to claims made under the Personal Accident, Medical Emergency Expenses, Medical Inconvenience Benefit and United Kingdom Expenses sections);
 21. any claim arising as a result of **your** travel to a country or specific area or event to which the Travel Advice Unit of the Foreign and Commonwealth Office (www.gov.uk/foreign-travel-advice) or the World Health Organisation (www.who.int) has advised the public not to travel;
 22. any claim which arises directly or indirectly from **you** not being allowed to board a flight, train, sea vessel, coach or bus for any reason;
 23. any claim arising from **your** failure to obtain the required passport or visa;
 24. any claim arising as a result of:
 - a. war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion or uprising, blockade, military or usurped power;
 - i. this exclusion will not apply to the Personal Accident, Medical Emergency Expenses or Medical Inconvenience Benefit sections, provided that the **insured person** suffering **personal accident** injury or illness has not participated in or conspired in such activities.
 - b. any act of terrorism/cyber terrorism not involving the use or release of or threat thereof any nuclear weapon or any chemical or biological agents:
 - i. this exclusion will not apply to the Personal Accident, Medical Emergency Expenses or Medical Inconvenience Benefit, provided that the **insured person** suffering **personal accident** injury or illness has not participated in or conspired in such activities,
 - ii. provided also that in the event of benefit being payable the maximum payable in respect of any one claim or series of claims arising from a single act of terrorism/cyber terrorism or series of acts of terrorism/cyber terrorism occurring within a 72 hour period is £2,500,000 in the aggregate.
 - c. any act of terrorism/cyber terrorism involving the use or release of, or threat thereof, any nuclear weapon or any chemical or biological agents: An act of terrorism means an act, including but not limited to the use of force or violence and/or threat, of any person or group(s) of person(s), whether they are acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public at fear; An act of cyber terrorism means the use of disruptive activities, or the

threat thereof, against computers and/or networks. with the intention to cause real-world harm or severe disruption of infrastructure.

- d. any loss, damage, cost or expense of any nature that results from or is in connection with anything mentioned in a), b) or c) above regardless of any other cause or event or sequence of events or any action taken in controlling, preventing or suppressing anything mentioned in a), b) or c) above; **you** are responsible for proving why this exclusion, in whole or in part, should not be applied. If any portion of this exclusion is found to be invalid or unenforceable, the remainder of it will remain in force and effect.

SECTION 1 - CANCELLATION

YOU ARE COVERED

Up to the amount shown on the summary of cover table on pages 5, 6 & 7 for **your** proportion of costs only if **your** travel, accommodation or, pre-booked excursions up to £250, are cancelled before **your** departure from **your country of residence** (including ski hire, ski school, lift passes for winter sports trips, golf equipment hire and green fees where the appropriate premium has been paid), which have not been used and which **you** have paid, or are contracted to pay, providing the cancellation is necessary and unavoidable due to:

1. the death or disablement by bodily injury, illness or being subject to quarantine of:
 - a. **you**; or
 - b. an **immediate relative of yours**, or
 - c. a **travelling companion**; or
 - d. any person **you** are intending to travel to or stay with; or
 - e. a **close business associate of yours**;
2. **you** or a **travelling companion** discovering that **you/they** are pregnant after the date of issue of this policy or the date the trip was booked (whichever was the later), if the booked return date is within 12 weeks (16 weeks for a multiple birth) of the expected date of delivery, or **complications of pregnancy**;
3. **you** or a **travelling companion** being called for jury service or as a witness (but not as an expert witness or where **your** employment would normally require **you** to attend court) in a court of law;
4. **your** redundancy or the redundancy of a **travelling companion**, provided **you/they** have been employed for two continuous years with the same employer at the time of being made redundant, are under the normal retirement age for someone holding that position, **we** are informed in writing immediately notification of redundancy is received and that **you** were not aware of the impending redundancy at the time the policy was issued or the trip booked, whichever was the earliest;
5. **your home** being made uninhabitable or place of business being made unusable, up to 14 days before the commencement of **your** trip, due to fire, lightning, explosion, earthquake, subsidence, storm, flood, falling trees, riot or civil commotion, malicious damage, burst pipes, impact by aircraft, the police requesting **your** presence following burglary or attempted burglary at **your home** or place of business;
6. **your** passport, or the passport of **your travelling companion** being stolen during the seven days before **your** departure date;

7. a government directive prohibiting all travel to the country or area **you** were planning to visit, as a result of a natural disaster (e.g. earthquake, fire, flood, hurricane or epidemic).
8. **You** are a member of the Armed Forces, Police, Fire, Nursing or Ambulance services and **you** have to stay in your **Country of Residence** because of an emergency or **you** are posted overseas unexpectedly.

YOU ARE NOT COVERED

1. For the **excess** shown on the summary of cover table.
2. For claims arising due to a medical condition where a **medical practitioner** did not confirm that cancellation of the trip was necessary prior to the trip being cancelled.
3. If **you** decide **you** no longer want to travel.
4. For anything caused directly or indirectly by:
 - a. any increased charges which are incurred due to failure to notify **your** travel agent or tour operator immediately it is found necessary to cancel; or
 - b. prohibitive regulations by the government of any country.
5. For claims where a theft of passport has not been reported to the necessary authorities within 48 hours, including but not limited to, the police and Her Majesty's Passport Office
6. For claims of Air Passenger Duty (APD) (which can be reclaimed by **you** through **your** travel agent or airline).
7. For the cost of any visa required in connection with **your** trip.
8. For Avios Awards, loyalty card vouchers or points or unused timeshare points, membership/maintenance fees, air miles or similar promotions.
9. For anything mentioned in the General Exclusions.

SECTION 2 - CURTAILMENT

The **medical emergency service** must be contacted immediately in the event of an injury, illness or hospitalisation, where repatriation to **your country of residence** has to be considered.

YOU ARE COVERED

Up to the amount shown on the summary of cover table for:

1. The unused portion of **your** travel and/or accommodation arrangements which were paid for before **your** departure from **your country of residence** (including golf equipment hire and green fees where the appropriate premium has been paid, neither of which have to be paid for before **your** departure from **your country of residence**), including reasonable extra travel costs if it is necessary and **you** have to **curtail your trip**:
 - a. the death, severe injury or serious illness of:
 - i. **you**; or
 - ii. an **immediate relative** of **yours**, resident in **your country of residence**, or
 - iii. a **travelling companion**; or
 - iv. a **close business associate** of **yours**;

- b. **complications of pregnancy of you or a travelling companion; or**
- c. **your home** being made uninhabitable or place of business being made unusable due to fire, lightning, explosion, earthquake, subsidence, storm, flood, falling trees, riot or civil commotion, malicious damage, burst pipes, impact by aircraft, the police requesting **your** presence following burglary or attempted burglary at **your home** or place of business; or
- d. **you** being unable to continue **your** trip, as detailed in **your** travel itinerary, due to loss or theft of **your** passport, or that of a **travelling companion**.

These proportionate values will be calculated from the date of return to **your country of residence** and/or for the period **you** are hospitalised as an **in-patient** abroad.

2. Reasonable additional travelling expenses incurred by **you** for returning to **your country of residence** (on the same basis as **your** original booking) earlier than planned (for a reason stated in YOU ARE COVERED 1 of this section).

NOTE: The **medical emergency service** only assists with **curtailment** due to medical reasons, not for the other reasons listed under this section.

YOU ARE NOT COVERED

1. For the **excess** shown on the summary of cover table.
2. For claims that are not confirmed as medically necessary by the **medical emergency service** and where a medical certificate has not been obtained from the attending **medical practitioner** abroad confirming it necessary to **curtail** the trip.
3. For additional travelling expenses incurred which are not authorised by the **medical emergency service** where appropriate.
4. For claims where a theft of passport has not been reported to the necessary authorities within 48 hours, and a written report obtained.
5. For the cost of **your** original return trip if this has already been paid and **you** need to **curtail your** journey.
6. For the cost of any visas required in connection with **your** trip.
7. For loss of enjoyment.
8. For Avios Awards, loyalty card vouchers or points or unused timeshare points, membership/maintenance fees, air miles or similar promotions.
9. For any additional travel expenses where **you** had no pre-booked return journey.
10. For anything mentioned in the General Exclusions.

SECTION 3 - MISSED DEPARTURE

This section does not apply to trips within **your country of residence** (except for trips between the United Kingdom and the Channel Islands).

YOU ARE COVERED

Up to the amount shown on the summary of cover table for necessary accommodation and travelling expenses (not including food, drink and telephone expenses) incurred in reaching **your** booked destination if:

1. the vehicle **you** are travelling in breaks down; or
2. the vehicle **you** are travelling in is involved in an accident; or

3. **you** are delayed as a result of a major incident on a motorway; or
4. the **public transport** being used is delayed;

resulting in **you** arriving at **your** departure point too late to commence **your** booked journey from or to **your country of residence**.

Please note: For residents of Northern Ireland, this section also applies to an international departure point within the Republic of Ireland.

YOU ARE NOT COVERED

1. For the **excess** shown on the summary of cover table.
2. If sufficient time has not been allowed for **your** journey in order to meet the check-in time specified by the transport providers or agent.
3. If **you** have not arrived at the departure point within 24 hours of leaving **your home**.
4. Unless **you** supply a letter from the **public transport** provider confirming that the service did not run on time.
5. Unless **you** supply written confirmation of the delay from the authority that attended the accident or breakdown affecting the car **you** were travelling in.
6. Unless **you** supply written confirmation from the police or motoring authorities (e.g. Highways Agency) to confirm a major incident on a motorway causing delays or closure on the motorway.
7. For any delay caused by a riot, civil commotion, strike or industrial action which began or was announced before the start date of **your** policy and the date **your** travel tickets or confirmation of booking were issued.
8. For additional expenses where the **public transport** operator has offered reasonable alternative travel arrangements.
9. For anything mentioned in the General Exclusions.

SECTION 4 - TRAVEL DELAY AND ABANDONMENT

This section does not apply to trips within **your country of residence** (except for trips between the United Kingdom and the Channel Islands).

YOU ARE COVERED

1. For the benefit shown on the summary of cover table (regardless of the number of incidents of delay), if **your** flight, sea crossing, coach or train departure is delayed for more than 12 hours beyond the intended departure time (as specified on **your** travel ticket); or
2. Up to the amount shown on the summary of cover table if **you** abandon **your** trip as a result of **your** flight, sea crossing, coach or train departure from **your** final international departure point in **your country of residence** being delayed for more than 12 hours beyond the intended departure time (as specified on **your** travel ticket).

Cover is provided for 1 and 2 if the delay is as a result of:

- a. strike or industrial action; or
- b. adverse weather conditions if the underlying and continuing cause; or
- c. mechanical breakdown or technical fault of the aircraft, coach, train or sea vessel;

provided that when this policy was purchased or the trip was booked (whichever is the later), there was no reasonable expectation that the trip would be affected by such cause.

Please note: For residents of Northern Ireland, this section also applies to an international departure point within the Republic of Ireland.

YOU ARE NOT COVERED

1. For the **excess** shown on the summary of cover table.
2. If **you** do not check in for flights, sea crossing, coach or train departure before the intended departure time.
3. If **you** do not obtain written confirmation from the airline, shipping, coach or train company stating the period and the reason for the delay.
4. For any claims arising from withdrawal from service temporarily or otherwise of the aircraft, coach, train or sea vessel on the orders or recommendation of an appropriate transport authority in any country. For example, the Civil Aviation Authority or the Port Authority.
5. For costs recoverable if **you** abandon the trip.
6. For any costs incurred as a result of **you** missing a connecting flight.
7. For anything mentioned in the General Exclusions.
8. Any claim that results from volcanic ash.

SECTION 5 - PERSONAL ACCIDENT

YOU ARE COVERED

For the benefits shown on the summary of cover table, which will be paid to **you** or **your** legal personal representative, if **you** have a **personal accident** during **your** trip which, at the end of 12 months after the date of that accident, is the sole cause of **your**:

1. death; or
2. physical loss of, or permanent and total loss of use of, one or more limbs at or above the wrist or ankle; or
3. complete and irrecoverable loss of sight in one or both eyes; or
4. permanent total disablement which prevents **you** from attending to any business or occupation in any capacity for a period of 12 months and which, in the opinion of **our** medical and/or **our** vocational advisors, will not improve.

NOTE: If **you** are aged under 16 or over 70 at the time of the accident the death benefit will be limited to funeral and other expenses up to £2,000 and the permanent total disablement benefit will not apply for those aged 70 or over.

YOU ARE NOT COVERED

1. For any claims for death, loss or disablement caused directly or indirectly by:
 - a. a disease or any physical defect or illness;
 - b. an injury which existed prior to the commencement of the trip;
 - c. pregnancy.
2. For any claims under this section not notified to **us** within 12 months of the date of the accident.
3. For anything mentioned in the General Exclusions and Sports and Activities section.

SECTION 6 - MEDICAL EMERGENCY EXPENSES AND REPATRIATION

This section applies to trips:

1. outside **your country of residence**; or
2. by United Kingdom residents to the Channel Islands; or
3. by a Channel Islands resident to other parts of the United Kingdom.

If during **your** trip **you** become ill, injured or have a **complication of pregnancy** and **you** require **in-patient** hospital treatment, repatriation or it is likely that the costs will exceed £500 then **you** must contact the **medical emergency service**.

YOU ARE COVERED

Up to the amount shown on the summary of cover table for **reasonable and customary costs** incurred outside **your country of residence**:

1. for emergency medical treatment and repatriation. Claims for emergency dental treatment (for the relief of pain only) are limited up to a maximum of £250; Claims for **Diagnostic Tests** are limited to up to a maximum shown in the summary of cover;
2. for reasonable and necessary additional accommodation (room only) and travelling expenses (economy class), including those of one relative or friend to stay with **you** and/or accompany **you home** on medical advice or if **you** are a child and require an escort **home**;
3. in the event of **your** death:
 - a. for the return of **your** body or ashes to **your country of residence** (the cost of burial or cremation is not included); or
 - b. local funeral expenses abroad up to the amount shown in the summary of cover table.

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 **you** become ill or are injured **we** have the right to bring **you home**, if the treating **medical practitioner** and the **medical emergency service** doctor agree that **you** can safely travel **home**. If the treating **medical practitioner** does not agree **you** can travel **home** safely he/she must produce medical evidence. If **you** refuse to return **home**, **we** have the right to stop cover.

YOU ARE NOT COVERED

1. For the **excess** shown on the summary of cover table unless **you** are in the USA and all **your** treatment is provided by a First Health Network hospital or doctor (please see the 24 HOUR MEDICAL EMERGENCY SERVICE section on page 17 and 18).
2. For any sums which can be recovered by **you** and which are covered under any National Insurance Scheme or Reciprocal Health Arrangement.
3. For any expenses incurred for illness, injury or treatment required as a result of:
 - a. surgery or medical treatment which in the opinion of the attending **medical practitioner** and the **medical emergency service** doctor can be reasonably delayed until **your** return to **your country of residence**; or
 - b. medication and/or treatment which at the time of departure is known to be required or to be continued outside **your country of residence**.

4. For preventative treatment which can be delayed until **you** return to **your country of residence**.
5. For any claim where at the departure date, **you** or **your travelling companion** are travelling against the advice of a **medical practitioner** or travelling for the purposes of obtaining, or in the knowledge that **you** will have, medical treatment, tests or investigations.
6. For claims that are not confirmed as medically necessary by the attending **medical practitioner** or the **medical emergency service** doctor.
7. For the cost of any elective (non-emergency) treatment or surgery, including exploratory tests, which are not directly related to the illness or injury which necessitated **your** admittance into hospital.
8. For treatment or services provided by a private clinic or hospital, or any additional hospital costs arising from single or private room accommodation unless the **medical emergency service** have agreed that this is medically necessary.
9. For treatment or services provided by a health spa, convalescent home or any rehabilitation centre.
10. For expenses incurred as a result of a tropical disease where **you** have not had the NHS recommended inoculations and/or taken the NHS recommended medication.
11. For taxi fares not considered medically necessary, and where receipts have not been provided.
12. For the costs of phone calls other than the first call to notify the **medical emergency service** about the medical problem.
13. For costs that arise over 12 months after the date of the incident that **you** are claiming for.
14. For any costs for cosmetic surgery or body art (e.g. tattoos or piercings) and any subsequent medical treatment required as a result of such a procedure.
15. For expenses incurred in obtaining or replacing medication, which **you** know **you** will need at the time of departure or which will have to be continued outside **your home**. Where possible and with the agreement of **your medical practitioner**, **you** should always travel with plenty of extra medication in case of travel delays.
16. For any costs incurred after **you** have refused the offer of returning to **your home**, when, in the opinion of **our** medical advisors, **you** are fit to travel.
17. For expenses of more than £500 if **you** did not contact the **medical emergency service** for their assistance.
18. For any treatment or medication that **you** receive after **your** return to **your country of residence**.
19. For anything mentioned in the General Exclusions.

SECTION 7 - MEDICAL INCONVENIENCE BENEFIT

This section applies to trips:

1. outside **your country of residence**; or
2. by United Kingdom residents to the Channel Islands; or
3. by a Channel Islands resident to other parts of the United Kingdom.

This benefit payment contributes towards miscellaneous expenses incurred whilst **you** are hospitalised as an **in-patient** abroad (e.g. taxi fares and telephone calls).

This is in addition to any medical expenses incurred under the Medical Emergency Expenses section.

YOU ARE COVERED

Up to the amounts shown on the summary of cover table for each complete 24 hours spent as an **in-patient** if **you** are admitted to a registered hospital abroad.

YOU ARE NOT COVERED

1. Unless the hospital admission is covered under the terms of the Medical Emergency Expenses section.
2. For anything mentioned in the General Exclusions.

SECTION 8 - UNITED KINGDOM EXPENSES

This section covers trips taken by United Kingdom residents within the United Kingdom.

YOU ARE COVERED

Up to the amount shown on the summary of cover table for the following expenses reasonably incurred during **your** trip if **you** become ill or **you** are injured:

1. reasonable additional accommodation expenses incurred by **you** or one relative or friend remaining with **you**, including the increased cost of **your** return travel **home** and additional travelling expenses incurred by one relative or friend travelling to or with **you**; or
2. reasonable expenses incurred in the event of **your** death for conveyance of the body or ashes to **your home**. (The cost of burial or cremation is not included).

YOU ARE NOT COVERED

1. For anything mentioned in the General Exclusions.

SECTION 9 - PERSONAL PROPERTY

(Section 9 A & B will only apply if **your** validation certificate shows that **you** are covered for this)

YOU ARE COVERED

A: PERSONAL BAGGAGE

Up to the amount shown on the summary of cover table for the value of, or repair to, any of **your own personal baggage** (not hired, loaned or entrusted to **you**), which is lost, stolen, damaged or destroyed (after allowing for wear and tear and depreciation).

During the Christmas period (travel between 15th December and 15th January only) the overall cover limit is increased by £500.

There are also additional sub-limits for:

1. all **valuables** in total; and
2. any one article, pair and/or set of articles; and
3. all sunglasses/prescription sunglasses; and
4. **personal baggage** on the beach; and
5. replacement keys (house and/or car only).

NOTE: In the event of a claim for 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.

B: DELAYED BAGGAGE

Up to the amount shown on the summary of cover table towards the cost of buying replacement necessities if **your own personal baggage** is delayed in reaching **you on your** outward journey for at least 12 hours and **you** have a written report from the carrier (i.e. airline, shipping company etc.) or tour representative.

NOTE: Any amount **we** pay **you** under **B** will be deducted from the final claim settlement under **A** if **your personal baggage** proves to be permanently lost. Receipts will be necessary in the event of a claim.

YOU ARE NOT COVERED

1. For the **excess** shown on the summary of cover table.
2. If **you** do not exercise reasonable care for the safety and supervision of **your** property.
3. For **personal baggage** left **unattended** by **you**, unless located in locked accommodation. In respect of **valuables** or **gadget(s)**, these must be in a safety deposit box, unless one was not available.
4. If, in the event of loss, burglary, or theft of, **your personal baggage, valuables or gadget(s)**, **you** do not report this to the police within 48 hours and do not obtain a written report.
5. For **personal baggage** left in the custody of any person unless they are a family member, **travelling companion** or have an official responsibility for the safety and supervision of **your** property. In respect of **valuables** or **gadget(s)**, these are only covered when left with a family member or **travelling companion**.
6. For any theft from an **unattended** vehicle unless there is evidence of forcible and violent entry.
7. For **personal baggage** stolen from an **unattended** vehicle:
 - a. unless it was in the locked:
 - i. glove compartment; or
 - ii. roof box; or
 - iii. rear boot or luggage area of the vehicle and is covered so as not to be visible from the outside of the vehicle; or
 - b. between the hours of 8pm and 8am (other than from motor homes).
8. For **valuables** or **gadget(s)** left in an **unattended** vehicle (other than motor homes, provided the **valuables** or **gadget(s)** are stored out of view).
9. For **valuables** or **gadget(s)** within checked-in luggage or in luggage compartments/racks not immediately adjacent to **you** on any form of **public transport** (other than hand luggage that stays with **you** at all times).
10. If **your personal baggage** is lost, damaged or delayed in transit and **you** do not:
 - a. notify the carrier (i.e. airline, shipping company etc) immediately and obtain a written carrier's report (or Property Irregularity Report in the case of an airline); or
 - b. follow up in writing within 7 days to obtain a written carrier's report (or Property Irregularity Report in the case of an airline) if **you** are unable to obtain one immediately.

11. For loss, destruction, damage or theft of:
 - a. contact lenses, hearing aids, dentures and prescribed medication; or
 - b. televisions, glass, china, pictures, musical instruments, antiques and precious stones; or
 - c. pedal cycles, dinghies, boats and/or ancillary equipment, vehicles or vehicle accessories (other than non-motorised wheelchairs and pushchairs) and tents; or
 - d. tools of trade, samples, merchandise; or
 - e. perishable items e.g. food, alcohol, cigarettes or any other tobacco products.
12. For loss, destruction, damage or theft due to:
 - a. confiscation or detention by Customs or other officials or authorities;
 - b. wear and tear, process of cleaning, denting or scratching, staining, moth or vermin or any damage caused by leaking powder or fluid carried within **your** baggage;
 - c. transportation by any postal service.
13. For electrical or mechanical breakdown or manufacturing fault.
14. For breakage of fragile or brittle articles being transported by a carrier, unless the breakage is due to fire or other accident to the vessel, aircraft or vehicle in which they are being carried.
15. For any property more specifically insured by, or recoverable from, any other source. Any reimbursement received will be deducted from the amount of **your** claim under this section
16. For stamps, documents, deeds, samples or merchandise, manuscripts or securities of any kind.
17. For **winter sports equipment** or **golf equipment** (unless the appropriate premium has been paid and is shown on **your** validation certificate, which covers **you** under a separate section of the policy).
18. For the loss of, or damage to, sports equipment whilst in use.
19. For any loss of jewellery (other than wedding rings) while swimming, or partaking in any sports or activities.
20. For anything mentioned in the General Exclusions

SECTION 10 - PERSONAL MONEY AND DOCUMENTS

Section 10 will only apply if your validation certificate shows that you are covered for this.

YOU ARE COVERED

Up to the amount (including the cash limit), shown on the summary of cover table if **your** own **money** and/or **documents** are lost or stolen whilst being carried on **your** person or left in a locked safety deposit box.

YOU ARE NOT COVERED

1. For the **excess** shown on the summary of cover table.
2. If **you** do not exercise reasonable care for the safety and supervision of **your money** and **documents**.

3. For **money** and **documents** left **unattended** by **you**, unless left in a locked safety deposit box (or out of sight, in **your** locked accommodation if no safety deposit box was available);
4. If **you** do not report the loss or theft to the police within 48 hours and obtain a written report.
5. For any shortages due to error, omission, variation or exchange rate or depreciation in value.
6. For any expenses claimed under the Loss of Passport Expenses section.
7. For anything mentioned in the General Exclusions.

SECTION 11 - LOSS OF PASSPORT EXPENSES

Section 11 will only apply if your validation certificate shows that you are covered for this.

YOU ARE COVERED

Up to the amount shown on the summary of cover table for the following expenses, if **your** passport or visa is lost or stolen:

1. reasonable additional travel or accommodation expenses; and
2. the cost of an emergency replacement or temporary passport, to enable **you** to continue **your** trip as planned.

YOU ARE NOT COVERED

1. For the **excess** shown on the summary of cover table.
2. If **you** do not exercise reasonable care for the safety and supervision of **your** passport and visa.
3. For loss, destruction or damage arising from confiscation or detention by customs or other officials or authorities.
4. For anything mentioned in the General Exclusions.

SECTION 12 - PERSONAL LIABILITY

YOU ARE COVERED

Up to the amount shown on the summary of cover table (inclusive of legal costs and expenses) if **You** become legally liable to pay damages in respect of:

1. Accidental bodily injury, including death and illness to a person; and/or
2. Accidental loss of or damage to material property (property that is both material and tangible);

arising during the trip. **We** will indemnify **You** for all such damages in respect of each occurrence or a series of occurrences arising directly or indirectly from one source or original cause.

YOU ARE NOT COVERED

1. For the **Excess** as shown in the summary of cover table;
2. For bodily injury or illness of any person who is an **immediate relative** of **yours**, a **travelling companion**, or under a contract of employment, service or apprenticeship

with **You** when the bodily injury or illness arises out of and in the course of their employment to **You**;

3. For loss or damage to property belonging to or held in trust by or in the custody or control of **You** other than temporary accommodation occupied by **You** in the course of the trip;
4. For bodily injury or damage caused directly or indirectly in connection with the ownership, possession or use by **You** or on behalf of **You** of: aircraft, hovercraft, watercraft (other than non-mechanically powered watercraft less than 30 feet in length used on inland waters), mechanically propelled vehicles (other than golf buggies used on golf courses and not on public roads), firearms (other than sporting guns);
5. For bodily injury caused directly or indirectly in connection with the ownership, possession or occupation of land or buildings, immobile property or caravans or trailers, any wilful or malicious act, carrying on of any trade, business or profession, any racing activity;
6. For fraudulent, dishonest or criminal acts of **You** or any person authorised by **You**;
7. For any claim resulting from venereal disease, sexually transmitted diseases, infection with the Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) howsoever this syndrome has been acquired or may be named;
8. For any claim assumed by **You** under any contract or agreement unless such liability would have attached in the absence of such contract or agreement;
9. For punitive or exemplary damages;
10. For anything mentioned in the General Exclusions.

CONDITIONS

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

NOTE – If you are using a mechanical/motorised vehicle, make sure that you are adequately insured for third party cover, as you are not covered under this insurance. Please refer to the Sports and Activities section.

SECTION 13 - HIJACK

YOU ARE COVERED

Up to the amount shown on the summary of cover table for the unlawful seizure or wrongful exercise of control of an aircraft or conveyance in which **you** are travelling as a passenger.

YOU ARE NOT COVERED

1. For anything mentioned in the General Exclusions.

SECTION 14 - MUGGING BENEFIT

A mugging is a violent attack on **you** with a view to theft by person(s) not previously known to **you**.

This cover is in addition to any expenses incurred under the Medical Emergency Expenses section and any benefit payable under the Medical Inconvenience Benefit section.

YOU ARE COVERED

Up to the amount shown on the summary of cover table if **you** are mugged, and as a result of injuries received from the mugging, **you** are admitted as an **in-patient** to a registered hospital abroad.

YOU ARE NOT COVERED

1. If **you** do not obtain a police report of the mugging as soon as possible and provide confirmation of **your** injuries
2. Unless the hospital admission is covered under the Medical Emergency Expenses section.
3. For anything mentioned in the General Exclusions.

SECTION 15 - LEGAL COSTS AND EXPENSES

Definition of words that apply to this section of cover.

Throughout this section only, the words and phrases listed below have the meanings given next to them:

Specific Definitions

Legal Expenses shall mean:

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

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

YOU ARE COVERED

Up to the amount shown on the summary of cover table for any one Trip if **You** suffer an incident that results in bodily injury, death or illness caused by a third party during the journey. **We** will indemnify **You** for **Legal Expenses** incurred in pursuit of a claim for damages or compensation against the third party.

YOU ARE NOT COVERED

1. For the **Excess** as shown in the summary of cover table;
2. For any claim reported to **Us** more than 12 months after the beginning of the incident which led to the claim;
3. For **Legal Expenses** incurred in the defence against any civil claim or legal proceedings made or brought against **You**;
4. For **Legal Expenses** incurred before receiving **Our** prior written approval, unless such costs would have been incurred subsequently to **Our** approval;
5. For **Legal Expenses** incurred in connection with any criminal or wilful act committed by **You**;
6. For **Legal Expenses** incurred for any claim or legal proceedings brought against a travel agent, tour operator, carrier, insurer or their agent, **Us**, **You**, or any company or person involved in arranging this policy;
7. For fines, compensation or other penalties imposed by a court or other authority;
8. For **Legal Expenses** incurred after **You** have not accepted an offer from a third party to settle a claim or legal proceeding where the offer is considered by all parties to be reasonable or **You** not accepting an offer from **Us** to settle a claim;
9. For **Legal Expenses** which **We** consider to be unreasonable or excessive or unreasonably incurred (as determined by **Our** legal counsel);
10. For actions between individuals named on the validation certificate;
11. For **Legal Expenses** incurred in pursuing any claim for compensation against the manufacturer, distributor or supplier of any drug, medication or medicine;
12. For anything mentioned in the General Exclusions.

CONDITIONS

1. Written consent must be obtained from **Us** prior to incurring **Legal Expenses**. This consent will be given if **You** can satisfy **Us** that:
 - a) there are reasonable (as determined by **Our** legal counsel) grounds for pursuing or defending the claim or legal proceedings; and
 - b) it is reasonable (as determined by **Our** legal counsel) for **Legal Expenses** to be provided in a particular case.

The decision to grant consent will take into account the opinion of **Your Legal Representative** as well as that of **Our** own advisers. **We** may request, at **Your** own expense, an opinion of counsel as to the merits of the claim or legal proceedings. If the claim is admitted, **Your** costs in obtaining this opinion will be covered by this Policy.
2. All claims or legal proceedings including any appeal against judgement resulting from the same original cause, event, or circumstance, will be regarded as one claim.

3. If **You** are successful in any action, any **Legal Expenses** provided by **Us** will be reimbursed to **Us**.
4. **We** may at **Our** discretion assume control at any time of any claim or legal proceedings in **Your** name for damages and or compensation from a third party.
5. **We** may at **Our** discretion offer to settle a claim with **You** instead of initiating or continuing any claim or legal proceedings for damages and or compensation from a third party, and any such settlement will be full and final in respect to the claim.
6. **We** may at **Our** discretion offer to settle a counter-claim against **You** instead of continuing any claim or legal proceedings for damages and or compensation from a third party.

SECTION 16 - PET CARE

YOU ARE COVERED

We will pay up to the amount shown on the summary of cover table for each full 24-hour period **you** are delayed for extra kennel or cattery fees if the start of **your** original return journey (by aircraft, sea vessel or cross channel train) is delayed because of circumstances that **you** cannot control. **You** must be delayed by at least 12 hours.

YOU ARE NOT COVERED

We will not cover any kennel or cattery fees **you** pay outside **your home** area, as a result of quarantine regulations.

CONDITIONS

Under this section **you** must:

1. Have checked in for **your** trip at or before the recommended time;
2. Get a written statement from the appropriate transport company or authority confirming the reason for the delay and how long it lasted;
3. Be aware that any amount **we** pay under this section only applies to pet cats or dogs that **you** own; and
4. Get a written statement from the appropriate kennel or cattery confirming any extra charges that **you** have to pay.

Please read the General Conditions and Exclusions.

SECTION 17 - CATASTROPHE

YOU ARE COVERED

Up to the amount shown on the summary of cover table for the cost **you** pay, or agree to pay overseas, for similar travel expenses and providing other similar accommodation to allow **you** to continue with **your** holiday or journey. **We** will only do this if **you** cannot reach or cannot live in **your** booked accommodation because of a fire, flood, earthquake, storm, lightning, explosion, hurricane or a major outbreak of an infectious disease.

YOU ARE NOT COVERED

We will not cover the following:

1. For the **excess** shown on the summary of cover table.

2. For any costs that **you** can get back from any tour operator, airline, hotel or other service provider.
3. For any costs that **you** would normally have to pay during the period shown on **your** validation certificate.
4. For any claim that results from **you** travelling against the advice of the appropriate national or local authority.

CONDITIONS

Under this section **you** must:

1. Give **us** a written statement from an appropriate public authority confirming the reason for and the type of disaster and how long it lasted;
2. Confirm that **you** did not know about any event that lead to a claim before **you** left **your** international departure point; and
3. Give **us** proof of all the extra costs **you** had to pay.

Please read the General Conditions and Exclusions.

SECTION 18 - WITHDRAWAL OF SERVICES

YOU ARE COVERED

Up to £20 for each complete 24-hour period up to a maximum of £200 if **you** suffer withdrawal of water or electricity supplies at **your** booked accommodation for at least a 60 hour continuous period during **your** trip.

YOU ARE NOT COVERED

We will not cover the following:

1. For any claim that results from a strike or industrial action existing at the time this insurance was issued;
2. For any claim not supported by written confirmation from the tour operator or hotel;
3. For anything mentioned in the General Exclusions.

SECTION 19 - HOMECARE ASSISTANCE

This benefit provides persons covered by this policy who are 18 years of age or above, with Homecare Assistance when requested within five calendar days of **your** return date to the United Kingdom or discharge from a United Kingdom hospital facility and following one night of **In-patient** treatment in a private registered hospital, a state provided hospital or an NHS hospital For the purpose of this benefit, the definition of **in-patient** shall be deemed to read: A hospital where an **insured person** is admitted and, out of medical necessity, occupies a bed for one or more nights.

There is no **excess** applicable to this benefit.

YOU ARE COVERED

Up to the number of hours shown on the summary of cover table for necessary personal care care and/or domestic assistance in **your home** over the maximum period of 2, 4 or 6 weeks.

The following assistance benefits and services which may be available to **you** under **your** Homecare Assistance include:

1. Personal care
 - Bathing, showering and cleaning teeth
 - Support with getting up and going to bed
 - Assistance using the bathroom and toilet
 - Dressing, undressing and caring for clothes
 - Preparation and clean-up of meals and drinks
 - Hair care and shaving
 - Foot care
 - Recognising and discussing health needs
2. Domestic Assistance
 - Assistance with cleaning
 - General tidying and light household duties
 - Changing bed linen
 - Ironing and laundry
 - Dog walking / Feeding of household pets
3. Wellbeing Call – to discuss the assistance services and benefits that **you** are eligible to receive under this policy and to answer any questions about **your** cover that **you** may have.

There may be other assistance services and benefits in addition to the list above that **you** may be eligible to receive. Actual care will depend on **your** specific needs and circumstances and will be discussed with **you** by medically qualified personnel within **our** claims department during a needs based telephone assessment. Once **we** have confirmed that **you** are eligible for this benefit you will be contacted directly by a care provider, appointed by **us**, who will undertake a full assessment of **your** needs in **your Home**, which is a legal requirement under the Care Quality Commission (CQC).

Your full compliance with the terms and conditions of this policy is necessary before any assistance services or benefits may be arranged for **you**.

We may also require a re-assessment to take place for any additional assistance services and benefits that **you** need that are not highlighted as necessary in the initial assessment. **We** will pay for all necessary assessments to be carried out.

YOU ARE NOT COVERED

For any Homecare Assistance services that:

1. Are not arranged by **us**
2. Follow a period of **in-patient** treatment where there was no overnight stay
3. Are not covered under the Medical Inconvenience benefit of this plan
4. Are received after the period covered by any premium or after the policy has been cancelled.
5. Are received outside of the United Kingdom or away from **your Home**
6. Include medical treatment of any kind

7. Include transportation services of any kind
8. Have not been activated within 5 days of returning to the United Kingdom.
9. Are excluded by anything mentioned in the General Exclusions of this policy

SECTION 20 - OPTIONAL GOLF COVER

This section of cover is only applicable if the appropriate Golf Cover premium has been paid and cover is shown on **your** validation certificate.

A: GOLF EQUIPMENT

YOU ARE COVERED

Up to the amount shown on the summary of cover table for **your** own **golf equipment** (after allowing for wear and tear and depreciation) or hired **golf equipment** if they are lost, stolen or damaged during **your** trip.

YOU ARE NOT COVERED

1. For the **excess** shown on the summary of cover table.
2. If **you** do not exercise reasonable care for the safety and supervision of **your** own or **your** hired **golf equipment**.
3. If, in the event of loss, burglary, or theft of **your** own or **your** hired **golf equipment**, **you** do not report this to the police within 48 hours, and do not obtain a written police report.
4. If **your** own or **your** hired **golf equipment** is lost, damaged or delayed in transit if **you** do not:
 - a. notify the carrier (i.e. airline, shipping company etc.) immediately and obtain a written carrier's report (or Property Irregularity Report in the case of an airline); or
 - b. follow up in writing within seven days to obtain a written carrier's report (or Property Irregularity Report in the case of an airline), if **you** are unable to obtain one immediately.
5. For loss, destruction, damage or theft from confiscation or detention by customs or other officials or authorities.
6. For any theft from an **unattended** vehicle unless there is evidence of forcible and violent entry.
7. For **your** own or **your** hired **golf equipment**:
 - a. stolen from an **unattended** vehicle:
 - i. unless it was in a locked roof box or the locked rear boot or luggage area of the vehicle and is covered so as not to be visible from outside the vehicle, or
 - ii. between the hours of 8pm and 8am (other than motor homes); or
 - b. stored on a roof rack (unless the vehicle is parked within sight of **you**);
8. For anything mentioned in the General Exclusions.

B: GOLF EQUIPMENT HIRE

YOU ARE COVERED

For the amount shown on the summary of cover table for the reasonable cost of hiring replacement **golf equipment** as a result of the accidental loss, delay, theft or damage of **your own golf equipment** during the period of insurance.

YOU ARE NOT COVERED

1. For anything mentioned under YOU ARE NOT COVERED of the Golf Equipment section (with the exception of 1, regarding the **excess**).
2. For anything mentioned under the General Exclusions.

C: LOSS OF GREEN FEES

YOU ARE COVERED

Up to the amount shown on the summary of cover table for the unused portion of **your** green fees paid for, or contracted to be paid for, before **your** trip commenced, where **you** are certified by a **medical practitioner** as being unable to play golf and use the golf facilities because of serious injury or illness and where there is confirmation that no refund is available for the unused green fees.

YOU ARE NOT COVERED

1. For claims where **your** trip has commenced that are not confirmed as medically necessary by the **medical emergency service** and where a medical certificate has not been obtained from the attending **medical practitioner** abroad confirming that **you** are unable to golf and unable to use the golf facilities
2. For anything mentioned under YOU ARE NOT COVERED of the Cancellation and Medical Emergency Expenses sections.
3. For anything mentioned under the General Exclusions.

D: HOLE IN ONE

YOU ARE COVERED

For the amount shown on the summary of cover table if **you** complete a hole in one during any organised game on any full size golf course.

NOTE: This amount will only be payable once in any game.

YOU ARE NOT COVERED

1. If **you** do not produce written confirmation from the secretary of the golf course, stating that the hole in one has been performed to the satisfaction of the club, together with the original score card fully completed and duly signed.
2. For anything mentioned in the General Exclusions.

SECTION 21 - CRUISE COVER

A: Cruise Itinerary Change

YOU ARE COVERED

For the amount shown on the summary of cover table for each missed port if a scheduled port visit is cancelled due to adverse weather or timetable restrictions. This must be confirmed by the tour operator in writing and **you** must obtain a statement in writing from the carrier confirming the reason for the missed port.

YOU ARE NOT COVERED

1. For claims arising from missed port caused by strike or industrial action if the strike or industrial action was notified at the time the insurance was purchased;
2. For **your** failure to attend the excursion as per **your** original itinerary;
3. For claims arising from when **your** ship cannot put people ashore due to a scheduled tender operation failure;
4. For claims where a monetary amount (including on board credit) of compensation has been offered by the ship or tour operator.
5. For anything mentioned in the General Exclusions.

B: Room Cabin confinement

YOU ARE COVERED

Up to the amount shown on the summary of cover table if **your** illness or injury causes **your** compulsory quarantine or cabin confinement on the orders of the ship's doctor or another **medical practitioner** on board the ship outside **your country of residence**.

CONDITIONS

Under this policy **you** must give **us** written notice of any illness or injury which made **your** compulsory quarantine necessary or the ship's doctor or another **medical practitioner** confining **you** to **your** cabin, as soon as possible.

YOU ARE NOT COVERED

1. Any additional period of confinement or compulsory quarantine:
 - a. Relating to treatment or surgery, including exploratory tests, which are not directly related to the injury or illness which made **your** confinement necessary.
 - b. Following **your** decision not to be repatriated after the date when in **our** opinion, it is safe to do so.
2. Confinement or necessary quarantine:
 - a. Relating to any form of treatment or surgery which in **our** opinion (based on information received from the ship's doctor or other **medical practitioner** in attendance), can be delayed reasonably until **your** return to **your country of residence**.

- b. As a result of a tropical disease where **you** had not had the recommended inoculations and/or taken the recommended medication.

C: Unused Excursions

YOU ARE COVERED

Up to the amounts shown on the summary of cover table, for the cost of excursions pre-booked in the United Kingdom, which **you** were unable to use as a direct result of being confined to **Your** own cabin, or being a hospital **in-patient**, due to an accident or illness which is covered under the Emergency Medical Expenses section of this policy.

YOU ARE NOT COVERED

1. For claims made against the Medical Inconvenience Benefit.
2. For claims arising directly or indirectly as a result of negligence or malpractice of the person(s) carrying out any form of renal dialysis that you receive during the period of insurance.
3. For anything mentioned in the General Exclusions

D: Cruise Interruption

YOU ARE COVERED

Up to the amount shown on the summary of cover table for additional travel and accommodation expenses incurred to reach the next port in order to re-join the cruise, following:

- **Your** temporary illness requiring hospital treatment on dry land.
- **Your** Passport being lost after **your** international departure but before embarkation of **your** planned cruise or during dis-embarkation ashore on one of the scheduled stops as a result of loss or theft of **your** Passport.

YOU ARE NOT COVERED

- For the **excess** shown in the summary of cover table
- For claims where less than 25% of the trip duration remains
- For any claim where the terms shown under 'MEDICAL HEALTH REQUIREMENTS' have not been followed;
- For any loss of passport not reported to the police or other authority within 48 hours of discovery and which **you** do not get a written report
- For any passports that are legally detained or held by any customs or any other officials
- Passports that **you** do not carry with **you** on **your** person (unless they are held in a locked cabin or safety deposit box).
- Any passport that **you** lose or are stolen while they are not in **your** control or while they are in the control of any person other than an airline or carrier.

CONDITIONS

Under this policy **you** must:

1. Prior to arranging any additional travel, contact **us** so that **we** can approve and assist with any travel arrangements. Failure to do so can result in the claim being declined.
2. **You** must also obtain a medical certificate from the **medical practitioner** in attendance to confirm the details of **your** unforeseen illness or injury.
3. Report the loss or theft of the passport to the police within 48 hours of discovering it, and get a written police report for.

Please read the general conditions and exclusions.

E: Emergency Evening Wear

YOU ARE COVERED

Up to the amount shown on the summary of cover table for any evening dress/attire that is lost, stolen or damaged during the trip. **We** will cover the additional costs to hire replacement evening wear or the cleaning costs that are necessarily incurred.

YOU ARE NOT COVERED

1. For **your** property that **you** leave **unattended** in a public place
2. For any claim for lost or stolen items that have not been reported to the Police or other authority within 48 hours of discovery and for which **you** do not get a written report.
3. For any claim for damage not reported at the time of the incident and a report obtained.

CONDITIONS

Under this policy **you** must:

1. Support the claim with written confirmation of the loss or damage
2. Supply the receipt showing the cost of the hire or cleaning costs

Please read the general conditions and exclusions.

SECTION 22 - OPTIONAL WINTER SPORTS COVER

This section of cover is only applicable if the appropriate Winter Sports Cover premium has been paid and cover is shown on **your** validation certificate or **you** have purchased an annual multi trip policy.

A: WINTER SPORTS EQUIPMENT

YOU ARE COVERED

Up to the amount shown on the summary of cover table for the value or repair of **your own winter sports equipment** (after allowing for wear and tear and depreciation) or hired **winter sports equipment**, if they are lost, stolen or damaged during **your** trip.

NOTE: Claims for owned **winter sports equipment** will only be calculated as follows:

Up to 12 months old	90% of purchase price
Up to 24 months old	70% of purchase price
Up to 36 months old	50% of purchase price
Up to 48 months old	30% of purchase price
Up to 60 months old	20% of purchase price
Over 60 months old	0%

YOU ARE NOT COVERED

1. For the **excess** shown on the summary of cover table.
2. If **you** do not exercise reasonable care for the safety and supervision of **your** own or **your** hired **winter sports equipment**.
3. If, in the event of loss, burglary, or theft of **your** own or **your** hired **winter sports equipment**, **you** do not report this to the police within 48 hours, and do not obtain a written police report.
4. If **your** own or **your** hired **winter sports equipment** is lost, damaged or delayed in transit, if **you** do not:
 - a. notify the carrier (i.e. airline, shipping company etc.) immediately and obtain a written carriers report (or Property Irregularity Report in the case of an airline); or
 - b. follow up in writing within 7 days to obtain a written carrier's report (or Property Irregularity Report in the case of an airline), if **you** are unable to obtain one immediately.
5. For loss, destruction, damage or theft from confiscation or detention by customs or other officials or authorities.
6. For any theft from an **unattended** vehicle unless there is evidence of forcible and violent entry.
7. For **your** own or **your** hired **winter sports equipment**:
 - a. stolen from an **unattended** vehicle:
 - i. unless it was in a locked roof box or the locked rear boot or luggage area of the vehicle and is covered so as not to be visible from outside the vehicle, or
 - ii. between the hours of 8pm and 8am (other than motor homes); or

- b. stored on a roof rack (unless the vehicle is parked within sight of **you**);
8. For anything mentioned in the General Exclusions.

B: WINTER SPORTS EQUIPMENT HIRE

YOU ARE COVERED

Up to the amounts shown on the summary of cover table, for the reasonable cost of hiring **winter sports equipment** for the rest of **your** trip or until **your** own or hired **winter sports equipment** has been returned to **you**, if;

1. **your** equipment is lost, stolen or damaged; or
2. **your** equipment is delayed for more than 12 hours on **your** outward journey.

YOU ARE NOT COVERED

1. For anything mentioned under YOU ARE NOT COVERED of the Winter Sports Equipment section (with the exception of 1, regarding the **excess**)
2. For anything mentioned under the General Exclusions.

C: WINTER SPORTS PACK

YOU ARE COVERED

Up to the amounts shown on the summary of cover table, for the unused portion of **your** ski school, lift pass and **winter sports equipment** hire costs paid for, or contracted to be paid for, before **your** trip commenced, if:

1. **you** do not **curtail** the trip, but are certified by a **medical practitioner** in the resort as being unable to ski/snowboard and unable to use the facilities because of injury or illness occurring during the trip; or
2. **your** lift pass is lost or stolen.

YOU ARE NOT COVERED

1. For claims that are not confirmed as medically necessary by the **medical emergency service** and where a medical certificate has not been obtained from the attending **medical practitioner**, confirming that **you** are unable to ski/snowboard and are unable to use **your** ski school, lift pass or hired **winter sports equipment**.
2. For anything mentioned under YOU ARE NOT COVERED of the Medical Emergency Expenses section.
3. For claims under 2 above, if **you** have not obtained a written report from the police or the resort management.
4. For anything mentioned under the General Exclusions.

D: PISTE CLOSURE

Cover is only available under this section between 1st December to 30th April for trips within the Northern Hemisphere, and between 1st April and 31st October for trips within the Southern Hemisphere.

YOU ARE COVERED

Up to the amounts shown on the summary of cover table, if the pistes in **your** resort are closed, due to a lack of snow or adverse weather conditions, preventing **you** from skiing/snowboarding, or requiring **you** to travel to another resort.

YOU ARE NOT COVERED

1. For claims where **you** have not obtained confirmation of resort closure from the local representative.
2. For claims where not all skiing/snowboarding facilities are totally closed.
3. For claims where the lack of snow or adverse weather conditions are known or are public knowledge at the time of purchasing this insurance policy or booking **your** trip, whichever is the later.
4. For anything mentioned in the General Exclusions.

E: AVALANCHE DELAY

YOU ARE COVERED

Up to the amounts shown on the summary of cover table, for reasonable additional travel and accommodation expenses (on the same basis as **your** original booking) necessarily incurred to reach **your** booked destination, if **your** transfer from or to **your** pre-booked resort, is delayed, as a direct result of an avalanche.

YOU ARE NOT COVERED

1. For claims where **you** have not obtained a written report from the relevant authority or **your** tour operator, confirming the circumstances.
2. For anything mentioned under YOU ARE NOT COVERED of the Missed Departure section.
3. For anything mentioned in the General Exclusions

F: SEARCH AND RESCUE

YOU ARE COVERED

Up to the amounts shown on the summary of cover table for costs that are charged to **you** by a government, regulated authority or private organisation connected with finding and rescuing **you**, following an injury whilst skiing/snowboarding or where weather or safety conditions are such that it becomes absolutely necessary for the local authorities or professional guide to instigate a search and rescue operation. This does not include the cost of medical evacuation (by the most appropriate transport) for a medical emergency, which is covered under the Medical Emergency Expenses section.

YOU ARE NOT COVERED

1. For claims where **you** have not complied with local safety advice and adhered to the recommendations prevalent at the time.
2. For claims where **you** have knowingly endangered either **your** own life or those in **your** party if **your** experience or skill levels fall below those required to participate in

your activity, particularly when **you** are not with a professionally qualified guide or instructor.

3. For costs other than **your** proportion of a search and rescue operation.
4. For costs beyond the point where **you** are recovered by search and rescue or the time where the search and rescue authorities advise that continuing the search is no longer viable.
5. For anything mentioned in the General Exclusions.

G: PHYSIOTHERAPY BENEFIT

YOU ARE COVERED

Up to the amounts shown on the summary of cover table for physiotherapy in **your country of residence**, if **you** suffer an accidental injury while **you** are on **your** trip, as a direct result of an insured accident.

YOU ARE NOT COVERED

1. For any accident occurring whilst **you** are skiing or snowboarding off-piste outside the resort boundaries or without a qualified guide.
2. For physiotherapy that does not result from an accident which is covered under the terms of the Medical Emergency Expenses section.
3. For claims where **you** have not obtained a letter from **your** General Practitioner, confirming that the treatment is medically necessary, as a result of the insured accident.
4. For anything mentioned in the General Exclusions.

Section 23 - OPTIONAL GADGET COVER

This section of cover is only applicable if the appropriate gadget cover premium has been paid and cover is shown on **your** validation certificate

YOU ARE COVERED

Up to the amount shown on the summary of cover table for the value of, or repair to, any of **your gadget(s)** (not hired, loaned or entrusted to **you**), which are lost, stolen, damaged or destroyed. Cover is provided based on the amount **you** paid for the **gadget(s)** or the current recommended retail price whichever is the lower, excluding credit charges, interest charges or insurance costs and allowing for wear, tear and depreciation. At **our** discretion, **we** may replace the **gadget(s)** with a refurbished item from one of **our** dedicated suppliers.

YOU ARE NOT COVERED

1. For the **excess** shown on the summary of cover table.
2. If **you** do not exercise reasonable care for the safety and supervision of **your gadget(s)**.
3. For **gadget(s)** left **unattended** by **you**, unless in a safety deposit box or safe, unless one was not available in which case they must be located in locked accommodation.
4. If, in the event of loss, burglary, or theft of, **your gadget(s)**, **you** do not report this to the police within 48 hours and do not obtain a written report.
5. For **gadget(s)** left in the custody of any person unless they are a family member or **travelling companion**.

6. For **gadget(s)** left in an **unattended** vehicle (other than motor homes, provided the **gadget(s)** are stored out of view).
7. For **gadget(s)** within checked-in luggage or in luggage compartments/racks not immediately adjacent to **you** on any form of **public transport** (other than hand luggage that stays with **you** at all times).
8. For loss, destruction, damage or theft due to:
 - a. confiscation or detention by Customs or other officials or authorities;
 - b. wear and tear, process of cleaning, denting or scratching, staining, moth or vermin or any damage caused by leaking powder or fluid carried within **your** baggage;
 - c. transportation by any postal service.
9. For electrical or mechanical breakdown or manufacturing fault.
10. For any property more specifically insured by, or recoverable from, any other source. Any reimbursement received will be deducted from the amount of **your** claim under this section.
11. The cost of replacing any of the downloaded content stored on your **gadget(s)** including but not limited to music, videos, games and apps.
12. Any prepaid or contracted rental charges that **you** have paid for or are liable for on **your gadget(s)**, for example pay as you go costs for minutes, text messages or data charges on a mobile/smart phone.
13. For any claims as a result of unauthorised use of **your gadget(s)**, including unauthorised calls, messages and downloads.
14. For anything mentioned in the General Exclusions.

NOTES

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