



avanti  
TRAVEL INSURANCE

# TRAVEL INSURANCE

policy wording document

QUICKCOVER

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

## **24 HOUR MEDICAL EMERGENCY SERVICE**

IMPORTANT – please quote reference Avanti Travel TMHCC.

Our medical emergency service 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 (twenty four) hours a day.

If you have an emergency during your trip and require medical treatment whilst outside the United Kingdom which necessitates inpatient treatment or costs likely to exceed £500, or if your journey is cut short (Curtailed) or you have to return early to the United Kingdom, you must phone the medical emergency service 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 Tokio Marine HCC.

When you call the medical emergency service, 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.

**Call us on:**

**EMERGENCY TELEPHONE NUMBER: UK +44 (0) 1376 311 820**

**NOTE:** FAILURE TO CONTACT THE MEDICAL EMERGENCY SERVICE 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 the medical emergency service to see all of your medical records and information.

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## Single 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 14 of your Policy Wording. This Policy Summary does not form part of the Policy Wording.

**Insurer** – this insurance is underwritten by Tokio Marine HCC.

**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
Important Declaration	
<p>This insurance policy is designed to cover you for unforeseen illnesses and accidents occurring during the period of insurance. Please refer to the 'Anyone upon whom the trip may depend' section for terms that apply for non-travelling immediate relatives, a travelling companion not insured by this policy and people that you intend to stay with. This policy provides no cover for any claims arising directly or indirectly if, at the time of booking your trip or the date of departure, whichever is the later:</p> <ul style="list-style-type: none"> <li>- the insured person is travelling against medical advice</li> <li>- the insured person is awaiting a consultation or diagnosis</li> <li>- the insured person has been diagnosed with a terminal condition</li> <li>- the insured person is travelling to obtain medical treatment</li> <li>- the insured person has received any treatment at a hospital in the last 12 months.</li> </ul>	<p>Important Declaration Clause Pages 10 &amp; 11</p>
Sports and Activities	
<p>We will not pay any claim directly or indirectly resulting from participation in certain sports and 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</p>	<p>Sports and Activities Page 12, 13 &amp; 14 General Exclusions Page 19, 20 &amp; 21</p>

considered hazardous by us, you should contact Avanti on 01376 560800.	
<b>Cruise Cover</b>	
There is no cover under any section of this policy for any Cruise trips.	General Exclusions Page 19, 20 & 21
<b>Personal Property / Personal Money &amp; Documents</b>	
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.	Section 9 & 10 & 11 Pages 31, 32, 33 & 34
<b>Excesses</b>	
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 excess is detailed in the Policy Wording on the Summary of Cover page, and under the Sections to which an excess applies.	Summary of Cover Pages 5, 6 & 7
<b>Period of Insurance</b>	
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. The limit, including the limit for Winter Sports cover (if applicable) is stated in the Policy Wording.	Page 10
<b>If you change your mind</b>	
If, having examined your Policy Wording, you decide the insurance does not meet your needs, you can cancel the insurance within 14 (fourteen) 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 560 844.	Cancellation Page 11 & 12
<p><b>MAKING A CLAIM</b> – If you wish to make a claim, please telephone the appropriate number below: Emergency medical or travel expenses whilst abroad: 01376 311 820 or USA Toll Free 866-397-9314. All other Claims please report to Claims Settlement Agencies, 308-314 London Road, Hadleigh, Essex, SS7 2DD. Telephone 01376 311 830. Email : info@csal.co.uk</p>	
<p><b>YOUR RIGHT TO COMPLAIN</b> – 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> <p>a. Any complaint you may have regarding the insurance under your Policy, or the way</p>	

a claim has been dealt with, please follow the Complaints Procedure detailed on page 16 & 17 of your Policy Wording.

- b. If after following the procedure detailed in a) above you are still dissatisfied, you have the right to refer your complaint to: The Financial Ombudsman Service, Exchange Tower, Harbour Exchange Square, London, E14 9SR

THE FINANCIAL SERVICES COMPENSATION SCHEME (FSCS) - HCC International Insurance Company plc is 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.

Tokio Marine HCC is a trading name of HCC International Insurance Company plc, which is a member of the Tokio Marine HCC Group of Companies. HCC International Insurance Company plc is authorised by the Prudential Regulation Authority (PRA) and regulated by the UK Financial Conduct Authority (FCA) and the Prudential Regulation Authority. Registered in England and Wales No. 01575839. Registered office: 1 Aldgate, London, EC3N 1RE.

These details can be checked on the Financial Services Register by visiting: [www.fca.org.uk](http://www.fca.org.uk) or contacting the Financial Conduct Authority on 0800 111 6768.

## INTRODUCTION

**Purpose of this Insurance:** to provide financial protection and emergency assistance for **your non-cruising** 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 Tokio Marine HCC.

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					
Policy Section	Benefit	QuickCover Single trip		QuickCover Plus Single trip	
		Maximum amount insured (for each person insured)	Excess	Maximum amount insured (for each person insured)	Excess
1 & 2	Cancellation and Curtailment	£1,000	£150	£6,000	£75 (£40 loss of deposit)

3	Missed Departure	NO COVER	N/A	£1,000	£0
4	Abandonment	£1,000	£150	£6,000	£75
	Travel Delay	NO COVER	N/A	£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)	£15,000	£0	£25,000	£0
	Permanently disabled (aged under 70)	£15,000	£0	£25,000	£0
	Death – over 18 (or over 22 if in FTE* on a family policy) up to 69	£10,000	£0	£15,000	£0
	Death – under 19 (or under 23 if in FTE* on a family policy) or over 69	£1,000	£0	£2,000	£0
6	Medical Emergency Expenses and Repatriation	£5million	£150	£10million	£75
	Funeral Expenses	£3,000		£3,000	
	Diagnostic Tests Limit	£5,000		£5,000	
7	Medical Inconvenience Benefit	NO COVER	N/A	£20 for every 24 hours up to £1,000	£0
8	United Kingdom Expenses	£500	£0	£500	£0
<b>Sections 9, 10 &amp; 11 only apply if your Validation Certificate shows that you are covered for this</b>					
9	Personal Property	£1,000	£150	£2,500	£75
	Including: Single article pair or set limit	£200	£150	£300	£75
	Valuables limit in total	£200	£150	£300	£75
	Sunglasses limit	NO COVER	N/A	£75	£0
	Prescription Glasses	£150	£0	£200	£0
	Baggage Delay	NO COVER	N/A	£50 for first 12 hours, then £50 for every 24 hours for purchases made up to £300	£0
10	Personal Money and Documents	£300	£150	£500	£75
	Cash limit	£200	£150	£250	£75
	Cash limit – if under 19 (or under 23 if in FTE* on a family policy)	£50	£0	£50	£0
11	Loss of Passport Expenses	£100	£0	£200	£0
12	Personal Liability	£2million	£0	£2million	£0
13	Hijack	NO COVER	N/A	£100 a day up to £1,000	£0
14	Mugging	NO COVER	N/A	£50 per complete day of inpatient treatment: up to £500	£0
15	Legal Costs and Expenses	£15,000	£0	£25,000	£0
16	Scheduled Airline Failure	NO COVER	N/A	Up to £1,000	£0
17	End Supplier Failure Insurance	NO COVER	N/A	Up to £2,500	£0
18	Pet Care	NO COVER	N/A	£25 a day up to £150	£0

19	Catastrophe	NO COVER	N/A	£500	£75
20	Withdrawal of Services	NO COVER	N/A	£20 a day up to £200	£0
21	Homecare Assistance	28 Hrs in 2 weeks	£0	28 Hrs in 4 weeks	£0
<b>Winter sports cover is only available if you pay the appropriate extra premium and cover is shown on your Validation Certificate</b>					
22A	Winter Sports Equipment (owned)	£1,000	£150	£1,000	£75
	Single article pair or set limit (owned)	£250	£150	£250	£75
	Hired total	£250	£150	£250	£75
22B	Winter Sports Equipment Hire	£20 a day up to £300	£0	£20 a day up to £300	£0
22C	Winter Sports Pack	£75 a day up to £300	£0	£75 a day up to £300	£0
22D	Piste Closure	£20 a day up to £250	£0	£20 a day up to £250	£0
22E	Avalanche Delay	£250	£0	£250	£0
22F	Search and Rescue	£10,000	£0	£10,000	£0
22G	Physiotherapy	£200	£0	£200	£0
<b>Golf cover is only available if you pay the appropriate extra premium and cover is shown on your Validation Certificate</b>					
23A	Golf Equipment	£1,000	£150	£1,000	£75
	Single article pair or set limit	£250	£150	£250	£75
		£250	£150	£250	£75
23B	Golf Equipment Hire	£50 a day up to £400	£0	£50 a day up to £400	£0
23C	Loss of Green Fees	£375	£0	£375	£0
23D	Hole in One	£100	£0	£100	£0
<b>Business Travel cover is only available if you pay the appropriate extra premium and cover is shown on your Validation Certificate</b>					
24A	Replacement Employee	£500	£150	£500	£75
24B	Business Equipment	£1,000	£150	£1,000	£75
	Single article pair or set limit	£500	£150	£500	£75
	Goods or Samples	£500	£150	£500	£75
	Emergency Courier Expenses	£200	£150	£200	£75
24C	Business Equipment Hire	£50 a day up to £500	£0	£50 a day up to £500	£0
24D	Business Money	£300	£0	£300	£0
24E	Business Equipment Delay	£200	£0	£200	£0
	Extra Personal Accident	Standard benefits are doubled	£0	Standard benefits are doubled	£0
<b>Gadget cover is only available if you pay the appropriate extra premium and cover is shown on your Validation Certificate</b>					
25	Gadget Cover	£1000	£150	£1000	£75
	Including single article, pair or set limit	£500	£150	£500	£75

\*FTE means full time education

## 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:** Cash, traveller's cheques or money orders held by **you** for business purposes.

**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 6 (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 (eight) weeks (or 16 (sixteen) 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 (six) of the last 12 (twelve) months

**Curtail/Curtailment:** Return early to **your home** or **you** are hospitalised as an **inpatient** 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, EMGs, 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**.

**Inpatient:** 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 (twenty four) hour **medical emergency service** that gives immediate help in the event of **your** illness or injury arising outside **your country of residence** and who **you** must contact prior to receiving treatment if **you** are admitted to hospital or if any medical expenses are expected to exceed £500 or **you** need to curtail the trip due to medical reasons.

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

**Money:** Bank currency notes and coins in circulation, traveller's 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:** A disease, illness or injury for which a person has received medication, advice or treatment or experienced symptoms (whether the condition has been diagnosed or not).

**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. 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.

**Validation Certificate:** the Validation Certificate or Schedule of Cover, which is issued to **you**.

**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:** Tokio Marine HCC

**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 6 (six) of the last 12 (twelve) 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 **your** 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.

Unless the individual sections of the policy provide otherwise, the Policy covers trips within **your country of residence** provided that **you** have pre-booked accommodation for 2 (two) or more nights in a row which has been paid for or is contracted to be paid for.

### Single trip policies:

#### Cancellation section

Cover under the Cancellation section starts from the date of issue of the **Validation Certificate** and ends on commencement of the planned trip.

#### All other sections

**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 (twenty four) 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.

A single trip policy is not valid for trips exceeding:

- 5 (five) days or where the insurance is purchased more than 10 (ten) days prior to your trip departure date.

## IMPORTANT DECLARATION

This insurance policy is designed to cover you for unforeseen illnesses and accidents occurring during the period of insurance. Please refer to the 'Anyone upon whom the trip may depend' section for terms that apply for non-travelling immediate relatives, a travelling companion not insured by this policy and people that you intend to stay with.

This policy provides no cover for any claims arising directly or indirectly if, at the time of booking your trip or the date of departure, whichever is the later:

- the **insured person** is travelling against medical advice
- the **insured person** is awaiting a consultation or diagnosis
- the **insured person** has been diagnosed with a terminal condition

- the **insured person** is travelling to obtain medical treatment
  - the **insured person** has received any treatment at a hospital in the last 12 (twelve) months.
- Any claims arising from all medical conditions or linked conditions that would fall under the health declaration above will be excluded from cover.

## Anyone upon whom your trip may depend

**(immediate relatives not travelling with you, a travelling companion not insured by this policy or the person you are intending to stay with)**

This policy provides no cover for any claims arising directly or indirectly from any **pre-existing medical condition** unless the person's medical practitioner can confirm that when **you** purchased the policy or booked the trip (whichever is later), there was no substantial likelihood of the patient's condition deteriorating to such a degree that cancellation/curtailment of **your** trip would become necessary.

## 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. **We** have the right to request a medical certificate to confirm this.

## 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 (fourteen) 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 (fourteen) 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 (fourteen) days then please email [enquiries@avanti.co.uk](mailto: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 (seven) 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**

This policy only provides cover for the following:

**Single Trip**

**United Kingdom:** 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 Exc:** the continent of Europe west of the Ural mountains, all countries bordering the Mediterranean Sea, as well as Madeira and The Azores, but excluding Spain, the Canaries, Turkey, Cyprus, Malta and Switzerland.

**AGE LIMITS****Single Trip**

A single return holiday or journey, of up to 5 (five) days, if **you** are aged 70 (seventy) 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 (two) or more consecutive nights which **you** have paid for or contracted to pay for.

**SPORTS AND ACTIVITIES**

This policy provides cover for claims directly or indirectly resulting from participation in certain sports and activities as set out below provided that:

1. **you** participation in the sports and activities concerned is on a recreational and non-professional basis;
2. **you** comply with all local laws and regulations; and
3. **you** comply with the use of recommended safety equipment (such as helmet, harness, knee and/or elbow pads).

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

**Sports and activities covered**

Participation in the following sports and 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), Skydiving (one jump and tandem only) ‡, Sledding/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, 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 **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, Skiing, Mono-skiing, Off-piste skiing (with a professional guide on designated pistes within the resort), Skidoo, Ski touring, Sledding, Snowboarding, 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 above. If **you** plan to participate in a sport or activity that is not listed above **you** should contact Avanti on 01376 560 800.

**We** will not pay any claims arising from **your** participation in any sports and activities other than those listed above unless **you** have told **us** or Avanti about **your** planned participation and **we** have agreed to provide cover for such sport or activity under this policy.

## 24 HOUR MEDICAL EMERGENCY SERVICE

IMPORTANT – please quote reference Avanti Travel TMHCC.

**Our medical emergency service** 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 (twenty four) hours a day.

If **you** have an emergency during **your** trip and require medical treatment whilst outside the United Kingdom which necessitates **inpatient** treatment or costs likely to exceed £500, or if **your** journey is cut short (**Curtailement**) or **you** have to return early to the United Kingdom, **you** must phone the **medical emergency service** 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 Tokio Marine HCC.

When **you** call the **medical emergency service**, 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**.

**Call us on:**

**EMERGENCY TELEPHONE NUMBER: UK +44 (0) 1376 311 820**

**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 (sixteen) (or 19 (nineteen) 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](http://www.ehic.org.uk) or by calling 0300 330 1350.

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

### **In non-EEA countries and territories:**

The United Kingdom has reciprocal healthcare agreements with other non-EEA countries and territories. Details can be found at [www.nhs.uk/NHSEngland/Healthcareabroad](http://www.nhs.uk/NHSEngland/Healthcareabroad).

## **HOW TO MAKE A CLAIM/CLAIMS CONDITIONS**

**Please read this section carefully as it sets out the conditions which apply in the event of a claim or a possible claim.**

**If you do not comply with any of the requirements set out below, we shall not be liable to pay any claim which may arise.**

### **Claims Cooperation**

**You** shall provide assistance and cooperate with **us** or **our** representatives in obtaining any records **we** or they feel necessary to evaluate the incident or claim.

**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.

If **we** require any information, evidence, documentation, medical information, receipts or bills, these must be obtained by **you** at **your** expense.

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 an expert of **our** choice, and at **our** expense, when and as often as **we** may reasonably request. If **we** require a medical examination, **you** must agree to this. In the event of death, **we** are entitled to a post mortem examination.

### **CLAIMS CONDITIONS**

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

In order to notify **us** of a claim, **you** should contact Claims Settlement Agencies on:

Telephone: 01376 311830

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

### **MEDICAL EMERGENCY CLAIMS CONDITIONS**

If **you** have an emergency during **your** trip and require medical treatment whilst outside the United Kingdom which necessitates **inpatient** treatment or costs likely to exceed £500, or if **your** journey is cut short (**Curtailed**) or **you** have to return early to the United Kingdom, **you** must phone the **medical emergency service** as soon as possible. If medical treatment is needed, **you** must tell **us** immediately and **you** must allow the **medical emergency service** to

see all your medical records and information

When **you** call the **medical emergency service**, they shall be solely be responsible for all decisions on the most suitable and reasonable solution to any medical problem. If **you** do not follow their decisions, **we** may not pay **your** claim.

In order to notify **us** of a medical emergency or **your** need to **curtail**, **you** should contact the **medical emergency service** on:

If **you** are anywhere in the world, telephone: +44 (0) 1376 311 820

If **you** are in the USA, telephone: +44 (0) 1376 311 820 or Toll Free on 866-397-9314.

## 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><b>Claims</b> In respect of any questions or concerns about the handling of a claim or medical emergency or the terms of the policy, <b>you</b> should put <b>your</b> question or concern to:</p>	<p><b>Sales</b> If <b>your</b> complaint is about the way this Policy was sold, <b>you</b> should put <b>your</b> question or concern to:</p>
<p>Claims Settlement Agencies 308-314 London Road Hadleigh Benfleet Essex SS7 2DD  Telephone: 01376 311 830 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 560 844</p>

**You** will be contacted within 5 (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 8 (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](mailto:complaint.info@financial-ombudsman.org.uk)

## Financial Conduct Authority

HCC International Insurance Company plc a subsidiary of Tokio Marine HCC. HCC International Insurance Company plc is authorised by the Prudential Regulation Authority (PRA) and regulated by the UK 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.

These details can be checked on the Financial Services Register by visiting: [www.fca.org.uk](http://www.fca.org.uk) or contacting the Financial Conduct Authority on 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](http://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 administrating **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

These General Conditions apply to all sections of the policy.

1. At the time of purchasing this insurance **you** will have been asked questions to enable **us** to assess **your** risk. 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. **You** must take reasonable care to answer these questions completely and accurately. If the answers given change after the policy was purchased **you** must notify us of this change. Upon any failure to answer the questions completely, accurately or honestly, or to inform us of any change, **your** policy may be declared void, or be cancelled, or **we** may refuse to pay **your** claim in full or in part, or **we** may revise the premium due or **we** may change any **excess**, or the extent of **your** cover under the policy may be affected.
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. **We** will not pay for any loss which has not been proven or evidenced.
4. **You** must take all reasonable steps to recover any lost or stolen article.
5. If **you** make a fraudulent claim under this policy or if **your** claim is fraudulent in any way or if any fraudulent means are used to obtain a benefit under this policy:
  - a. all benefit under the policy will be forfeited;
  - b. **we** are not liable to pay the claim;
  - c. **we** may recover from **you** any sums **we** have paid under the policy;
  - d. **we** may cancel the policy from the time of the fraudulent act;
  - e. **we** may not refund any premium; and
  - f. **we** may inform the police of the circumstances.
6. The original **Validation Certificate** must be produced before any claim is paid. **We** will not pay any claim without this document.
7. **You** must not make any payment; admit liability, offer or promise to make any payment without written consent from **us**.
8. **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.
9. **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.

10. If at the time of making a claim there is any other insurance covering the same risk, **we** will not be liable for **your** claim (unless the individual sections of the policy provide otherwise).
11. **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.
12. **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

The policy does not cover the following:

1. any claim directly or indirectly caused by or contributed by, or arising from:
  - a. any accident or illness which is not sudden, unforeseen or beyond **your** reasonable control;
  - b. any medical condition or set of circumstances which are detailed as excluded from cover under the Important Declaration on pages 10 & 11 of this policy;
2. any claim arising from **you** failing to take medication as prescribed by **your medical practitioner**;
3. any claims relating to cruise trips.
4. 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;
5. any claim arising from sexually transmitted infections;
6. any claim arising from **your** suicide or attempted suicide or deliberately injuring **yourself**;
7. any claim arising from **you** being under the influence of drink or drugs (unless prescribed by a **medical practitioner**), drug addiction, solvent abuse;
8. any claim arising from **your** 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);
9. 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;
10. any claim where the terms shown under 'SPORTS AND ACTIVITIES' requirements have not been followed;
11. any claim arising from air travel within 24 (twenty four) hours of scuba diving;
12. 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.
13. Any claim where **you** are not wearing a seatbelt when traveling in a motor vehicle, where a seatbelt is available;
14. any claim arising as a result of **your manual work**;

15. any claim arising from the bankruptcy/liquidation of any tour operator, travel agent or transportation company other than where applicable under Section 16 Scheduled Airline Failure or Section 17 End Supplier Failure;
16. 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;
17. any costs recoverable from another source (unless the individual sections of the policy provide otherwise);
18. any costs incurred by, or on behalf of, any person who is not insured by this policy;
19. any costs for any management fees, maintenance costs, or exchange fees associated with timeshares and similar arrangements.
20. any claim 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;
21. any payment which **you** would normally have made during **your** travels, if nothing had gone wrong;
22. 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 and Repatriation, Medical Inconvenience Benefit and United Kingdom Expenses sections);
23. 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](http://www.gov.uk/foreign-travel-advice)) or the World Health Organisation ([www.who.int](http://www.who.int)) has advised the public not to travel;
24. 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;
25. any claim arising from **your** failure to obtain the required passport or visa;
26. 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 and Repatriation, or Medical Inconvenience

Benefit, Curtailment, Missed Departure, Travel Delay, Personal Property, Personal Money and Documents, Loss of Passport, Hijack, Pet Care, Catastrophe, Homecare Assistance or Optional Winter Sports, Golf, Business and Gadget sections, provided that:

- 1) the **insured person** suffering **personal accident**, injury, illness or loss has not participated in or conspired in such activities; and
  - 2) 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 (seventy two) 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 (twelve) weeks (16 (sixteen) 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 that:
  - a. **you/they** have been employed for 2 (two) continuous years with the same employer at the time of being made redundant;
  - b. **you/they** are under the normal retirement age for someone holding that position;
  - c. **we** are informed in writing immediately notification of redundancy is received; and
  - d. **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 (fourteen) 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 7 (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

**You** are not covered unless **you** fulfil the following conditions:

1. **You** must report any theft of passport to the necessary authorities within 48 (forty eight) hours, including but not limited to, the police and Her Majesty's Passport Office, and a written report obtained.

**You** are not covered if:

1. **You** decide you no longer want to travel.

**You** are not covered for:

1. The **excess** shown on the summary of cover table (unless the excess waiver applies).
2. Any claim directly or indirectly caused by or contributed by, or arising from:
  - a. any accident or illness which is not sudden, unforeseen or beyond **your** reasonable control;

- b. any of **your pre-existing medical conditions** unless disclosed to **us** and **we** have agreed to provide cover;
  - c. any medical condition or set of circumstances which are detailed as excluded from cover under the Important Declaration on pages 10 & 11 of this policy.
3. Any 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.
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. Claims of Air Passenger Duty (APD) (which can be reclaimed by **you** through **your** travel agent or airline).
6. The cost of any visa required in connection with **your** trip.
7. The Avios Awards, loyalty card vouchers or points or unused timeshare points, membership/maintenance fees, air miles or similar promotions.
8. Anything mentioned in the General Exclusions on pages 19, 20 & 21.

## 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 ski hire, ski school, lift passes, golf equipment hire and green fees where the appropriate premium has been paid, none of which have to be paid for before **your** departure from **your country of residence**), including reasonable extra travel costs if it is necessary for **you** to **curtail your** trip due to:
  - 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 **inpatient** 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 under Part 1 of **You** are Covered under this section.
3. Up to £200 per **insured person** for unused travel and /or accommodation arrangements which were paid for before **your** departure from **your country of residence** if **you curtail your** trip due to an act of terrorism provided:
  - a. the act of terrorism occurs within 10 (ten) miles of the holiday accommodation that **you** are staying in at the time of the incident and results in the death of 5 (five) or more people; and
    - i. **you** are an independent traveller and have at least 50 (fifty) percent of **your** trip remaining or a minimum of 2 (two) days, whichever is the greater; or
    - ii. **your** holiday provider organises **your** early return to **your country of residence** but does not provide any settlement for unused accommodation arrangements.

**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**

**You** are not covered unless **you** fulfil the following conditions:

1. **You** must contact the **medical emergency service** immediately in the event of an injury, illness or hospitalisation, where repatriation to **your country of residence** has to be considered.
2. **You** must report a theft of passport to the necessary authorities within 48(forty eight) hours, including but not limited to, the police and Her Majesty's Passport Office, and a written report obtained.
3. **You** must provide written evidence of the location of the act of terrorism in relation to **your** booked holiday.

**You** are not covered for:

1. The **excess** shown on the summary of cover table (unless the **excess** waiver applies)
2. 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. Additional travelling expenses incurred which are not authorised by the **medical emergency service** where appropriate.
4. For the cost of **your** original return trip if this has already been paid and **you** need to **curtail your** journey.
5. The cost of any visas required in connection with **your** trip.
6. Loss of enjoyment.

7. For Avios Awards, loyalty card vouchers or points or unused timeshare points, membership/maintenance fees, air miles or similar promotions.
8. Any additional travel expenses where **you** had no pre-booked return journey.
9. Any costs that are recoverable from any hotel or accommodation provider.
10. Any claim arising as a result of an act of terrorism other than under Part 3 above
11. Anything mentioned in the General Exclusions on pages 19, 20 & 21.

## SECTION 3 - MISSED DEPARTURE

**This section only applies if you have selected and paid for Classic or Deluxe cover.**

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:

1. Necessary accommodation and travelling expenses (not including food, drink and telephone expenses) incurred in reaching **your** booked destination if:
  - i. the vehicle **you** are travelling in breaks down; or
  - ii. the vehicle **you** are travelling in is involved in an accident; or
  - iii. **you** are delayed as a result of a major incident on a motorway; or
  - iv. 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.

2. Necessary accommodation and travelling expenses (not including food, drink, and telephone expenses) incurred in returning to **your country of residence** if:
  - i. **you** are delayed as a result of road closures due to an act of terrorism; or
  - ii. the **public transport** being used is delayed or cancelled due to an act of terrorism;

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

### YOU ARE NOT COVERED

**You** are not covered unless **you** fulfil the following conditions:

1. **You** must supply us with:
  - a. a letter from the **public transport** provider confirming that the service did not run on time and the reason for the delay;
  - b. written confirmation of the delay from the authority that attended the accident or breakdown affecting the car **you** were travelling in;
  - c. 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 or road closures due to an act of terrorism.

**You** are not covered if:

1. Sufficient time has not been allowed for **your** journey in order to meet the check-in time specified by the transport providers or agent.
2. **You** have not arrived at the departure point within 24 (twenty four) hours of leaving **your home**.

**You** are not covered for:

1. The **excess** shown on the summary of cover table (unless the **excess** waiver applies).
2. 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.
3. Additional expenses where the **public transport** operator has offered reasonable alternative travel arrangements.
4. Anything mentioned in the General Exclusions on pages 19, 20 & 21.

## SECTION 4 - TRAVEL DELAY AND ABANDONMENT

**Part 1 of this section only applies if you have selected and paid for Classic or Deluxe cover.**

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 (twelve) 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 for **your** proportion of costs for **your** travel, accommodation or pre-booked excursions (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;
3. 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 (twelve) 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.

Cover under Part 1 is also extended to provide cover if the delay is due to an act of terrorism affecting **your** return journey 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

**You** are not covered unless **you** fulfil the following conditions:

1. **You** must check in for flights, sea crossing, coach or train departures before the intended departure time.
2. **You** must obtain written confirmation from the airline, shipping, coach or train company stating the period and the reason for the delay.

**You** are not covered for:

1. The **excess** shown on the summary of cover table (unless the **excess** waiver applies).
2. 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, unless this is due to an act of terrorism. For example, the Civil Aviation Authority or the Port Authority.
3. Costs recoverable if **you** abandon the trip.
4. Any costs incurred as a result of **you** missing a connecting flight.
5. Any claim that results from volcanic ash.
6. Anything mentioned in the General Exclusions on pages 19, 20 & 21.

## 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 (twelve) 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 permanent total disablement which prevents **you** from attending to any business or occupation in any capacity for a period of 12 (twelve) months and which, in the opinion of **our** medical and/or **our** vocational advisors, will not improve.

**NOTE:** Please see the table of benefits for specific personal accident limits that vary according to your age at the time of the accident. In addition, if you are aged under 16 (sixteen) or over 69 (sixty nine) at the time of the accident, the death benefit is limited to reimbursement of funeral expenses only.

### YOU ARE NOT COVERED

**You** are not covered for:

1. Any claim directly or indirectly caused by or contributed by, or arising from:
  - a. any accident or illness which is not sudden, unforeseen or beyond **your** reasonable control;

- b. any of **your pre-existing medical conditions** unless disclosed to **us** and **we** have agreed to provide cover;
  - c. any medical condition or set of circumstances which are detailed as excluded from cover under the Important Declaration on pages 10 & 11 of this policy.
2. 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.
3. Any claims under this section not notified to **us** within 12 months of the date of the accident.
4. Those activities marked † in the Sports and Activities section.
5. Anything mentioned in the General Exclusions on page 19, 20 & 21.

## 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.

### YOU ARE COVERED

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

1. for emergency medical treatment and repatriation provided that:
  - a. Claims for emergency dental treatment (for the relief of pain only) are limited up to a maximum of £250; and
  - b. 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.

### YOU ARE NOT COVERED

**You** are not covered unless **you** fulfil the following conditions:

1. **You** must contact the **medical emergency service** if, during **your** trip, **you** become ill, injured, or have a **complication of pregnancy** and **you** require **inpatient** hospital treatment, repatriation, or **your** medical expenses are likely to exceed £500.
2. **You** must retain and produce all receipts in the event of a claim.

**You** are not covered for:

1. The **excess** shown on the summary of cover table (unless the **excess** waiver applies)..
2. Any sums which can be recovered by **you** and which are covered under any National Insurance Scheme or Reciprocal Health Arrangement.
3. 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. Any expenses incurred after the date that the treating **medical practitioner** and the **medical emergency service** doctor are in agreement that **you** can safely travel **home**, if **you** refuse to return **home**.
5. Preventative treatment which can be delayed until **you** return to **your country of residence**.
6. 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.
7. Claims that are not confirmed as medically necessary by the attending **medical practitioner** or the **medical emergency service** doctor.
8. 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.
9. Any 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.
10. Any treatment or services provided by a health spa, convalescent home or any rehabilitation centre.
11. 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.
12. Taxi fares not considered medically necessary, and where receipts have not been provided.
13. The costs of phone calls other than the first call to notify the **medical emergency service** about the medical problem.
14. Costs that arise over 12 (twelve) months after the date of the incident that **you** are claiming for.
15. 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.
16. 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.
17. Any treatment or medication that **you** receive after **your** return to **your country of residence**.
18. Anything mentioned in the General Exclusions on page 19, 20 & 21.

## 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 **inpatient** abroad (e.g. taxi fares and telephone calls).

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

### YOU ARE COVERED

Up to the amount shown on the summary of cover table for each complete 24 (twenty four) hours spent as an **inpatient** if **you** are admitted to a registered hospital abroad.

### YOU ARE NOT COVERED

**You** are not covered if:

1. The hospital admission is not covered under the terms of the Medical Emergency Expenses and Repatriation section.

## 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

**You** are not covered for:

1. Any claim directly or indirectly caused by or contributed by, or arising from:
  - a. any accident or illness which is not sudden, unforeseen or beyond **your** reasonable control;
  - b. any of **your pre-existing medical conditions** unless disclosed to **us** and **we** have agreed to provide cover;
  - c. any medical condition or set of circumstances which are detailed as excluded from cover under the Important Declaration on pages 10 & 11 of this policy.
2. Anything mentioned in the General Exclusions on pages 19, 20 & 21.

## 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 15<sup>th</sup> December and 15<sup>th</sup> 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:

- a. **your own personal baggage** is delayed in reaching **you** on **your** outward journey for at least 12 (twelve) hours; and,
- b. **you** have a written report from the carrier (i.e. airline, shipping company etc.) or tour representative.

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

### YOU ARE NOT COVERED

**You** are not covered unless **you** fulfil the following conditions:

1. **You** must provide receipts for any claim under **Part B**.
2. **You** must exercise reasonable care for the safety and supervision of **your** property.
3. In the event of loss, burglary, or theft of **your personal baggage** or **valuables** or **gadgets**, **you** must report this to the police within 48 (forty eight) hours and obtain a written report.
4. In the event that **your personal baggage** is lost, damaged or delayed in transit, **you** must:
  - a. notify the carrier (i.e. airline, shipping company etc.) immediately; and
  - b. obtain a written carrier's report (or Property Irregularity Report in the case of an airline); or follow up in writing within 7 (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.

**You** are not covered for:

1. The **excess** shown on the summary of cover table, (unless the **excess** waiver applies)
2. **Personal baggage** left **unattended** by **you**, unless located in locked accommodation. In respect of **valuables**, these must be in a safety deposit box, unless one was not available.
3. **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 **gadgets**, these are only covered when left with a family member or **travelling companion**.
4. Any theft from an **unattended** vehicle unless there is evidence of forcible and violent entry.
5. **Personal baggage** stolen from an **unattended** vehicle:
  - a. unless it was in the locked glove compartment, or locked roof box, or 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).
6. **Valuables** or **gadgets** left in an **unattended** vehicle (other than motor homes, provided the **valuables** or **gadgets** are stored out of view).
7. **Valuables** or **gadgets** 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. 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.
9. 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.
10. Electrical or mechanical breakdown or manufacturing fault.
11. 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.
12. Any property more specifically insured by, or recoverable from, any other source.
13. Stamps, documents, deeds, samples or merchandise, manuscripts or securities of any kind.

14. **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).
15. The loss of, or damage to, sports equipment whilst in use.
16. Any loss of jewellery (other than wedding rings) while swimming, or partaking in any sports or activities.
17. Anything mentioned in the General Exclusions on pages 19, 20 & 21.

## 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

**You** are not covered unless **you** fulfil the following conditions:

1. **You** must exercise reasonable care for the safety and supervision of **your money and documents**.
2. **You** must report the loss or theft to the police within 48 (forty eight) hours and obtain a written report.

**You** are not covered for:

1. The **excess** shown on the summary of cover table (unless the **excess** waiver applies).
2. **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);
3. Any shortages due to error, omission, variation or exchange rate or depreciation in value.
4. Any expenses claimed under the Loss of Passport Expenses section.
5. Anything mentioned in the General Exclusions on pages 19, 20 & 21.

## 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

the cost of an emergency replacement or temporary passport, to enable **you** to continue **your** trip as planned.

## **YOU ARE NOT COVERED**

**You** are not covered unless **you** fulfil the following conditions:

1. **You** must exercise reasonable care for the safety and supervision of **your** passport and visa.

**You** are not covered for:

1. Loss, destruction or damage arising from confiscation or detention by customs or other officials or authorities.
2. Anything mentioned in the General Exclusions on pages 19, 20 & 21.

## **SECTION 12 - PERSONAL LIABILITY**

### **YOU ARE COVERED**

Up to the amount shown on the summary of cover table (inclusive of claimant's legal costs and expenses and all defence costs) 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);

occurring 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**

**You** are not covered unless **you** fulfil the following 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 claims 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.

**You** are not covered for:

1. Any For bodily injury or illness of any person who is an **immediate relative of yours**, a **travelling companion**, or any bodily injury or illness of any person who is 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**;
2. 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;
3. Any 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);
4. Any 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;
5. Any fraudulent, dishonest or criminal acts of **you** or any person authorised by **you**;
6. 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;
7. Any claim assumed by **you** under any contract or agreement unless such liability would have attached in the absence of such contract or agreement;
8. Punitive or exemplary damages;
9. Anything mentioned in the General Exclusions on page 19, 20 & 21.

**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

**This section only applies if you have selected and paid for Classic or Deluxe cover.**

### 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

**You** are not covered for:

1. Anything mentioned in the General Exclusions on pages 19, 20 & 21.

## SECTION 14 - MUGGING BENEFIT

**This section only applies if you have selected and paid for Classic or Deluxe cover.**

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 and Repatriation 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 **inpatient** to a registered hospital abroad.

### YOU ARE NOT COVERED

**You** are not covered unless **you** fulfil the following conditions:

1. **You** must obtain a police report of the mugging as soon as possible and provide confirmation of **your** injuries.

**You** are not covered if:

1. The hospital admission is not covered under the Medical Emergency Expenses and Repatriation section.

## 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

**You** are not covered unless you fulfil the following 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 judgment 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.

**You** are not covered for:

1. The **excess** as shown in the summary of cover table (unless the excess waiver applies);
2. Any claim reported to **us** more than 12 (twelve) months after the beginning of the incident which led to the claim;
3. **Legal expenses** incurred in the defence against any civil claim or legal proceedings made or brought against **you**;
4. **Legal expenses** incurred before receiving **our** prior written approval, unless such costs would have been incurred subsequently to **our** approval;
5. **Legal expenses** incurred in connection with any criminal or wilful act committed by **you**;
6. **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. Fines, compensation or other penalties imposed by a court or other authority;

8. **Legal expenses** incurred after **you** have not accepted an offer from a third party to settle a claim or legal proceeding where the offer is considered by all parties to be reasonable or **you** not accepting an offer from **Us** to settle a claim;
9. **Legal expenses** which **we** consider to be unreasonable or excessive or unreasonably incurred (as determined by **our** legal counsel);
10. Actions between individuals named on the **Validation Certificate**;
11. **Legal expenses** incurred in pursuing any claim for compensation against the manufacturer, distributor or supplier of any drug, medication or medicine;
12. Anything mentioned in the General Exclusions on pages 19, 20 & 21.

## SECTION 16 - SCHEDULED AIRLINE FAILURE INSURANCE

**This section only applies if you have selected and paid for Classic or Deluxe cover.**

### YOU ARE COVERED

Up to the amount shown on the summary of cover table for each **insured person** named on the Invoice and Airline Ticket for:

1. Irrecoverable sums paid in advance in the event of Insolvency of the scheduled airline not forming part of an inclusive holiday prior to departure; or
2. In the event of Insolvency after departure:
  - a. additional pro rata costs incurred by **you** in replacing that part of the flight arrangements to a similar standard of transportation as enjoyed prior to the **curtailment** of the travel arrangements; or
  - b. if **curtailment** of the trip is unavoidable – the cost of return flights to **your home** country to a similar standard of transportation as enjoyed prior to the **curtailment** of the travel arrangements.

Provided that in the case of a. and b. above where practicable **you** have obtained **our** approval prior to incurring the relevant costs by contacting **us**.

### YOU ARE NOT COVERED

**You** are not covered for:

1. Scheduled flights not booked within **your home** country prior to departure.
2. Any costs resulting from the insolvency of:
  - a. any scheduled airline which is insolvent or in respect of which any prospect of insolvency is known at the date of **your** application under this policy;
  - b. any scheduled airline that is bonded or insured elsewhere (even if the bond is insufficient to meet the claim);
  - c. any scheduled airline in Chapter 11, its equivalent or any threat of insolvency being known as at the date of **your** application under this policy.
3. The financial failure of any travel agent, tour organiser, booking agent or consolidator with whom **you** have booked a scheduled flight.
4. For any loss for which a third party is liable or which can be recovered by other legal means.

5. Any losses which are not directly associated with the incident that caused **you** to claim. For example, loss due to being unable to reach a pre-booked hotel, villa, car hire or cruise following the financial failure of an airline.
6. Any claims submitted after 6 (six) months following the insolvency or failure concerned.

## SECTION 17 - END SUPPLIER FAILURE INSURANCE

**This section only applies if you have selected and paid for Classic or Deluxe cover.**

### YOU ARE COVERED

Up to the amount shown on the summary of cover table for each **insured person** named on the Invoice for:

1. Irrecoverable sums paid in advance in the event of insolvency of the Scheduled Airline, Hotel, Train Operator including Eurostar, Car Ferries, Villas abroad & Cottages in the UK, Coach Operator, Car Hire Company, Caravan Sites, Campsites, Mobile home, Camper Rental, Safaris, Excursions, Eurotunnel, Theme Parks such as Disneyland Paris all known as the End Supplier of the travel arrangements not forming part of an inclusive holiday prior to departure; or
2. In the event of insolvency after departure:
  - i. additional pro rata costs incurred by **you** in replacing that part of the travel arrangements to a similar standard of transportation as enjoyed prior to the **curtailment** of the travel arrangements; or
  - ii. if **curtailment** of the holiday is unavoidable - the cost of return transportation to the United Kingdom to a similar standard of transportation as enjoyed prior to the **curtailment** of the travel arrangements.

PROVIDED THAT in the case of i. and ii. above where practicable **you** have obtained **our** approval prior to incurring the relevant costs by contacting **us**.

### YOU ARE NOT COVERED

**You** are not covered for:

1. Travel and accommodation not booked within the United Kingdom prior to departure.
2. The Financial Failure of:
  - a. Any travel or accommodation provider in Chapter 11 or any threat of insolvency being known at the date of **your** application under this policy;
  - b. Any travel or accommodation provider who is bonded or insured elsewhere (even if the bond is insufficient to meet the claim);
  - c. Any travel agent, tour organiser, booking agent or consolidator with whom **you** have booked travel or accommodation.
3. Any loss for which a third party is liable or which can be recovered by other legal means.

4. Any losses which are not directly associated with the incident that caused **you** to claim. For example, loss due to being unable to reach **your** pre booked hotel following the financial failure of an airline.
5. Any claims submitted after 6 (six) months following the insolvency or failure concerned.

## SECTION 18 - PET CARE

**This section only applies if you have selected and paid for Classic or Deluxe cover.**

### YOU ARE COVERED

Up to the amount shown on the summary of cover table for each full 24 (twenty four) 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 (twelve) hours.

### YOU ARE NOT COVERED

**You** are not covered unless **you** fulfil the following conditions:

1. **You** must check in for **your** trip at or before the recommended time.
2. **You** must give **us** a written statement from;
  - a. the appropriate transport company or authority confirming the reason for the delay and how long it lasted; and
  - b. the appropriate kennel or cattery confirming any extra charges that **you** have to pay.

**You** are not covered for:

1. Any kennel or cattery fees **you** pay outside **your** home area, as a result of quarantine regulations.
2. Anything mentioned in the General Exclusions on page 19, 20 & 21.

## SECTION 19 - CATASTROPHE

**This section only applies if you have selected and paid for Classic or Deluxe cover.**

### 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.

This cover will also extend to similar additional travel and accommodation expenses incurred if an act of terrorism during **your** trip results in **your** booked accommodation becoming uninhabitable and **you** are required to move to other accommodation to continue with **your** holiday.

## YOU ARE NOT COVERED

**You** are not covered unless **you** fulfil the following conditions:

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

**You** are not covered for:

1. The **excess** shown on the summary of cover table (unless the **excess** waiver applies);
2. Any costs that **you** can get back from any tour operator, airline, hotel or other service provider.
3. Any costs that **you** would normally have to pay during the period shown on **your Validation Certificate**.
4. Any claim that results from **you** travelling against the advice of the appropriate national or local authority.
5. Any costs where the accommodation provider has offered reasonable alternative accommodation arrangements.
6. Anything mentioned in the General Exclusions on pages 19, 20 & 21.

## SECTION 20 - WITHDRAWAL OF SERVICES

**This section only applies if you have selected and paid for Classic or Deluxe cover.**

### YOU ARE COVERED

Up to £20 for each complete 24 (twenty four) hour period up to a maximum of £200 on Classic, and £25 for each complete 24 (twenty four) hour period up to a maximum of £200 on Deluxe if **you** suffer withdrawal of water or electricity supplies at **your** booked accommodation for at least a 60 (sixty) hour continuous period during **your** trip.

### YOU ARE NOT COVERED

**You** are not covered unless **you** fulfil the following conditions:

1. **You** must give **us** written notice from the tour operator, accommodation provider or hotel supporting **your** claim by confirming the reason and length of the withdrawal of services.

**You** are not covered 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. Anything mentioned in the General Exclusions on pages 19, 20 & 21.

## SECTION 21 - HOMECARE ASSISTANCE

This benefit provides persons covered by this policy who are 19 (nineteen) years of age or above (or 23 years of age or above if in full time education on a family policy), with Homecare Assistance when requested within 5 (five) calendar days of **your** return date to the United Kingdom or discharge from a United Kingdom hospital facility and following one night of **inpatient** treatment in a private registered hospital, a state provided hospital or an NHS hospital.

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 and/or domestic assistance in **your home** over the maximum period of 2 (two), 4 (four) or 6 (six) 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**

**You** are not covered for any Homecare Assistance services that:

1. Are not arranged by **us**;
2. Follow a period of **inpatient** 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 (five) days of returning to the United Kingdom;
9. Are excluded by anything mentioned in the General Exclusions on pages 19, 20 & 21.

## **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

**You** are not covered unless **you** fulfil the following conditions:

1. **You** must exercise reasonable care for the safety and supervision of **your** own or **your** hired **winter sports equipment**.
2. In the event of loss, burglary, or theft of **your** own or **your** hired **winter sports equipment**, **you** must report this to the police within 48 (forty eight) hours, and obtain a written police report.
3. In the event that **your** own or **your** hired **winter sports equipment** is lost, damaged or delayed in transit, **you** must:
  - a. notify the carrier (i.e. airline, shipping company etc.) immediately; and
  - b. obtain a written carriers report (or Property Irregularity Report in the case of an airline); or follow up in writing within 7 (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.

**You** are not covered for:

1. The **excess** shown on the summary of cover table (unless the **excess** waiver applies).
2. Loss, destruction, damage or theft from confiscation or detention by customs or other officials or authorities.
3. Any theft from an **unattended** vehicle unless there is evidence of forcible and violent entry.
4. **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**);
5. Anything mentioned in the General Exclusions on page 19, 20 & 21.

## 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 (twelve) hours on **your** outward journey.

### YOU ARE NOT COVERED

**You** are not covered unless **you** fulfil the following conditions:

1. **You** must fulfil all of the conditions mentioned under YOU ARE NOT COVERED of the **Winter Sports Equipment** section.

**You** are not covered for:

1. Anything mentioned under YOU ARE NOT COVERED of the **Winter Sports Equipment** section (with the exception of 1, regarding the **excess**).

## **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**

**You** are not covered unless **you** fulfil the following conditions:

1. The claim must be confirmed as medically necessary by the **medical emergency service**;
2. 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**; and
3. **You** must obtain a written report from the police or the resort management if **your** lift pass is lost or stolen.

**You** are not covered for:

1. Anything mentioned under YOU ARE NOT COVERED of the Medical Emergency Expenses and Repatriation section (with the exception of 1, regarding the **excess**).

## **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**

**You** are not covered unless **you** fulfil the following conditions:

1. **You** must obtain confirmation of resort closure from the local representative.

**You** are not covered for:

1. Claims where not all skiing/snowboarding facilities are totally closed.

2. 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.
3. Anything mentioned in the General Exclusions on pages 19, 20 & 21.

## **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**

**You** are not covered unless **you** fulfil the following conditions:

1. **You** must obtain a written report from a relevant authority or **your** tour operator, confirming the circumstances.

**You** are not covered for:

1. Anything mentioned under YOU ARE NOT COVERED of the Missed Departure section (with the exception of 1, regarding the **excess**).

## **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 and Repatriation section.

### **YOU ARE NOT COVERED**

**You** are not covered unless **you** fulfil the following conditions:

1. **You** must comply with local safety advice and adhere to the recommendations prevalent at the time.

**You** are not covered if:

1. **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.

**You** are not covered for:

1. Costs other than **your** proportion of a search and rescue operation.

2. 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.
3. Anything mentioned in the General Exclusions on pages 19, 20 & 21.

## **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**

**You** are not covered unless **you** fulfil the following conditions:

1. **You** must obtain a letter from **your** GP, confirming that the treatment is medically necessary, as a result of the insured accident.

**You** are not covered for:

1. Any accident occurring whilst **you** are skiing or snowboarding off-piste outside the resort boundaries or without a qualified guide.
2. Physiotherapy that does not result from an accident which is covered under the terms of the Medical Emergency Expenses and Repatriation section.
3. Anything mentioned in the General Exclusions on pages 19, 20 & 21.

## **SECTION 23 - 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**

**You** are not covered unless **you** fulfil the following conditions:

1. **You** must exercise reasonable care for the safety and supervision of **your** own or **your** hired **golf equipment**.
2. In the event of loss, burglary, or theft of **your** own or **your** hired **golf equipment**, **you** must report this to the police within 48 (forty eight) hours, and obtain a written police report.
3. In the event that **your** own or **your** hired **golf equipment** is lost, damaged or delayed in transit, **you** must:
  - a. notify the carrier (i.e. airline, shipping company etc.) immediately; and

- b. obtain a written carriers report (or Property Irregularity Report in the case of an airline); or follow up in writing within 7 (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.

**You** are not covered for:

1. The **excess** shown on the summary of cover table (unless the excess waiver applies).
2. Loss, destruction, damage or theft from confiscation or detention by customs or other officials or authorities.
3. Any theft from an **unattended** vehicle unless there is evidence of forcible and violent entry.
4. **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**);
5. Anything mentioned in the General Exclusions on pages 19, 20 & 21.

## **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**

**You** are not covered unless **you** fulfil the following conditions:

1. **You** must fulfil all of the conditions mentioned under YOU ARE NOT COVERED of the **Golf Equipment** section.

**You** are not covered for:

1. Anything mentioned under YOU ARE NOT COVERED of the **Golf Equipment** section (with the exception of 1, regarding the **excess**).

## **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, provided that:

1. **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
2. where there is confirmation that no refund is available for the unused green fees.

## YOU ARE NOT COVERED

**You** are not covered unless **you** fulfil the following conditions:

1. A medical certificate must be obtained from the attending **medical practitioner** abroad confirming that **you** are unable to play golf and unable to use the golf facilities; and
2. **You** must fulfil all of the conditions mentioned under the YOU ARE NOT COVERED of the Cancellation and Medical Emergency Expenses and Repatriation sections.

**You** are not covered for:

1. Any claims where **your** trip has commenced that are not confirmed as medically necessary by the **medical emergency service**.
2. Anything mentioned under YOU ARE NOT COVERED of the Cancellation and Medical Emergency Expenses and Repatriation sections.

## 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

**You** are not covered unless **you** fulfil the following conditions:

1. **You** must produce written confirmation from the secretary of the golf course stating that the hole in one has been performed to the satisfactory of the club, together with the original score card fully completed and duly signed.

## SECTION 24 - OPTIONAL BUSINESS COVER

This section of cover is only applicable if the appropriate Business Cover premium has been paid and cover is shown on **your Validation Certificate**.

## A: REPLACEMENT EMPLOYEE

### YOU ARE COVERED

Up to the amount shown on the summary of cover table for necessary additional travel and accommodation expenses incurred for an employee to replace **you** due to:

1. **your** temporary total disablement which lasts for a continuous period of at least 72 (seventy two) hours, as certified by a **medical practitioner** or **your** death or **your** hospitalisation; or
2. the death, injury or illness (occurring in **your country of residence** during the period of the trip) of **your immediate relative** or **close business associate**.

### YOU ARE NOT COVERED

**You** are not covered for:

1. The excess shown on the summary of cover table (unless the excess waiver applies).
2. Anything mentioned in the General Exclusions on pages 19, 20 & 21.

## B: BUSINESS EQUIPMENT

### YOU ARE COVERED

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

1. the value or repair of any of **your own business equipment** which is accidentally lost, stolen, damaged or destroyed (after allowing for wear, tear and depreciation).  
The maximum **we** will pay for the following items:
  - a. all goods or samples in total;
  - b. any one article, pair and/or set of articles;
 will be shown on the summary of cover table.
2. **your** laptop computers and /or accessories accidentally lost, stolen or damaged during **your** trip.

**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.

### YOU ARE NOT COVERED

**You** are not covered unless **you** fulfil the following conditions:

1. **You** must exercise reasonable care for the safety and supervision of **your own or your hired business equipment**.
2. In the event of loss, burglary, or theft of **your own or your hired business equipment**, **you** must report this to the police within 48 (forty eight) hours, and obtain a written police report.
3. In the event that **your own or your hired business equipment** is lost, damaged or delayed in transit, **you** must:
  - a. notify the carrier (i.e. airline, shipping company etc.) immediately; and
  - b. obtain a written carriers report (or Property Irregularity Report in the case of an airline); or follow up in writing within 7 (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.

**You** are not covered for:

1. The **excess** shown on the summary of cover table (unless the **excess** waiver applies).
2. Any theft from an **unattended** vehicle unless there is evidence of forcible and violent entry.
3. **Business equipment** stolen from an **unattended** vehicle:
  - a. 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
  - b. between the hours of 8pm and 8am (other than motor homes).
4. Laptop computers left in an **unattended** vehicle (other than motor homes, provided they are stored out of view).
5. Laptop computers carried in 'Checked-in' baggage.
6. For anything mentioned under YOU ARE NOT COVERED of the Personal Property section. For the purposes of this exclusion, **Business Equipment** is deemed to be **Personal Baggage**.
7. For anything mentioned in the General Exclusions on pages 19, 20 & 21.

## C: BUSINESS EQUIPMENT HIRE

### YOU ARE COVERED

Up to the amount shown on the summary of cover table towards the cost of hiring replacement **business equipment** if **your own business equipment** is lost, stolen, damaged or destroyed.

### YOU ARE NOT COVERED

**You** are not covered unless **you** fulfil the following conditions:

1. **You** must fulfil all of the conditions mentioned under YOU ARE NOT COVERED of the **Business Equipment** section.

**You** are not covered for:

1. Anything mentioned under YOU ARE NOT COVERED of the **Business Equipment** section (with the exception of 1, regarding the **excess**)

## D: BUSINESS MONEY

### YOU ARE COVERED

Up to the amount shown on the summary of cover table if **your business money** is lost or stolen whilst being carried on **your** person or left in a locked safety deposit box.

### YOU ARE NOT COVERED

**You** are not covered unless **you** fulfil the following conditions:

1. **You** must fulfil all of the conditions mentioned under YOU ARE NOT COVERED of the Personal Money and Documents section.

**You** are not covered for:

1. Anything mentioned under YOU ARE NOT COVERED of the Personal Money and Documents section.

## SECTION 25 - 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

**You** are not covered unless **you** fulfil the following conditions:

1. **You** must exercise reasonable care for the safety and supervision of **your gadget(s)**.
2. In the event of loss, burglary, or theft of **your gadget(s)**, **you** must report this to the police within 48 (forty eight) hours, and obtain a written police report.

3. In the event that **your gadget(s)** are lost, damaged or delayed in transit, **you** must:
  - a. notify the carrier (i.e. airline, shipping company etc.) immediately; and
  - b. obtain a written carriers report (or Property Irregularity Report in the case of an airline); or follow up in writing within 7 (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.

**You** are not covered for:

1. The **excess** shown on the summary of cover table (unless the **excess** waiver applies).
2. **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.
3. **Gadget(s)** left in the custody of any person unless they are a family member or **travelling companion**.
4. **Gadget(s)** left in an **unattended** vehicle (other than motor homes, provided the **gadget(s)** are stored out of view).
5. **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).
6. 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.
7. Electrical or mechanical breakdown or manufacturing fault.
8. 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.
9. The cost of replacing any of the downloaded content stored on your **gadget(s)** including but not limited to music, videos, games and apps.
10. 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.
11. Any claims as a result of unauthorised use of **your gadget(s)**, including unauthorised calls, messages and downloads.
12. Anything mentioned in the General Exclusions on pages 19, 20 & 21.

**NOTES**



24-hour medical assistance

+44 (0)1376 311 820

Claims line

+44 (0)1376 311 830

Customer Services

+44 (0)1376 560 844

Phone 01376 560 800  
Fax 01376 556 919  
Email [enquiries@avanti.co.uk](mailto:enquiries@avanti.co.uk)

[www.avanti.co.uk](http://www.avanti.co.uk)