

# The world wide - we've got you covered



Your travel insurance policy. Take me on holiday with you!

# YOUR TRAVEL INSURANCE POLICY

Reference Number: Netflights NF1701/02

## WHAT TO DO IN THE EVENT OF A MEDICAL EMERGENCY

If **you** have an emergency during **your trip**

If **you** require medical treatment outside **your home country**

If **you** have to return early to **your home country**

**Please phone 00 44 (0) 343 658 0342 or 00 44 (0) 1293 652842** and quote **your** policy number.

**These lines are open 24 hours a day.**

**Global Response, the emergency assistance company will provide help if you are ill or injured outside your home country. They provide a 24-hour emergency service 365 days a year.**

**YOU, OR SOMEONE ON YOUR BEHALF, MUST CONTACT US BEFORE INCURRING COSTS ABOVE £500.**

## HOW TO MAKE A CLAIM ON YOUR RETURN

### Claims under Section A - Travel Cover

Contact Global Response calling 0343 658 0345 or email [travelclaims@global-response.co.uk](mailto:travelclaims@global-response.co.uk)

### Claims under Section B - Optional Gadget Cover

Contact Trent-Services (Administration) Ltd on 01285 626020 or email [claims@trent-services.co.uk](mailto:claims@trent-services.co.uk)

## IMPORTANT HEALTH REQUIREMENTS FOR ALL INSURED PERSONS

**You** will not be covered under this policy for any claims arising directly or indirectly from a **pre-existing medical condition** unless it is shown on the waived condition list or it has been declared to **us** and accepted by **us** in writing for cover. Call us on 0343 658 0300, to declare your pre-existing conditions and confirm if cover is available.

For the purposes of this insurance, a **pre-existing medical condition** is considered to be:

- Any **medical condition** where **you** have been prescribed medication, including repeat prescriptions, or received treatment or attended a GP or a specialist as an outpatient or inpatient in the last 2 years or for which **you** are currently on a waiting list for treatment or investigation;
- Any illness for which **you** have received a terminal prognosis or any heart, heart-related or circulatory condition; or any respiratory condition; any stress, anxiety, depression or any other psychological condition; any cancerous condition; or any cerebral condition; any undiagnosed symptoms that may require treatment in the future (i.e. symptoms for which **you** are awaiting investigations/consultations, or awaiting results of investigations, or where the underlying cause of the symptoms has not been established).

1. **You** must inform **us** if **your** state of health changes prior to travelling. **We** have the right to increase **your** premiums or refuse to cover **you** on **your trip**.
2. **You** must be fit to undertake **your** planned trip.
3. **You** must not travel against medical advice or with the intention of obtaining medical treatment or consultation abroad.
4. **We** will not cover **you** for any **pre-existing medical condition** unless it has been declared to **us** and accepted by **us** for cover in writing.
5. **We** will not cover **you** if **your** state of health was worse than **you** declared to **us** at the time **you** purchased this policy.
6. If **you** are on a waiting list for treatment or investigation, **you** are not covered if **you** have to cancel or **curtail your trip** because an appointment or treatment becomes urgently available.
7. **You** will also not be covered for medical claims overseas which are directly or indirectly related to this condition.

## RECIPROCAL HEALTH AGREEMENTS

### European Union

If **you** are travelling to countries in the European Union, Iceland, Liechtenstein, Norway or Switzerland, **you** must take a European Health Insurance Card (EHIC) with **you**. **You** can apply online for **your** EHIC at <https://www.gov.uk/european-health-insurance-card> or by calling the automated EHIC application service on 0300 3301350. **Your** application should be completed and validated before **you** travel. This will allow **you** to benefit from the reciprocal health arrangements, which exist within these countries. **You** should take reasonable steps to use these arrangements where possible.

If **we** agree to a claim for medical expenses which has been reduced by **you** using an EHIC **you** will not have to pay the **excess** amount under the Medical Expenses Section. Where it is necessary for **you** to provide evidence of the medical costs incurred, this must show that the medical fee has been reduced by use of the EHIC.

### Australia and Non-European Economic Area (EEA) countries:

When **you** are travelling to Australia and **you** have to go to hospital, **you** must enrol for treatment under the National Medicare Scheme.

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

## WAIVED CONDITIONS

The medical conditions listed in the Waived Conditions table are covered subject to the normal terms and conditions of this insurance, provided the **insured person** can meet ALL of the following criteria:

- a) has NO other pre-existing medical condition(s) which is not listed within the Waived Conditions table; and
- b) is not awaiting surgery for the condition; and
- c) has been fully discharged from any post-operative follow-up.

IF THE **INSURED PERSON** DOES NOT MEET ALL OF THE CRITERIA SHOWN ABOVE THEN A FULL AND COMPLETE DECLARATION OF ALL **PRE-EXISTING MEDICAL CONDITIONS** (INCLUDING ANY LISTED BELOW) MUST BE MADE TO THE MEDICAL SCREENING HELPLINE.

If **you** have any other **pre-existing medical condition** or your medical condition does not meet the above criteria, **you** must contact the Medical Screening Helpline on 0343 658 0300 to declare ALL **your medical conditions** and ensure that **we** are able to provide cover.

Abnormal Smear Test	D & C	Hernia (not Hiatus)	Myalgic Encephalomyelitis (ME) (if the only symptom is fatigue)	Strabismus (Squint)
Achilles Tendon Injury	Deaf Mutism	Herpes Simplex (Cold Sore)		Stress Incontinence
Acne	Deafness	Herpes Zoster (Shingles)	Myxoedema	Synovitis
Acronyx (Ingrowing Toe-nail)	Dental Surgery	Hip Replacement (no subsequent arthritis)	Nasal Infection	Talipes (Club Foot)
Adenoids	Dermatitis (no hospital admissions or consultations)	Hives (Nettle Rash)	Nasal Polyp(s)	Tendon Injury
Allergic Rhinitis	Deviated Nasal Septum	Housemaid's Knee (Bursitis)	Nettle Rash (Hives)	Tennis Elbow
Alopecia	Diarrhoea and/or Vomiting (resolved)	HRT (Hormone Replacement Therapy)	Neuralgia, Neuritis	Tenosynovitis
Anal Fissure/Fistula	Dilatation and Curettage	Hyperthyroidism (Overactive Thyroid)	Nosebleed(s)	Termination of Pregnancy
Appendectomy	Dislocated Hip	Hypospadias	Nystagmus	Testicles - Epididymitis
Astigmatism	Dislocations	Hypothyroidism (Underactive Thyroid)	Obstructive Sleep Apnoea	Testicles - Hydrocele
Athlete's Foot (Tinea Pedis)	Dry Eye Syndrome	Hysterectomy (provided no malignancy)	Osgood-schlatter's Disease	Testicles - Varicocele
Attention Deficit Hyperactivity Disorder	Dyspepsia	Impetigo	Osteochondritis	Testicular Cyst
Bell's Palsy (Facial Paralysis)	Ear Infections (resolved - must be all clear prior to travel if flying)	Indigestion	Otosclerosis	Testicular Torsion (Twisted Testicle)
Benign Prostatic Enlargement	Eczema (no hospital admissions or consultations)	Influenza	Overactive Thyroid	Throat Infection(s)
Bladder Infection (fully recovered, no hospital admissions)	Endocervical Polyp	Ingrowing Toe-nail (Acronyx)	Parametritis	Thrush
Blepharitis	Endocervicitis	Inguinal Hernia	Pediculosis	Thyroid - Overactive
Blindness	Endometrial Polyp	Insomnia	Pelvic Inflammatory Disease	Thyroid Deficiency
Blocked Tear Ducts	Epididymitis	Intercostal Neuralgia	Photodermatosis	Tinea Capitis (Scalp Ringworm)
Breast - Fibroadenoma	Epiphora (Watery Eye)	Intertrigo	Piles	Tinea Corporis (Skin Ringworm)
Breast Cyst(s)	Epispadias	Irritable Bowel Syndrome (IBS)	Pityriasis Rosea	Tinea Pedis (Athlete's Foot)
Breast Enlargement/Reduction	Epistaxis (Nosebleed)	Keinboeck's Disease	Post Viral Fatigue Syndrome (if the only symptom is fatigue)	Tinnitus
Broken Bones (other than head or spine) - (no longer in plaster)	Erythema Nodosum	Keratoconus	Pregnancy (provided no complications and not travelling less than 8 weeks or (16 weeks in the case of a known multiple pregnancy) prior to the expected delivery date)	Tonsillitis
Bunion (Hallux Valgus)	Essential Tremor	Knee Injury - Collateral/ cruciate ligaments	Prickly Heat	Tooth Extraction
Bursitis	Facial Neuritis (Trigeminal Neuralgia)	Knee Replacement (no subsequent arthritis)	Prolapsed Uterus (womb)	Toothache
Caesarean Section	Facial Paralysis (Bell's Palsy)	Kohl's Disease	Pruritis	Torn Ligament
Candidiasis (oral or vaginal)	Femoral Hernia	Labyrinthitis	Psoriasis (no hospital admissions or consultations)	Torticollis (Wry Neck)
Carpal Tunnel Syndrome	Fibroadenoma	Laryngitis	Repetitive Strain Injury	Trichomycosis
Cartilage Injury	Fibroid - Uterine	Learning Difficulties	Retinitis Pigmentosa	Trigeminal Neuralgia
Cataracts	Fibromyalgia	Leptothrix	Rhinitis (Allergic)	Turner's Syndrome
Cervical Erosion	Fibromyositis	Leucoderma	Rosacea	Twisted Testicle
Cervicitis	Fibrositis	Lichen Planus	Ruptured Tendons	Umbilical Hernia
Chalazion	Frozen Shoulder	Ligaments (injury)	Salpingo-oophoritis	Underactive Thyroid
Chicken Pox (fully resolved)	Gall Bladder Removal	Lipoma	Scabies	Undescended Testicle
Cholecystectomy	Ganglion	Macular Degeneration	Scalp Ringworm (Tinea Capitis)	Urethritis (fully recovered, no hospital admissions)
Chronic fatigue syndrome (if only symptom is fatigue)	Glandular Fever (full recovery made)	Mastitis	Scheuermann's Disease	URTl (Upper Respiratory Tract Infection) (resolved, no further treatment)
Coeliac Disease	Glaucoma	Mastoidectomy (resolved - must be all clear prior to travel if flying)	Sebacous Cyst	Urticaria
Cold Sore (Herpes Simplex)	Glue Ear (resolved - must be all clear prior to travel if flying)	Menopause	Shingles (Herpes Zoster)	Uterine Polyp(s)
Colitis (simple)	Goitre	Menorrhagia	Shoulder Injury	Uterine Prolapse
Common Cold(s)	Gout	Migraine (provided this is a definite diagnosis and there are no ongoing investigations)	Sinusitis	Varicocele
Conjunctivitis	Grave's Disease	Miscarriage	Skin Ringworm (Tinea Corporis)	Varicose Veins - legs only, never any ulcers or cellulitis (if GP has confirmed that client is fit to travel)
Constipation	Grommet(s) inserted (Glue Ear)	Mole(s)	Sleep Apnoea	Vasectomy
Corneal Graft	Gynaecomastia	Molluscum Contagiosum	Sore Throat	Verruca
Cosmetic Surgery	Haematoma (external)	Myalgia (Muscular Rheumatism)	Sprains	Vertigo - provided no disabling episodes
Cyst - Breast	Haemorrhoidectomy		Stigmatism	Vitiligo
Cyst - Testicular	Haemorrhoids (Piles)		Stomach Bug (resolved)	Warts (benign, non-genital)
Cystitis (fully recovered, no hospital admissions)	Hallux Valgus (Bunion)			Womb Prolapse (uterus)
Cystocele (fully recovered, no hospital admissions)	Hammer Toe			Wry Neck (Torticollis)
	Hay Fever			

CONTENTS		
Section	Page	
What to do in the Event of a Medical Emergency.....	2	Pet Care.....10
How to Make a Claim On Your return.....	2	Travel Delay.....10
Important Health Requirements For All Insured Persons.....	2	Missed Departure On Your Outward Journey.....10
Reciprocal Health Agreements.....	2	Personal Accident.....10
Waived Conditions.....	3	Personal Liability.....10
Policy A - Travel Insurance Summary Of Cover.....	4	Legal Expenses.....11
Rock Insurance.....	6	Mugging.....11
The Insurers.....	6	Hijack.....11
Important Information.....	6	Natural Catastrophe Cover.....11
Eligibility Criteria.....	6	Optional Additional Cover To Section A.....12
Non-Travelling Relatives.....	6	Optional Excess Waiver.....12
Trip Duration Limits.....	6	Optional Winter Sports Cover.....12
Geographical Locations.....	6	Winter Sports Cancellation Or Curtailment.....12
Pregnancy & Childbirth.....	6	Skis, Ski Equipment & Ski Pass.....13
Cover.....	6	Piste Closure.....13
Your Premium.....	6	Avalanche Or Landslide.....13
Your Duty Of Disclosure.....	7	Ski Hire.....13
Automatic Renewal.....	7	Optional Sports And Activities Cover.....13
How To Make A Claim.....	7	Optional Golf Cover.....14
Fraud.....	7	Loss Of Green Fees.....14
Complaints.....	7	Hole-In-One.....14
Financial Services Compensation Scheme.....	7	Optional Business Equipment Cover.....14
Data Protection.....	7	Optional Overseas Wedding Cover.....15
Meaning Of Words.....	7	Optional Travel Disruption Cover.....15
Your Cover.....	8	Section 34 - Extended Travel Delay Cover.....15
Section A - Travel Cover.....	8	Section 35 - Extended Missed Departure Cover.....15
Cancellation And Curtailment.....	8	Section 36 - Extended Catastrophe Cover.....15
Emergency Medical and Repatriation Expenses.....	8	Optional Cruise Upgrade.....16
Personal Possessions And Baggage.....	9	Optional Cruise Pack.....16
Personal Money.....	9	General Conditions Applicable To All Sections.....16
Loss Of Passport.....	10	General Exclusions Applicable To All Sections.....16
		Section B - Optional Gadget Cover.....17

POLICY A - TRAVEL INSURANCE SUMMARY OF COVER

Cover <small>Per person unless otherwise shown.</small>	Gold Cover		Silver Cover	
	Limits up to	Excess per person per claim	Limits up to	Excess per person per claim
Cancellation or Curtailment	Up to £10,000	£75 (£10 Loss of deposit)	Up to £5,000	£100 (£10 Loss of deposit)
Excursions	£400		£200	
Medical Expenses	Up to £10,000,000		Up to £5,000,000	
Dental Treatment	£400	£75	£200	£100
Funeral Expenses/Body Repatriation	£2,000		£1,000	
Hospital Benefit	£60 per day up to £1,200		£30 per day up to £600	
Personal Accident		Nil		Nil
Loss of limbs or sight (aged 65+)	Not Covered		Not Covered	
Loss of limbs or sight (aged 16-64 inclusive)	£60,000		£30,000	
Loss of limbs or sight (aged under 16)	£60,000		£30,000	
Permanent Total Disablement (aged 65+)	Not Covered		Not Covered	
Permanent Total Disablement (aged 16-64 inclusive)	£60,000		£30,000	
Permanent Total Disablement (aged under 16)	£60,000		£30,000	
Death benefit (aged 65+)	£4,000		£2,000	
Death benefit (aged 16-64 inclusive)	£60,000		£30,000	
Death benefit (aged under 16)	£4,000		£2,000	
Baggage	Up to £3,000	£75	Up to £1,500	£100
Single Item Limit	£500		£250	
Valuables Limit in total	£600		£300	
Delayed Baggage	Up to £400	Nil	Up to £200	Nil
Personal Money	Up to £800	£75	Up to £400	£100
Cash Limit	£500		£250	
Cash (aged under 16)	£100		£50	
Passport	Up to £600		Up to £300	
Personal Liability	Up to £2,000,000	£75	Up to £1,000,000	£100
Delayed Departure	£50 for each full 12 hour delay, up to £500	Nil	£25 for each full 12 hour delay, up to £250	Nil
Abandoning Your Holiday	Up to £10,000	£75	Up to £5,000	£100
Missed Departure	Up to £1,000	£75	Up to £500	£100
Legal Expenses	Up to £50,000 (max £100,000 per policy)	Nil	Up to £25,000 (max £50,000 per policy)	Nil
Hijack	£100 per day up to £1,000	Nil	Not Covered	N/A
Mugging	£40 per day up to £1,000	Nil	Not Covered	N/A
Pet care	Up to £250	Nil	Not Covered	N/A
Catastrophe	Up to £150	Nil	Not Covered	N/A

Cover Per person unless otherwise shown.	Gold Cover		Silver Cover	
	Limits up to	Excess per person per claim	Limits up to	Excess per person per claim
Optional Winter Sports Cover				
Available upon payment of an additional premium and shown on the validation certificate. Limited to one trip of up to 17 days duration per policy year on annual policies				
Ski Equipment				
Owned	Up to £750	£75	Up to £750	£100
Hired	Up to £500		Up to £500	
Single Item Limit	£250		£250	
Ski Hire	£30 per day up to £510	Nil	£30 per day up to £510	Nil
Ski Pack	Up to £600	Nil	Up to £600	Nil
Lift Pass Limit	£300		£300	
Piste Closure	£50 per day up to £500	Nil	£50 per day up to £500	Nil
Optional Wedding/Civil Partnership Cover				
Available upon payment of an additional premium and shown on the validation certificate.				
Rings (per person)	Up to £250	£75	Up to £250	£100
Gifts (per couple)	Up to £1,000		Up to £1,000	
Wedding Attire (per person)	Up to £1,500		Up to £1,500	
Photographs/Video Recording	Up to £750		Up to £750	
Optional Travel Disruption Cover				
Available upon payment of an additional premium and shown on the validation certificate.				
Extended Cancellation	Up to £10,000	£75	Up to £5,000	£100
Extended Delayed Departure	£50 for each full 12 hour delay, up to £500	Nil	£25 for each full 12 hour delay, up to £250	Nil
Extended Missed Departure	Up to £1,000	£75	Up to £500	£100
Additional Accommodation & Transport Costs	Up to £10,000	£75	Up to £5,000	£100
Optional Business Cover				
Available upon payment of an additional premium and shown on the validation certificate.				
Business Equipment	Up to £750	£75	Up to £750	£100
Single Item Limit	£500		£500	
Optional Golf Cover				
Available upon payment of an additional premium and shown on the validation certificate.				
Green Fees	£75 per day up to £300	Nil	£75 per day up to £300	Nil
Golf Equipment	Up to £1,000	£75	Up to £1,000	£100
Golf Equipment Hire	£20 per day up to £200	Nil	£20 per day up to £200	Nil
Optional Cruise Cover				
Available upon payment of an additional premium and shown on the validation certificate.				
Extended Baggage	Up to £3,500	£75	Up to £2,500	£100
Single Item Limit	£750		£700	
Valuables Limit in total	£700		£500	
Missed Shore Trip	£50 per trip up to £500	Nil	£50 per trip up to £300	Nil
Stateroom/Cabin Confinement	£100 per day up to £600	Nil	£50 per day up to £300	Nil
Unused Pre-Booked Excursions	Up to £500	£75	Up to £300	£100

SECTION B - OPTIONAL GADGET COVER SUMMARY			
Level of Cover	Number of Gadgets Covered	Total Replacement/Repair Value for all Gadgets	Excess
LEVEL ONE	3 Gadgets	£1,000	£50
	Single Article Limit	£1,000	£50
	Unauthorised calls, texts and data use	£100	£50
	Single Article Limit for Laptop	£1,000	£50
LEVEL TWO	5 Gadgets	£2,000	£50
	Single Article Limit	£1,000	£50
	Unauthorised calls, texts and data use	£100	£50
	Single Article Limit for Laptop	£2,000	£50
LEVEL THREE	7 Gadgets	£3,000	£50
	Single Article Limit	£1,000	£50
	Unauthorised calls, texts and data use	£100	£50
	Single Article Limit for Laptop	£2,000	£50



## ROCK INSURANCE

This policy has been arranged by Rock Insurance which is a trading style of Rock Insurance Services Limited (ROCK). Rock Insurance Services Limited is authorised and regulated by the Financial Conduct Authority (FCA). ROCK's FCA registration number is 300317.

**You** can check the regulatory status of ROCK by visiting <http://www.fca.org.uk/register> or by telephoning 0800 111 6768. ROCK is the administrator of this policy and has brought together a number of different insurers to provide the following benefits.

## THE INSURERS

The insurer details provided below 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.

### INSURER DETAILS FOR SECTION A - TRAVEL POLICY

Benefits under this policy are provided by EUROP ASSISTANCE S.A, a French stock corporation, regulated by the French Insurance Code, having its registered office at 1, promenade de la Bonnette, 92230 Gennevilliers, France, registered in the Register of Commerce and Companies of Nanterre

(Reference number 451 366 405) acting through its Irish office (trading as EUROP ASSISTANCE S.A., Irish Branch) whose principal establishment is located at 4th Floor, 4-8 Eden Quay, Dublin 1, D01N5W8, Ireland, registered in the Irish Companies Registration Office under number 907089.

Europ Assistance S.A. (trading as Europ Assistance S.A. Irish Branch) is regulated in France by the Autorité de Contrôle Prudentiel et de Résolution (ACPR) of 61 rue Taitbout, 75436 Paris Cedex 09, France. Europ Assistance S.A. Irish Branch conducts business in Ireland in accordance with the Code of Conduct for Insurance Undertakings published by the Central Bank of Ireland.

### INSURER DETAILS FOR SECTION B - GADGET COVER

Gadget Insurance is arranged by Rock Insurance Services Limited and Alpha Underwriting with UK General Insurance Ltd on behalf of Great Lakes Reinsurance (UK) SE, Registered in England No. SE000083. Registered Office: Plantation Place 30 Fenchurch Street, London, EC3M 3AJ.

UK General Insurance Limited is authorised and regulated by the Financial Conduct Authority. Great Lakes Reinsurance (UK) SE, is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

## IMPORTANT INFORMATION

### ELIGIBILITY CRITERIA

- This policy is only available to residents of the **United Kingdom**.
- Insurance cannot be purchased once **your trip** has commenced.
- A family policy is for the main insured person, his/her spouse, Civil Partner or Common Law Partner, and up to four of their dependent children under 18 years of age (in full-time education and residing with them). For annual multi-trip policies, each insured adult can travel independently. All members of the family must live at the same address.
- A couple policy is for 2 adults in a relationship, living at the same address.
- Your trip** must start and end in **your home country** and **you** must have a return ticket.

**You** should note that the policy will **NOT** cover **you** if:

- You** reside outside the **United Kingdom**;
- You** are over the age of 85 years old when **you** purchase a Single Trip policy;
- You** are over the age of 85 years old when **you** purchase an Annual Multi-trip Policy;
- You require Winter Sports cover but are over the age of 64 years old.
- You** are not registered with a General Practitioner in **your home country**.

### ADDITIONAL ELIGIBILITY CRITERIA APPLICABLE TO SECTION B - OPTIONAL GADGET COVER.

- You** reside in the **United Kingdom**;
- Your** electronic equipment is less than 6 years old (except for laptops which must be less than 15 months old) at the commencement date of the policy.

### NON-TRAVELLING RELATIVES

This policy will **NOT** cover any claims under Cancellation or **Curtailment** arising directly or indirectly from any **medical condition** known to **you** prior to the start of **your period of insurance**, and before booking **your trip** affecting any **close relative**, travelling companion, or person **you** are going to stay with on **your trip** if:

- a terminal diagnosis had been received; or
- if they were on a waiting-list for, or had knowledge of the need for, surgery, inpatient treatment or investigation at any hospital; or if during the 90 days immediately prior to the start of the **period of insurance** they had:
  - required surgery, inpatient treatment or hospital consultations; or
  - required any form of treatment or prescribed medication.

### TRIP DURATION LIMITS

Single Trip Policies: 365 days if **you** are aged up to 75 years old. If **you** are 76 or over single trips are limited to 31 days.

Annual Multi-trip Policies: Any number of **trips** in the policy year but limited to 31 days per **trip**.

**You** must pay the appropriate premium for the full number of days for **your** planned **trip**. If **you** travel for more than the number of days for which **you** have paid for cover, **you** will not be covered after the last day for which **you** have

paid. If **your** return is unavoidably delayed for an insured reason, cover will be extended free of charge until **you** are able to return.

Single Trip Policies can only be booked up to 365 days in advance of your trip.

Annual Multi-Trip Policies cannot be booked more than 90 days before the start date shown on **your** certificate of insurance. Please note that cancellation cover will not commence until that date.

### GEOGRAPHICAL LOCATIONS

#### Europe

Means the continent of Europe west of the Ural Mountains including the Republic of Ireland, the Isle of Man, Channel Islands and all countries bordering the Mediterranean Sea, as well as Madeira and The Azores, including Spain, The Canaries, Turkey, Cyprus, Malta and Switzerland. For residents of the Isle of Man and Channel Islands travelling to the **United Kingdom**, the **United Kingdom** shall be considered as Europe.

#### Worldwide, excluding USA, Canada, Caribbean and Mexico

Means anywhere in the world except the United States of America, Canada, the Caribbean and Mexico.

#### Worldwide, including USA, Canada, Caribbean and Mexico

Means anywhere in the world.

#### Please note:

No cover is provided for **trips** where **you** have travelled to a specific country or to an area where, prior to **your trip** commencing, the Foreign and Commonwealth Office have advised against all (but essential) travel.

### PREGNANCY & CHILDBIRTH

Cover under this policy is provided for unforeseen events. In particular, cover is provided under Section 1 for unforeseen bodily injury or illness. Pregnancy and childbirth are not considered to be either an illness or injury. Cover is **ONLY** provided under Sections 1 3, 4 and 5 of this policy for claims arising from **complications of pregnancy and childbirth**. Please make sure **you** read the definition of **complications of pregnancy and childbirth** given under the Meaning of Words.

### COVER

This wording provides full details of all **your** cover.

The policy covers all persons named on the **certificate of insurance** for whom the premium has been paid.

This policy wording contains all possible levels of cover on offer. Sections of cover that apply to **your** policy will depend on **your** choice of cover, upgrade options and the premium **you** have paid and will be shown on **your certificate of insurance**.

If **you** are in any doubt about any aspect of this policy wording please contact **us** using the telephone number on **your certificate of insurance**.

### YOUR PREMIUM

ROCK collects and holds insurance premiums as an agent of the insurer. **We** do not charge a fee for arranging **your** policy. However, administrative fees may be applicable if **you** wish to receive **your** documents by post or **you** require an amendment to **your** policy at a later date.

## YOUR DUTY OF DISCLOSURE

It is vital that **you** answer any questions in relation to arranging or administering this insurance policy honestly and accurately. **You** must take reasonable care not to make any misrepresentation because inaccurate answers may result in a claim being declined.

## AUTOMATIC RENEWAL

To make sure **you** have continuous cover under **your** policy, if **you** have purchased an Annual Multi-trip policy, **we** will aim to automatically renew (auto-renew) **your** policy when it runs out, unless **you** tell **us** not to. Each year **we** will write to **you** 21 days before the renewal date of **your** policy, and tell **you** about any changes to the premium or the policy terms and conditions.

If **you** do not want to auto renew **your** policy, just call **us** on the telephone number provided on **your certificate of insurance** or click on the link provided within the email sent 21 days ahead of the renewal date. Otherwise **we** will collect the renewal premiums from **your** credit card or debit card.

**You** should also note that **your** renewed policy will only be valid when:

- **You** have told **us** about any changes to **your** policy details
- **You** have rescreened any **pre-existing medical conditions**

Please note **your** policy will not be renewed if **your** credit card or debit card details have changed.

In some cases **we** may not be able to automatically renew **your** policy. **We** will let **you** know at the time if this is the case.

**We** are entitled to assume that **your** details have not changed and **you** have the permission of the card holder unless **you** tell **us** otherwise. **We** will tell the relevant processing bank to charge the relevant premium to **your** debit card or credit card on or before the renewal date. **You** can tell **us** about any changes to **your** policy details or opt out of automatic renewal at any time by phoning **us** on the telephone number provided on **your certificate of insurance**.

## HOW TO MAKE A CLAIM

Please contact the following should **you** need to make a claim:

### Claims under Section A – Travel Cover:

Contact Global Response calling 0343 658 0345 or email [travelclaims@global-response.co.uk](mailto:travelclaims@global-response.co.uk)

Claims under this section must be submitted within 28 days of **your** return home.

### Claims under Section B – Optional Gadget cover:

Contact Trent-Services (Administration) Ltd as soon as possible after any incident likely to result in a claim. Telephone 01285 626020 or email [claims@trent-services.co.uk](mailto:claims@trent-services.co.uk). You can also write to them at Trent House, Love Lane, Cirencester, Gloucestershire, GL7 1XD or fax to 01285 626031.

## CANCELLATION OF YOUR POLICY

**We** hope **you** are happy with the cover this policy provides. However, **you** have the right to cancel this policy, should it not meet **your** needs, within 14 days from either the date of purchase or receipt of **your certificate of insurance**, whichever is later, and provided that **you** have not already travelled.

If **you** do decide to cancel the policy during the 14 day cooling off period then **your** premium will be refunded in full, provided no claims have been made or no incidents have occurred that may give rise to a claim. Should **you** decide to cancel after the 14 day cooling off period no refund will be given.

**We** may cancel this policy at any time if **you** have not paid your premium or if there is reasonable evidence that **you** misled us or attempted to do so. By this **we** mean, if **you** are dishonest or use fraudulent means to benefit under this policy or if **you** give any false declaration or make a deliberate misstatement when applying for this cover or when making or supporting **your** claim.

**We** will contact **you** by email and tell you at your last known email address if **we** cancel **your** policy, or by letter if **we** do not hold an email address for **you**.

## FRAUD

If **you** or anyone acting on **your** behalf makes a false or fraudulent claim or supports a claim by way of false or fraudulent document(s), or statement, then this policy will be cancelled with immediate effect and any claim rejected. In these circumstances, **we** reserve the right to retain the premium **you** have paid and to recover any sums **we** have paid **you**. **We** may also pass **your** details to the police and share **your** details with other insurance companies.

## COMPLAINTS

**We** always aim to provide a first class service. However, if **you** have any cause for complaint, please address these in the first instance to:

The Compliance Manager,  
ROCK Insurance Group,  
Griffin House,  
135 High Street,  
Crawley,  
West Sussex,  
RH10 1DQ  
Email: [admin@rockinsurance.com](mailto:admin@rockinsurance.com)

For complaints about how a claim has been handled **you** should contact:

The Complaints Department,  
Global Response Ltd,  
Regus House,  
Falcon Drive,  
Cardiff  
CF10 4RU

Email: [customerservices@global-response.co.uk](mailto:customerservices@global-response.co.uk)

Phone: 00 44 (0) 2920 468793

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

Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

ROCK Insurance Group adheres to the Alternative Dispute Resolution Regulations 2015 EU Directive. **You** can access the Online Dispute Resolution Portal here: <https://webgate.ec.europa.eu/odr/main/?event=main.about.show>

## FINANCIAL SERVICES COMPENSATION SCHEME

ROCK is covered by the Financial Services Compensation Scheme. **You** may be entitled to compensation from the scheme if **we** are unable to meet **our** obligations. Further information can be obtained from the Financial Services Compensation Scheme by visiting their website at [www.fscs.org.uk](http://www.fscs.org.uk).

Whilst ROCK monitors the financial strength of the insurers with whom **we** place business, it should be noted that the claims-paying ability of even the strongest insurers could be affected by adverse business conditions. **We** cannot, therefore, guarantee the solvency of any insurer or underwriter. **You** may not be able to obtain a refund of premium in these circumstances.

## DATA PROTECTION

**We** will collect certain information about **you** in the course of considering **your** application and conducting **our** relationship with **you**. This information will be processed for the purposes of underwriting **your** insurance cover, managing any insurance issued, administering claims and fraud prevention. **We** may pass **your** information to a qualified **medical practitioner**, other insurers, reinsurers, other parties who provide services under the policy and loss adjusters for these purposes. This may involve the transfer of **your** information to countries which do not have data protection laws.

Some of the information may be classified as 'sensitive' – that is information about physical and mental health and employment records. Data protection laws impose specific conditions in relation to sensitive information including, in some circumstances, the need to obtain **your** explicit consent before the information may be processed. By finalising **your** insurance application, **you** consent to the processing and transfer of information described in this notice. Without this consent **we** would not be able to consider **your** application.

**We** agree to adhere to the provisions of the Data Protection Act 1998 and all successor legislation during the term of the policy.

## MEANING OF WORDS

The following words and expressions used in this policy shall mean the following wherever they appear in bold within this document:

**Bodily injury:** Accidental **bodily injury** caused solely and directly by external, violent and visible means.

**Certificate of insurance:** The document showing details of the cover purchased and naming all **insured persons**.

**Close relative:** Mother, father, sister, brother, wife, husband, partner, son, daughter (including fostered/adopted son or daughter), grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step-parent, step-child, step-brother, step-sister, or legal guardian.

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

**Curtail/Curtailment:** Return early to **your home** after the commencement of the **outward journey**.

**Excess:** The first amount of a claim that **you** must pay as detailed in the travel insurance summary of cover.

**Golf equipment:** Golf clubs, golf balls, golf bag, non-motorised golf trolley and golf shoes.

**Holiday services:** Pre-booked, pre-paid elements of the **trip** including car hire, airport parking and excursion tickets.

**Home:** **Your** permanent residence in **your home country**.

**Home country:** The country where **you** are ordinarily permanently resident, pay tax or are registered with a **medical practitioner**.

**Insured person:** Any person named on the **certificate of insurance** for whom the appropriate premium has been paid.

**Loss of limb:** Total loss of use by physical severance at or above the wrist or ankle.

**Loss of sight:** Total and permanent **loss of sight** without expectation of improvement in both eyes when **your** name is added to the Register of Blind Persons on the authority of a qualified ophthalmic specialist; or in one eye when the degree of sight remaining after correction is 3/60 or less on the Snellen Scale.

**Manual work:** Physical labour involving the use of tools or machinery or working at heights of over two metres (nursing and bar-work are not considered to be **manual work**).

**Medical condition:** Any medical or psychological disease, sickness, condition, illness or injury.

**Medical practitioner:** A doctor or specialist who is legally qualified, licensed and registered to practice medicine under the laws of the country in which they practice, excluding **you**, **your** travel companion, a member of **your close relative**, or **your** employee.

**Money:** Cash, postal and **money** orders, travellers' cheques held by **you** for social, domestic and pleasure purposes.

**Outward journey:** The initial journey in conjunction with **your trip** from **your home** in **your home country**.

**Permanent total disablement:** A disablement which prevents **you** from carrying out ANY occupation for a period of 12 months after an accident sustained during **your trip** and which is, at the end of that period, beyond reasonable hope of improvement.

**Period of insurance:** The **period of insurance** for all sections except cancellation commences when **you** leave **your home** in **your home country** to start **your trip** and ends when **you** have returned to **your home** in **your home country**. Cancellation cover for a Single Trip policy starts when **you** purchase this insurance or when **you** book **your trip**, whichever is the later. Cancellation cover for Annual Multi-trip policy will not commence until the start date shown on **your certificate of insurance** even if the premium has been paid earlier.

**Personal possessions:** Suitcases (or other luggage carriers) and their contents taken on **your trip** together with articles worn or carried by **you** for **your** individual use during **your trip**.

**Pre-existing medical condition:** Any **medical condition** where **you** have been prescribed medication, including repeat prescriptions, or received treatment or attended a GP or a specialist as an outpatient or inpatient in the last 2 years or for which **you** are currently on a waiting list for treatment or investigation;

Any illness for which **you** have received a terminal prognosis or any heart, heart-related or circulatory condition; or any respiratory condition; any stress, anxiety, depression or any other psychological condition; any cancerous condition; or any cerebral condition;

Any undiagnosed symptoms that may require treatment in the future (i.e. symptoms for which **you** are awaiting investigations/consultations, or awaiting results of investigations, or where the underlying cause of the symptoms has not been established).

**Public transport:** Airline, train, bus, coach, or ferry services, operating to a published timetable on which **you** are a fare-paying passenger or a tour operator's own transport service, or taxi, to join **your** booked travel itinerary.

**Ski equipment:** Skis (including bindings), ski boots, ski poles and snowboards.

**Strike or industrial action:** Organised action taken by a group of workers which prevents the supply of goods and/or services on which **your trip** depends.

**Act of terror:** any illegal actions, whether individual or collective, which involve the use of force against persons or property, performed for the purposes of achieving ideological, political, economic or religious goals, where such actions concurrently bring about a state of chaos, instill fear in the general population or result in a disruption of public life;.

**Trip:** A journey starting and ending in **your home country** within the geographical area specified on **your certificate of insurance** during the **period of insurance**.

**United Kingdom:** England, Scotland, Wales, Northern Ireland, Channel Islands and the Isle of Man except under Geographical Limits where Channel Islands and the Isle of Man are considered to be part of Europe.

**Unattended:** When **you** cannot see and are not close enough to **your** property to prevent unauthorised interference or theft of **your** property unless left in a safety-deposit facility.

**Valuables:** Jewellery, articles made of gold silver or other precious metals, precious or semi-precious stones, watches, binoculars, telescopes, photographic equipment, electronic audio or video equipment and any computer equipment (including software), furs, or leather clothing (apart from footwear).

**You/Your:** Each **insured person** named in the **certificate of insurance**.

**We/Us/Our:** The relevant insurer under each section of this policy.

## YOUR COVER

There are conditions and exclusions which apply to individual sections of the policy and general conditions, exclusions and warranties which apply to the whole policy. Please refer to the relevant section and read in conjunction with the General Conditions and General Exclusions.

## SECTION A - TRAVEL COVER

### CANCELLATION AND CURTAILMENT

#### What you are covered for

**We** will pay **you** up to the amount shown in the summary of cover for the unused portion of **your** travel and accommodation costs that **you** have paid or contracted to pay and **you** suffer a financial loss because **you** cannot get a full refund if **you** cancel before the start of **your trip** or cut **your trip** short and return **home** early during the **period of insurance** because of the following:

1. the death, **bodily injury**, illness or being subject to quarantine of **you**, a **close relative** or any person **you** have arranged to travel or stay with during **your trip**; or
2. **you** being called for jury service or as a witness in a Court of Law (but not as an expert witness or where **your** employment would normally require **you** to attend court); or
3. **your** redundancy, provided that **you** were working at **your** current place of employment for a minimum of 2 years and that **you** were not aware of any impending redundancy at the time this policy was issued or the **trip** was booked; or
4. **your home** being made uninhabitable due to accidental damage, burglary, flooding or fire;
5. the police requesting **your** presence following burglary or attempted burglary at **your home**; or
6. **your** passport, or the passport of any person **you** were intending to travel with, being stolen during the 7 days before the start date of **your** booked **trip**; or
7. **you**, or any person **you** intended to travel with, who is a member of the Armed Forces, emergency services, the nursing profession or a government employee being ordered to return to duty.

#### What you are NOT covered for

1. the **excess** shown in the summary of cover;
2. claims where **you** have failed to obtain a medical certificate from a **medical practitioner**, confirming that cancellation of the **trip** is necessary;
3. normal pregnancy, without any accompanying **bodily injury**, illness or complication;
4. claims arising directly or indirectly from any **pre-existing medical conditions** unless they have been declared and accepted by **us** in writing for cover;
5. any claims arising directly or indirectly from any **medical condition** affecting a non-travelling relative if;
  - a terminal diagnosis had been received; or
  - if they were on a waiting-list for, or had knowledge of the need for, surgery, inpatient treatment or investigation at any hospital or; or if during the 90 days immediately prior to the start of the **period of insurance** they had:
    - required surgery, inpatient treatment or hospital consultations; or
    - required any form of treatment or prescribed medication.
6. any extra charges from the company **you** booked with because of **your** failure to notify them immediately it was found necessary to cancel;
7. claims arising from prohibitive regulations by the government of any country;
8. theft of a passport which has not been reported immediately to the relevant authority;
9. travel tickets paid for using any airline mileage reward scheme or other reward points scheme;
10. accommodation costs paid for using any timeshare, holiday property bond or other reward points scheme;
11. any costs incurred by **you** which are recoverable from a tour operator, **public transport** operator, accommodation provider, **holiday services** provider or any other source, or for which **you** receive or are expected to receive compensation or other assistance;
12. any circumstance that could reasonably be anticipated at the time **you** booked **your trip**;
13. disinclination to travel or continue travelling, unless **your** change of travel plans is caused by one of the circumstances listed under 'What you are covered for';
14. **your** being self-employed or accepting voluntary redundancy;
15. any claim resulting from **your** failure to obtain a valid passport and any required visa in time for the booked **trip**;
16. anything mentioned in the General Exclusions.

### EMERGENCY MEDICAL AND REPATRIATION EXPENSES

#### What you are covered for

If, during **your trip**, **you** become ill or sustain a **bodily injury** **we** will pay up to the amount shown in the summary of cover for costs incurred outside **your home country** that have been authorised by the emergency assistance company for:

1. emergency medical and surgical treatment in the nearest appropriate



hospital, including **medical practitioner** fees, hospital expenses and charges for medical transportation;

2. dental treatment for the relief of pain or difficulty eating only;
3. reasonable and necessary additional accommodation (room only) and travelling expenses, including those of one relative or friend if **you** have to be accompanied **home** or if **you** are a child (under the age of 18) and require an escort **home**;

In the event of **your** death **we** will pay for:

1. the return of **your** body or ashes to **your home country** (but excluding the cost of burial or cremation); or
2. for local funeral expenses abroad.

### SPECIAL CONDITIONS

This is not a private health insurance policy. **We** will pay for private treatment only if there is no appropriate reciprocal health agreement in existence and no public service available and **we** reserve the right to organise a transfer from a private medical facility to a public medical facility where appropriate.

If **you** are taken into hospital or **you** think that **you** may have to **curtail** or extend **your trip** because of illness or a **bodily injury**, the emergency assistance company must be told immediately (see important contact numbers). **You** must contact **us** before incurring costs. Costs above £500 not authorised by **us** will not be covered. If **you** are physically unable to contact **us**, someone else must contact **us** on **your** behalf within 48 hours.

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

If **you** become ill or sustain a **bodily injury** **we** have the right to bring **you** back to **your home country**, if the emergency assistance company **medical practitioner** states that **you** can safely travel. If **you** refuse to return **home**, no further costs will be covered.

#### What you are NOT covered for

1. the **excess** shown in the summary of cover;
2. costs in excess of £500 which have not been authorised by **us** in advance;
3. any treatment, investigations or tests in a private hospital or private clinic unless authorised and agreed by **us**;
4. treatment which takes place within **your home country**;
5. claims arising directly or indirectly from any **pre-existing medical conditions** unless they have been declared and accepted by **us** in writing for cover;
6. any sums which can be recovered by **you** and which are covered under any National Insurance Scheme, Reciprocal Health Arrangement or Private Health Insurance;
7. normal pregnancy and/or childbirth, without any accompanying **bodily injury**, illness or complication;
8. costs incurred for:
  - a) surgery or medical treatment which in the opinion of the attending **medical practitioner** and the emergency assistance company **medical practitioner** can be reasonably delayed until **your** return to **your home country**;
  - b) medication and/or treatment which at the time of departure is known to be required or to be continued outside **your home country**;
  - c) preventative treatment which can reasonably be delayed until **your** return to **your home country**;
9. claims that are not confirmed as medically necessary by the attending **medical practitioner** or the emergency assistance company;
10. the cost of any elective (non-emergency) treatment or surgery, including exploratory tests;
11. the cost of any treatment not directly related to the illness or **bodily injury** which necessitated **your** admittance into hospital;
12. any additional hospital costs arising from single or private room accommodation unless medically necessary;
13. expenses incurred as a result of a tropical disease where **you** have not had the recommended inoculations and/or taken the recommended medication;
14. costs that arise more than 12 months after a claim was first notified;
15. any claim arising directly or indirectly from **your** participation in any sports or activities not listed under the sports and activities tables or which **you** have not paid the appropriate premium for;
16. anything mentioned in the General Exclusions.

### HOSPITAL BENEFIT

#### What you are covered for

**We** will pay **you** up to the amount shown in the summary of cover should **you** suffer a **bodily injury** or illness during the **period of insurance**, for each full 24 hours that **you** spend as an inpatient in a hospital outside of **your home country**.

#### What you are NOT covered for

1. the **excess** shown in the summary of cover;
2. treatment which takes place within **your home country**;
3. claims arising directly or indirectly from any **pre-existing medical conditions** unless they have been declared to **us** and accepted by **us** in writing for cover;
4. normal pregnancy and/or childbirth, without any accompanying **bodily injury**, illness or complication;
5. claims that are not confirmed as medically necessary by the attending **medical practitioner** or the emergency assistance company;
6. hospitalisation for any elective (non-emergency) treatment or surgery, including exploratory tests;
7. hospitalisation for any treatment not directly related to the **medical condition** or **bodily injury** which necessitated **your** initial admittance into hospital;
8. hospitalisation as a result of a tropical disease where **you** have not had the recommended inoculations and/or taken the recommended medication;
9. anything mentioned in the General Exclusions.

### PERSONAL POSSESSIONS AND BAGGAGE

#### What you are covered for

1. **We** will pay up to the amount shown in the summary of cover for the value or cost of repair of any of **your** own **personal possessions** (not hired, loaned or entrusted to **you**) which are lost, stolen, damaged or destroyed (after making allowance for wear and tear and depreciation).
2. **We** will pay up to the amount shown in the summary of cover for the cost of buying replacement necessities if **your** baggage is delayed in reaching **you** on **your outward journey** for at least 12 hours and **you** have a written report from the carrier to confirm this.

### SPECIAL CONDITIONS

In the event of a claim for a pair or set of articles the maximum amount payable will be limited to the single article limit shown in the summary of cover.

Receipts will be necessary in the event of a claim.

Within 24 hours of the discovery of the incident **you** must report loss, theft or damage of **personal possessions** to the police or carrier as appropriate. Delayed baggage or **personal possessions** damaged in transit must be reported to the airline before leaving the baggage hall and a Property Irregularity Report (PIR) obtained.

Any amount **we** pay **you** under item 2 will be deducted from **your** claim if **your** baggage proves to be permanently lost and **you** make a claim for lost baggage.

#### What you are NOT covered for

1. the **excess** shown in the summary of cover;
2. **you** not exercising reasonable care for the safety and supervision of **your personal possessions**;
3. loss, destruction, damage or theft of any items left **unattended** in a public place, or a place to which members of the general public have access;
4. the loss, damage or delay in transit of **your personal possessions**, if **you** do not notify the carrier (i.e. airline, shipping company, etc.) and obtain a written report within 24 hours of discovery of the damage or loss;
5. loss, destruction, damage or theft:
  - a) from confiscation or detention by customs or other officials or authorities;
  - b) sports gear whilst in use;
  - c) due to wear and tear, denting or scratching, moth or vermin;
  - d) of valuables not carried in your hand luggage (i.e. carried on or about your person) while in transit;
6. breakage of fragile or brittle articles being transported by a carrier;
7. **valuables** stolen from an **unattended** vehicle at any time;
8. mobile phones or smart phones;
9. **personal possessions** stolen from:
  - a) an **unattended** vehicle, unless it was in the locked glove compartment, or rear boot or luggage area of the vehicle and it is covered so as not to be visible from outside the vehicle, and unless there is evidence of forcible entry;
  - b) an **unattended** vehicle (other than motor caravans) left for any period between the hours of 9pm and 9am;
10. any depreciation in value;
11. any property more specifically insured or recoverable under any other source;
12. the cost of replacement locks;
13. anything mentioned in the General Exclusions.

### PERSONAL MONEY

#### What you are covered for

**We** will pay **you** up to the amount shown in the summary of cover if **your** own **money** is lost or stolen whilst being carried on **your** person or left in a locked safety deposit box (or equivalent facility).

#### What you are NOT covered for

1. the **excess** shown in the summary of cover;
2. claims arising from **you** not exercising reasonable care for the safety and supervision of **your money**;
3. loss or theft of **your money** left **unattended** in a public place, or a place to which members of the general public have access;
4. **money** stolen from:
  - a) an **unattended** vehicle, unless it was in the locked glove compartment, or rear boot or luggage area of the vehicle and it is covered so as not to be visible from outside the vehicle, and unless there is evidence of forcible entry;
  - b) an **unattended** vehicle (other than motor caravans) left for any period between the hours of 9pm and 9am;
5. any depreciation in value or exchange rates;
6. anything mentioned in the General Exclusions.

#### LOSS OF PASSPORT

##### What you are covered for

**We** will pay up to the amount shown in the summary of cover for:

1. the reasonable costs in obtaining a replacement passport or travel document (**you** are not covered for the cost of the document itself) to enable **you** to return to **your home country** following accidental loss or theft;
2. the reasonable costs in obtaining a replacement driving licence or green card following accidental loss or theft.

##### What you are NOT covered for

1. the **excess** shown in the summary of cover;
2. the cost of the passport, travel document, driving licence or green card;
3. loss due to delay, detention, confiscation, requisition or damage by customs or other officials or authorities;
4. loss or theft unless **you** have reported the loss or theft to the nearest police authority within 24 hours of discovery and have obtained a written police report;
5. loss of or theft from an **unattended** vehicle at any time;
6. anything mentioned in the General Exclusions.

#### PET CARE

##### What you are covered for

**We** will pay up to the amount shown in the summary of cover for each full 24 hour period that **you** are delayed for extra boarding fees for **your** pet, if **your** return journey is delayed due to a reason insured under this policy.

##### What you are NOT covered for

1. any animal boarding fees **you** incur as a result of quarantine regulations;
2. any claims where **you** have failed to check in for **your** return journey at or before the recommended time;
3. any claims where **you** have failed to get a written statement from the appropriate transport company or authority confirming the reason for delay;
4. anything mentioned in the General Exclusions.

#### TRAVEL DELAY

This section does not apply to **trips** within **your home country** and only applies to delays on **your outward journey**.

##### What you are covered for

**We** will pay **you** up to the amount shown in the summary of cover if the international departure of the **public transport** on which **you** are booked to travel is delayed by at least 12 hours; or

up to the amount under the Cancellation section of this policy shown in the summary of cover if **you** abandon the **trip** after a delay to **your** outward flight, sea crossing, coach or train departure from **your home country** of more than 12 hours beyond the booked departure time as a result of:

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

##### What you are NOT covered for

1. the **excess** shown in the summary of cover;
2. any claim if **you** have not checked in before the recommended check-in time;
3. any claim if **you** have not obtained written confirmation from the carrier stating the duration and the cause of the delay;
4. any claims arising from withdrawal from service of the **public transport** on the orders or recommendation of the Civil Aviation Authority or a Port Authority or similar body in any country;
5. anything mentioned in the General Exclusions.

#### MISSED DEPARTURE ON YOUR OUTWARD JOURNEY

This section does not apply to **trips** within **your home country**.

##### What you are covered for

**We** will pay up to the amount shown in the summary of cover for necessary and reasonable travel and accommodation expenses required to reach **your** booked destination, if **you** miss **your** booked departure due to:

1. the vehicle **you** are travelling in to reach **your** international departure point breaking down or being involved in an accident; or
2. the **public transport** **you** are using to reach **your** international departure point being delayed, resulting in **you** arriving too late to commence **your** booked **trip**.

##### What you are NOT covered for

1. the **excess** shown in the summary of cover;
2. claims where **you** have not allowed sufficient time to get to **your** international departure point to catch the booked **public transport**;
3. the **public transport** provider's failure unless **you** get a letter from the provider confirming that the service did not run on time;
4. the accident or breakdown of **your** vehicle unless **you** get confirmation of the delay from the authority who went to the accident or breakdown affecting the car **you** were travelling in;
5. breakdown of any vehicle in which **you** are travelling if the vehicle is owned by **you** and has not been serviced properly and maintained in accordance with manufacturer's instructions;
6. 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;
7. anything mentioned in the General Exclusions.

#### PERSONAL ACCIDENT

##### What you are covered for

**We** will pay up to the amount shown in the summary of cover if **you** suffer an accidental **bodily injury** during the **trip**, which within 12 months is the sole and direct cause of:

1. death;
2. **loss of limb**;
3. total and permanent **loss of sight** in one or both eyes; or
4. **permanent total disablement**.

##### SPECIAL CONDITIONS

For persons over 75 at the time of the accident the death benefit will be limited to £1,500 and there will be no cover for **permanent total disablement**.

##### What you are NOT covered for

1. any claims arising directly or indirectly from sickness, illness or disease;
2. any injury not caused solely by outward, visible, external means;
3. mental or psychological trauma not involving **your bodily injury**;
4. any claim arising directly or indirectly from **your** pregnancy;
5. any claims under this section not notified to **us** within 12 months of the date of the accident;
6. anything mentioned in the General Exclusions.

#### PERSONAL LIABILITY

##### What you are covered for

**We** will pay up to amount shown in the summary of cover (inclusive of legal costs and expenses) if, during the **trip**, **you** become legally liable to pay damages in respect of:

1. accidental **bodily injury**, including death, illness and disease to a person; and/or
2. accidental loss of or damage to property.

##### SPECIAL CONDITIONS

**You** or **your** legal representatives must give **us** written notice immediately **you** receive notice of any prosecution or inquest in connection with any circumstances which may give rise to a claim under this section.

No admission, offer, promise, payment or indemnity should be made by or on behalf of **you** without **our** prior written consent.

Every document issued to **you** must be forwarded to **us** immediately upon receipt.

**We** are 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.

**We** may at any time pay 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** will have no further liability for **your** claim.

### What you are NOT covered for

1. claims arising from accidental death of or physical injury to **you** or **your close relative**;
2. any liability resulting from **your** employment, trade, profession, business or that of **your close relative**;
3. **your** responsibility as an employer to anyone employed by **you** or **your close relative** in any trade, business or profession;
4. any agreement or contract which adds any liability which would not have existed otherwise;
5. any liability arising from **you** or **your close relative** owning or using aircraft, horse-drawn vehicles, motorised or mechanically propelled, assisted vehicles or towed vehicles, boats (other than rowing boats, punts), jet skis, jet bikes or wet bikes, animals (other than horses, domestic dogs or cats), firearms;
6. any liability resulting from wilful or malicious acts by **you**;
7. accidental injury or loss which has not been caused by **you**;
8. any claim for personal liability which is covered by any other insurance held by **you**;
9. any claims arising from the occupation, except temporarily for the purposes of the **trip**, or ownership of any land or building;
10. any claim if **you** engage in any activity where this policy states that Personal Liability cover is excluded;
11. anything mentioned in the General Exclusions.

## LEGAL EXPENSES

### What you are covered for

We will pay up to the amount shown in the summary of cover for **legal expenses** to bring a claim for damages or compensation against a third party, if **you** suffer an incident that results in **bodily injury**, death or illness caused by a third party during the **trip**.

The following words and expressions used in this section of the policy shall mean the following wherever they appear in bold:

#### **Legal Expenses:**

- a) fees, expenses and other costs reasonably incurred (as determined by **our legal representative**) by a **legal representative** to pursue a claim or legal proceedings for damages and/or compensation against a third party who has caused **your bodily injury**, death or illness.
- b) 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:**

The solicitor or other suitably qualified person appointed by **us** in accordance with this section of the policy.

### **SPECIAL 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 representative**) grounds for pursuing the claim or legal proceedings; and
  - b) in the opinion of **our legal representative** the prospects of success and of recovering damages/enforcing a judgment is at least 51%.
2. All claims or legal proceedings including any appeal against judgement resulting from the same original cause, event, or circumstance, will be regarded as one claim.
3. If **you** are successful in any action, any **legal expenses** provided by **us** must 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. 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.
7. Only the costs incurred by a **legal representative** approved or appointed by **us** will be covered.
8. **We** shall have complete control over the legal proceedings through **legal representatives** **we** nominate up to the point where proceedings are issued at which point **you** are free to nominate a suitably qualified person, although **we** do not have to accept them.
9. Any **legal representative** will be appointed by **us** to represent **you** according to **our** standard terms, which may include a Conditional Fee Agreement or a Contingency Fee Agreement.
10. **You** must cooperate fully with **us** and the **legal representative** and follow their advice and provide any information and assistance required by them within a reasonable timescale.
11. **We** will have direct contact with the **legal representative** and **you** must authorise them to disclose any information or documentation **we** may ask for.

12. If **we** ask, **you** must have any legal costs taxed, assessed or audited.

### What you are NOT covered for

1. the **excess** as shown in the summary of cover;
2. any claim **we** or **our legal representatives** believe is not likely to be successful or if **we** think the costs of taking action will be more than any award or the prospects of success and of recovering damages/enforcing a judgment is likely to be less than 51%;
3. any claim reported to **us** more than 3 months after incident which led to the claim;
4. **legal expenses** incurred in the defence against any civil claim or legal proceedings made or brought against **you**;
5. **legal expenses** incurred before receiving **our** prior written approval;
6. **legal expenses** incurred in connection with any criminal or wilful act committed by **you**;
7. **legal expenses** incurred for any claim or legal proceedings brought against:
  - a) a travel agent, tour operator, carrier, insurer or their agent;
  - b) a holiday accommodation provider;
  - c) **us**, **you**, or any company or person involved in arranging this policy;
  - d) any person named on this policy;
8. fines, compensation or other penalties imposed by a court or other authority;
9. **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 **our legal representative** to be reasonable or **you** not accepting an offer from **us** to settle a claim;
10. **legal expenses** which **we** consider to be unreasonable or excessive or unreasonably incurred (as determined by **our legal representative**);
11. **legal expenses** incurred in pursuing any claim for compensation against the manufacturer, distributor or supplier of any drug, medication or medicine.
12. any claim relating to:
  - a) an illness which gradually develops and is not caused by a specific or sudden event;
  - b) the driving of a motor vehicle for which **you** had no valid insurance;
  - c) judicial review or coroner's inquest;
  - d) defending **your** legal rights, except for the defence of any counterclaim.
13. any claim where **legal expenses** are based directly or indirectly on the amount of compensation awarded and specifically which is capable of being pursued under a Contingency Fee Agreement;
14. **legal expenses** incurred in any claim which is capable of being pursued under a Conditional Fee Agreement;
15. **legal expenses** incurred if an action is brought in more than one country;
16. anything mentioned in the General Exclusions.

## MUGGING

### What you are covered for

We will pay **you** up to the amount shown in the summary of cover if **you** sustain actual bodily injury as a result of a mugging attack during the period of insurance resulting in medical treatment and necessitating admission to an overseas hospital if:

1. The incident was reported to the nearest police authority within 12 hours of the incident occurring;
2. **You** produce independent evidence in writing in support of any claim.

### What you are NOT covered for

1. Any claim where **you** were under the influence of intoxicating liquor, drugs or substance or solvent abuse at the time of the mugging;
2. any claim where there is evidence of intentional self injury, wilful exposure to peril or **your** deliberate acts;
3. anything mentioned in the General Exclusions.

## HIJACK

### What you are covered for

We will pay up to the amount shown in the summary of cover for each 12 hour period **you** are confined as a result of hijack.

### What you are NOT covered for

any compensation unless you have obtained confirmation from the airline carrier or their handling agents confirming the period of delay;

anything mentioned in the General Exclusions.

### **SPECIAL CONDITIONS**

In order to make a claim under this section **you** must obtain an independent written report confirming the period of delay along with any supporting documentation such as press cuttings.

## NATURAL CATASTROPHE COVER

For the purposes of this policy a natural catastrophe is considered to be a catastrophic event caused by: fire, flood, earthquake, explosion, tsunami,



volcanic eruption, landslide, avalanche, hurricane, cyclone or storm which is unforeseen and unknown at the time **you** purchased this insurance or booked your **trip**.

**What you are covered for**

If any part of **your** outward, onward or return journeys are delayed, cancelled, cut short or extended as a result of a natural catastrophe **we** will pay up to the amount shown in summary of cover for:

1. the unused portion of **your** travel and accommodation costs which **you** have paid or are contracted to pay if **you** cannot get a full refund, if the **public transport** on which **you** are booked to travel is cancelled and **you** are unable to use **your** travel, accommodation or pre-booked excursions;
2. costs incurred for any reasonable additional accommodation (room only) if **you** have pre-booked accommodation, and transport up to the standard of **your** original booking, to reach **your** booked destination at any stage of **your trip**, including **your** return **home**, if the **public transport** on which **you** are booked to travel is delayed for more than 12 hours and no reasonable alternative is offered by the transport company;
3. travel delay benefit if the **public transport** on which **you** are booked to travel is delayed or cancelled at any international departure point from or to **your home** country provided **you** have checked in at the airport or, if **you** have checked in online, **you** have already travelled to the airport, and eventually continue with the **trip**.
4. If **your** holiday accommodation is rendered uninhabitable due to a natural catastrophe **we** will pay up to the amount shown in the summary of cover for:
  - a) replacement accommodation or;
  - b) the unused portion of **your** pre-paid accommodation costs.

**SPECIAL CONDITIONS**

If **you** fail to notify the travel agent, tour operator or provider of transport or accommodation as soon as **you** find out it is necessary to cancel the **trip**, the amount we will pay will be limited to the cancellation charges that would have otherwise applied.

**You** must obtain (at **your** own expense) written confirmation from the provider of the accommodation (or their administrators), the local police or other relevant authority that **you** could not use **your** pre-booked accommodation and the reason for this.

**You** must give notice as soon as possible to **us** of any circumstances making it necessary for **you** to return **home** and before any arrangements are made for **your** repatriation.

**You** must obtain (at **your** own expense) written confirmation from the **public transport** operator (or their handling agents) of the cancellation, number of hours of delay or denied boarding and the reason for these together with details of any alternative transport offered.

**You** must comply with the terms of contract of the **public transport** operator and seek financial compensation, assistance or a refund of **your** ticket and any other expenses from them in accordance with such terms and/or (where applicable) **your** rights under EU Air Passengers Rights legislation in the event of denied boarding, cancellation or long delay of flights.

**What you are NOT covered for**

1. the **excess** shown in the summary of cover;
2. travel tickets paid for using any airline mileage reward scheme or other reward points scheme;
3. accommodation costs paid for using any timeshare, holiday property bond or other reward points scheme;
4. any circumstance which existed and was publicly announced on or before the date **you** purchased **your** policy or at the time of booking **your trip**, whichever is later, or, if **you** are cutting short **your trip**, before **you** had started **your trip**;
5. any costs incurred by **you** which are recoverable from a tour operator, **public transport** operator, accommodation provider, **holiday services** provider or any other source, or for which **you** receive or are expected to receive compensation or other assistance;
6. any accommodation costs, charges and other expenses where the **public transport** operator has offered reasonable alternative travel arrangements or accommodation;
7. any costs for normal day-to-day living such as food and drink;
8. any travel or accommodation expenses **you** would normally incur;
9. any costs if **you** do not take the first available means of transport to get to **your** destination or **home** or any unreasonable or unnecessary costs to get **you** to **your** destination or **home**.
10. anything mentioned in the General Exclusions.

**OPTIONAL ADDITIONAL COVER TO SECTION A**

The following sections are only applicable if **you** have paid the appropriate additional premium. Any optional additional cover will be shown on **your certificate of insurance**.

**OPTIONAL EXCESS WAIVER**

The **excess** is reduced to nil except where stated. This benefit must be purchased at the same time as buying **your** policy.

Note: In the event of an injury occurring during the course of voluntary **manual work**, the **excess** under the section Medical & Repatriation Expenses will be increased to £250 and the application of the **Excess** Waiver will not delete this increased **excess**.

**OPTIONAL WINTER SPORTS COVER**

If **you** are an Annual Multi-trip policy holder, **you** are entitled to 17 consecutive days' winter sports cover if **you** have paid the appropriate additional premium.

If **you** are a Single trip policy holder and have paid the appropriate premium this upgrade will be shown on **your certificate of insurance**.

This policy excludes participating in or practising for certain winter sports and activities. Please ensure that the activity **you** are doing is covered.

This policy will cover <b>you</b> when <b>you</b> are engaging in the following winter sports on a non-competitive and non-professional basis during <b>your trip</b> when <b>you</b> have paid the additional winter sports premium:	
Cat skiing (with guides)	Snow blading (no jumping tricks)
Cross country skiing	Snow bobbing
Glacier skiing	Snow scooting
Ice hockey	Snow shoe walking
Langlauf (cross country skiing)	Snow shoeing
Monoskiing (not for time trials/speed skiing or racing)	Snow tubing
Skiing on piste	Snow blading
Skiing or snowboarding off piste (within local ski patrol guidelines)	Snow boarding on piste
Sledging/tobogganing	

The following activities will be covered but there will be no cover in respect of any Personal Accident or Personal Liability claims:	
Kite snowboarding	Snow carting
Snow go karting	Snowmobiling
Skidoo	Snowmobile safari

Even if the appropriate winter sports premium has been paid, the following activities will remain excluded:	
Aerial skiing	Ski or ski bob
Air boarding	Ski race training
Biathlon	Ski racing
Bobsleigh	Ski randonee
Freestyle skiing	Ski stunting
Heli skiing or heli boarding	Ski touring
Ice climbing	Ski yawing
Ice diving	Skiing/snowboarding off piste (outside local ski patrol guidelines/ outside recognised and authorised areas)
Ice fishing by snowmobile	
Ice holing	
Ice marathon	
Ice speedway	Snow biking
Nordic skiing	Snow cat driving
Paraskiing	Snow kiting
Ski acrobatics/aerials	Snow parascending
Ski jumping	Tandem skiing
Ski mountaineering	Use of skeletons

**You** are not covered when engaging in organised competitions or when skiing against local authority warning or advice.

If **you** are undertaking a pursuit or activity which is not listed in this policy or are in any doubt as to whether cover will apply, please call **our** Travel Helpline as quoted on **your certificate of insurance**.

Benefits under the sections of cover already described are extended to cover winter sports. Please note that all terms, conditions and exclusions (except where these are amended under this upgrade) continue to apply for all sections in respect of winter sports.

**WINTER SPORTS CANCELLATION OR CURTAILMENT**

**What you are covered for**

In addition to the Cancellation or **Curtailment** section **we** will pay up to the amount shown in the summary of cover for the cost of deposits **you** cannot recover, or payments **you** have made (or contracted to pay) for unused ski pass or ski school fees.



### What you are NOT covered for

- anything mentioned in the exclusions relating to the Cancellation or **Curtailment section**;
- anything mentioned in General Exclusions.

### SKIS, SKI EQUIPMENT & SKI PASS

#### What you are covered for

In addition to the **Personal Possessions** and Baggage section **we** will pay up to the amount shown in the summary of cover if:

- ski equipment** belonging to or hired by **you** is damaged, stolen, destroyed or lost in the course of a **trip**;
- your** ski pass that **you** are carrying on **your** person or have left in a safety box is lost, stolen, or damaged in the course of a **trip**.

#### **SPECIAL CONDITIONS**

**Ski equipment** is covered against damage or loss whilst in use, if being used correctly. Skis are covered when locked to a roof rack, which is itself locked to the roof of a vehicle.

**You** must take reasonable care of **your ski equipment** and ski pass and must not leave them **unattended** at any time in a place to which the public has access.

#### What you are NOT covered for

- anything mentioned in the exclusions relating to the **Personal Possessions** and Baggage section;
- anything mentioned in the General Exclusions.

### PISTE CLOSURE

#### What you are covered for

If during a **trip** **you** are prevented from skiing at the pre-booked resort for more than 24 consecutive hours, because adverse weather conditions cause a total closure of the lift system (other than baby drags and lifts used for transport within the resort by non-skiers) **we** will pay up to the amount shown in the summary of cover:

- for all reasonable travel costs and lift pass charges **you** have to pay to travel to and from a similar area to ski; or
- as a cash benefit payable if no suitable alternative skiing is available.

#### What you are NOT covered for

- trips** in the Northern Hemisphere outside the period commencing 1st December and ending 31st March;
- trips** in the Southern Hemisphere outside the period commencing 1st May and ending 30th September;
- anything mentioned in the General Exclusions.

### AVALANCHE OR LANDSLIDE

#### What you are covered for

If, following avalanches or landslides, access to and from the ski resort is blocked or scheduled **public transport** services are cancelled or **curtailed** **we** will pay up to the amount shown in the summary of cover for reasonable extra accommodation and travel expenses. Evidence of limited access will be required.

#### What you are NOT covered for

Anything mentioned in the General Exclusions.

### SKI HIRE

#### What you are covered for

If **your ski equipment** is delayed on the **outward journey** of a **trip** for more than 12 hours, then **we** will pay **you** up to the amount shown in the summary of cover for hire of equivalent replacement **ski equipment**.

#### What you are NOT covered for

- the loss, damage or delay in transit of **your ski equipment** if **you** do not notify the carrier within 24 hours and obtain a Property Irregularity Report (PIR) or other report confirming the delay;
- anything mentioned in the General Exclusions.

## OPTIONAL SPORTS AND ACTIVITIES COVER

Category A sports are automatically covered under **your** policy. Category B, C and D sports will be covered upon payment of an additional premium. Payment for additional categories includes coverage for all preceding categories (e.g. if **you** pay Category D **you** will be covered for A, B and C also) and will be noted on **your certificate of insurance**.

**You are not covered for taking part in any sports or activities unless they are listed below.**

Cover for the following activities is included providing it is not the main purpose of **your trip**, and is for recreational or amateur purposes only during **your**

**trip**. When participating in **your** activity **you** must ensure that it is adequately supervised and appropriate safety equipment is worn/used at all times.

Activity	Category	Conditions
Abseiling	C	
Aerobics	A	
Archery	A	
Badminton	A	
Basketball	A	
Bowls	A	
Bungee Jump	B	No Personal Accident cover
Camel/Elephant Riding	B	
Camogie	B	
Canyoning	D	
Cricket	A	
Cycling	A	No Tours. No Personal Liability cover
Cycle touring	C	
Deep Sea Fishing	B	
Dog Sledging	B	
Dry slope Skiing	C	
Fell walking, rambling & trekking	A	Up to 2,000 metres altitude
Fishing	A	
Football	A	
Go Karting	B	Up to 120cc. No Personal Liability cover
Golf	A	
Gymnastics	B	
Hang Gliding	D	
Hiking	A	Up to 2,000 metres altitude
Hiking	B	Between 2,000 and 6,000 metres altitude
Hockey	B	
Horse riding	D	No Polo, Hunting, Jumping or Racing
Hot Air Ballooning	B	As a passenger only
Hydro Zorbing	B	
Hurling	B	
Ice Hockey	D	
Ice-skating	A	Rink only
Land Yachting	D	
Martial Arts	B	Training only
Motorcycling	B	Over 50cc and under 250 cc - no racing as a rider or passenger when wearing a helmet provided the rider holds an appropriate UK motorcycle licence to ride the motorcycle. No Personal Liability cover
Mountain biking	C	Excluding competition/racing
Parachuting	D	Tandem only – no cover for solo
Paragliding	C	
Parasailing	C	
Parascending	A	Towed by boat. No Personal Liability cover
Parascending	C	Over land
Racket ball	A	
Rafting, canoeing and kayaking	B	including white water up to grade 3. No Personal Liability cover
Rafting, canoeing and kayaking	C	including white water up to grade 4. No Personal Liability cover
Rafting, kayaking and canoeing	A	No white water
Rambling	A	
Roller skating	A	
Rounders	A	
Rugby	B	
Safari	B	Not involving use of firearms (not walking safari)
Sail Boarding	C	Must be inland waters or coastal waters within a 12 mile limit from land.
Sand Boarding	C	
Sand Yachting	C	
Scuba Diving	A	To a depth of 18 metres

Activity	Category	Conditions
Scuba Diving*	D	Depth of between 18 and 30 metres if BSAC, PADI, DIWA, SSI or SAA member
Sea Canoeing	B	
Show Jumping	D	
Skateboarding	A	
Snooker, pool and billiards	A	
Snorkelling	A	
Squash	A	
Surfing	A	No Personal Liability cover
Swimming	A	Must be undertaken in a pool, inland waters or coastal waters within a 12 mile limit from land
Table tennis	A	
Tennis	A	
Trekking	B	Between 2,000 and 6,000 metres altitude
Triathlon – Road Bike	B	
Volleyball	A	
Water polo	A	
Water skiing	A	Must be inland waters or coastal waters within a 12 mile limit from land. No Personal Liability cover
Windsurfing	A	Must be inland waters or coastal waters within a 12 mile limit from land. No Personal Liability cover
Work Abroad	D	No Personal Liability or Personal Accident cover. Manual work will be ground level only and no machinery.
Yachting, boating, sailing and rowing	A	Must be inland waters or coastal waters within a 12 mile limit from land. No Personal Liability cover

\*When **you** have paid the appropriate additional premium for Scuba diving at any depth the following endorsement applies:

SCUBA diving to a maximum depth of 30 metres will be covered provided that **you** hold a British Sub Aqua Club (B.S.A.C.) or equivalent certificate of proficiency for the dive being undertaken or **you** are under the direct supervision of a qualified instructor; are diving with proper equipment and not contrary to B.S.A.C. codes of good practice; are not solo/ cave/wreck diving; are not diving for hire or reward; are not diving within 24 hours of flying or flying within 24 hours of diving and are not suffering from any **medical condition** likely to impair **your** fitness to dive.

## OPTIONAL GOLF COVER

This section of cover is only applicable if **you** have paid the appropriate premium and is noted in your **certificate of insurance**.

### What you are covered for

If during **your trip** your own **golf equipment** is lost or damaged, **we** will pay up to the amount shown in the summary of cover for:

- the cost of repair or value of **your own golf equipment** (after making proper allowance for wear and tear and depreciation) or hired **golf equipment**;
- the reasonable cost of hiring equivalent replacement **golf equipment**.

#### What you are NOT covered for

- the **excess** shown in the summary of cover;
- any claim if **you** do not exercise reasonable care for the safety and supervision of **your own** or **your hired golf equipment**;
- your own golf equipment** which is over three years old;
- claims if **you** do not obtain a written police report within 24 hours of the discovery in the event of loss, burglary or theft of **your own** or **your hired golf equipment**;
- claims where **your own** or **your hired golf equipment** are lost, damaged or delayed in transit if **you** do not notify the carrier (i.e. airline, shipping company etc.) immediately and obtain a written carrier's report within 24 hours;
- loss, destruction, damage or theft from confiscation or detention by customs or other officials or authorities;
- golf equipment** being stolen from:
  - an **unattended** vehicle unless it was in the rear boot or luggage area of the vehicle and is covered so as not to be visible from outside the vehicle, or items stored on a roof, and there is evidence of forced entry;
  - an **unattended** vehicle (other than motor caravans) left for any period between the hours of 9 pm and 9 am.

## LOSS OF GREEN FEES

### What you are covered for

**We** will pay up to the limits shown in the summary of cover for the unused

portion of Green Fees **you** have paid or contracted to pay before **your trip** started if:

- you** have a valid claim under Cancellation or **Curtailment** or Emergency Medical Expenses and Repatriation and are therefore unable to play golf or;
- the golf course is closed due to adverse weather conditions provided that written confirmation is provided.

### What you are NOT covered for

- claims that are not confirmed as medically necessary by the emergency assistance company and where a medical certificate has not been obtained from the attending **medical practitioner** abroad confirming that **you** are unable to play golf and unable to use the golf facilities;
- claims if **you** have not provided written confirmation from the golf course in question that the course was closed due to adverse weather conditions;
- anything mentioned under the exclusions contained in the Cancellation and **Curtailment** and Emergency Medical and Repatriation Expenses sections;
- anything mentioned in the General Exclusions.

## HOLE-IN-ONE

### What you are covered for

**We** will pay up to the amount shown in the summary of cover in the event of **your** scoring a hole-in-one during **your trip**. This benefit will only be payable once in any game.

### What you are NOT covered for

- claims if **you** do not produce written confirmation from the secretary of the club, stating that the hole in one has been performed to the satisfaction of the club, together with the original score card fully completed and duly signed;
- anything mentioned under the General Exclusions.

## OPTIONAL BUSINESS EQUIPMENT COVER

This section of cover is only applicable if **you** have paid the appropriate premium and is noted in **your certificate of insurance**.

### What you are covered for

**We** will pay up to the amount shown in the summary of cover:

- for the value or cost of repair of any of **your** business equipment which is lost, stolen or damaged after making proper allowance for wear and tear and depreciation.
- for the reasonable cost of hiring equivalent replacement business equipment if the business equipment held by **you** for business reasons is lost, stolen or damaged.
- for the following business items that **you** are responsible for if they are lost or stolen:
  - Cash\*
  - Travellers Cheques
  - Travel Tickets
  - Admission Tickets

\*If cash is collected from a bank for use during a **trip** it will be covered for a period of 72 hours prior to the start of a **trip** and shall continue for the same period after returning from the **trip** or until deposited at a bank whichever occurs first.

### SPECIAL CONDITIONS

In the event of a claim for a pair or set of articles the maximum amount payable will be limited to the single article limit shown in the summary of cover.

Within 24 hours of the discovery of the incident **you** must report loss, theft or damage of **personal possessions** to the police or carrier as appropriate. Delayed baggage or **personal possessions** damaged in transit must be reported to the airline before leaving the baggage hall and a Property Irregularity Report (PIR) obtained.

### What you are NOT covered for

- the **excess** shown in the summary of cover;
- any loss, theft or damage during **your** outward or return journey if **you** do not get a written report from the carrier within 24 hours of the loss, theft or damage;
- anything mentioned the exclusion from the **Personal Possession** and Baggage section;
- any loss and/or theft not reported to the police within 24 hours of discovery, and a police report obtained;
- any loss, theft or damage whilst left **unattended** unless **you** have kept them in locked accommodation, a safe or a safety deposit box;
- equipment or **money** left in a vehicle overnight between the hours of 9pm and 9am;
- any loss, theft or damage to mobile and smart phones, loose precious stones, securities, deeds, bonds, stamps or documents of any kind;
- loss, theft, or damage of equipment and **money** whilst in the custody of the carrier;

9. more than the value of the part of a pair or set which is lost, stolen or damaged;
10. anything mentioned in the General Exclusions.

## OPTIONAL OVERSEAS WEDDING COVER

This section of cover is only applicable if **you** have paid the appropriate premium and is noted in **your certificate of insurance**.

### What you are covered for

**We** will pay up to the limit shown in the summary of cover for:

1. loss, theft or damage of wedding rings, gifts, attire, photographs or video recordings of **your** wedding during **your trip**;
2. reasonable additional costs of hiring a professional photographer or video recording professional up to the limit shown in the summary of cover, if the professional originally booked to take photographs or video recording is unable to attend **your** wedding due to illness, injury or unforeseen transport problems.

### What you are NOT covered for

1. the **excess** shown in the summary of cover;
2. any loss or theft not reported to the nearest police authority with 24 hours or at any time if a written report is not provided;
3. deliberate damage to **your** rings, gifts, attire, photographs, video or baggage;
4. loss of, theft of or damage to:
  - a) rings, gifts, attire, photographs or video while in the custody of an airline, rail company, shipping line, bus or coach company, hotel or their agents unless **you** obtain a written report from them with 24 hours;
  - b) **valuables** not carried in **your** hand luggage (i.e. carried on or about **your** person) while in transit;
  - c) rings, gifts, attire, photographs or video in an **unattended** motor vehicle unless securely closed and locked and there is evidence of forced entry;
  - d) rings, gifts, attire, photographs or video in **your** accommodation unless the accommodation has been securely locked or items locked in a safe or safety deposit box, where this is reasonably practicable;
  - e) rings, gifts, attire, photographs or video left **unattended** in a place to which the public has access;
  - f) items shipped as freight;
  - g) films, tapes, cassettes, cartridges or discs other than for their value as unused material unless purchased pre-recorded;
5. any loss or damage caused by the process of cleaning, repairing or by restoring, atmospheric or climatic conditions, moth or vermin, electrical or mechanical breakdown;
6. anything mentioned in the General Exclusions.

## OPTIONAL TRAVEL DISRUPTION COVER

**You** will only be covered under this section if **you** have chosen the optional travel disruption extension and have paid the appropriate extra premium. This extension only applies in the event of travel disruption caused either directly or indirectly by natural disasters or **civil unrest** (see Meaning of Words).

This extension to the policy provides the following amendments to the insurance, specifically for costs and expenses that are not recoverable from any other source.

### SECTION 34 - EXTENDED TRAVEL DELAY COVER

#### What you are covered for:

**We** will pay **you** one of the following amounts:

1. If the scheduled **public transport** on which **you** are booked to travel is cancelled or delayed, leading to **your** departure being delayed for more than 12 hours at the departure point of any connecting **public transport** in the **UK** or to **your** overseas destination or on the return journey to **your home** we will pay **you** up to the amount shown in the Summary of Cover (which is meant to help **you** pay for telephone calls made and meals and refreshments purchased during the delay) provided **you** eventually continue the **trip**; or
2. If **you** choose to abandon **your trip** because the alternative transport to **your** overseas destination offered by the **public transport** operator was not suitable, **we** will pay **you** up to the amount shown in the Summary of Cover for any irrecoverable unused accommodation and travel costs (and other pre-paid charges) which **you** have paid or are contracted to pay because you were not able to travel and use your booked accommodation as a result of:
  - a) The scheduled **public transport** on which **you** were booked to travel from the **UK** being cancelled or delayed for more than 12 hours; or
  - b) **You** being involuntarily denied boarding (because there are too many passengers for the seats available) and no other suitable alternative flight could be provided within 24 hours.

**You** can only claim under subsections 1 or 2 for the same event, not both. If the

same costs, charges or expenses are also covered under any other section of this policy **you** can only claim for these under one section for the same event.

### SECTION 35 - EXTENDED MISSED DEPARTURE COVER

#### What you are covered for:

**We** will pay **you** up to the amount shown in the Summary of Cover for suitable additional accommodation (room only) and travel expenses necessarily incurred in reaching **your** overseas destination and/or in returning to the **UK** as a result of:

1. The **public transport** on which **you** were booked to travel being cancelled, delayed for more than 12 hours, diverted or re-directed after take-off;
2. The failure of other scheduled **public transport**; or
3. **You** being involuntarily denied boarding (because there are too many passengers for the seats available) and no other suitable alternative flight could be provided within 12 hours;

And **you** choose to make other travel arrangements for **your trip** because the alternative transport offered by the scheduled **public transport** operator was not suitable. The amount payable will be calculated after deduction of the amount of the refund on **your** ticket(s) together with any compensation from the **public transport** operator.

If the same costs, charges or expenses are also covered under any other section of this policy **you** can only claim for these under one section for the same event.

Please read the general conditions and exclusions.

### SECTION 36 - EXTENDED CATASTROPHE COVER

#### What you are covered for:

**We** will pay **you** up to the amount shown in the Summary of Cover for either:

1. Any irrecoverable unused accommodation costs (and other pre-paid charges which **you** have paid or are contracted to pay) because **you** were not able to travel and use **your** booked accommodation; or
2. Reasonable additional accommodation and transport costs incurred:
  - a) Up to the standard of **your** original booking, if **you** need to move to other accommodation on arrival or at any time during the **trip** because **you** cannot use **your** booked accommodation; or
  - b) With the prior authorisation of the 24hr emergency service to repatriate **you** to **your home** if it becomes necessary to cut short **your trip**.

**You** can only claim under one of subsections 1 or 2 above for the same event, not both.

If the same costs and charges are also covered under any other section of this policy **you** can only claim for these under one section for the same event.

Please read the general conditions and exclusions.

#### What you are NOT covered for:

1. The **policy excess** (except for claims under section 36 Extended Travel Delay subsection 1);
2. The cost of Airport Passenger Duty and any other refundable taxes;
3. Travel tickets paid for using any airline mileage reward scheme, for example Air Miles;
4. Accommodation costs paid for using any Timeshare, Holiday Property Bonds or other holiday points schemes;
5. Any claims arising directly or indirectly from an aircraft or sea vessel being withdrawn from service (temporary or otherwise) on the recommendation of the Civil Aviation Authority, Port Authority or any such regulatory body in a country to/from which **you** are travelling;
6. Any claim relating to **your** inability to provide a valid passport, visa or other documentation required by the **public transport** operator or their handling agents;
7. Any costs incurred by **you** which are recoverable from the providers of the accommodation (or their administrators) or for which **you** receive or are expected to receive compensation or reimbursement;
8. Any costs incurred by **you** which are recoverable from the **public transport** operator or for which **you** receive or are expected to receive compensation, damages, refund of tickets, meals, refreshments, accommodation, transfers, communication facilities or other assistance;
9. Any accommodation costs, charges and expenses where the **public transport** operator has offered suitable alternative travel arrangements;
10. Any costs for normal day to day living such as food and drink which **you** would have expected to pay during your trip;
11. Any claim if **you** have purchased Backpacker cover;
12. Anything mentioned in the General exclusions.

#### **Special conditions relating to claims**

**We** will require **you** to obtain/provide at your own expense, where relevant:

1. Written confirmation from the scheduled **public transport** operator (or their handling agents) of the number of hours of delay or involuntarily denied boarding and the reason for these together with details of any alternative transport offered;
2. Written confirmation from the provider of the accommodation (or their administrators), the local Police or relevant authority that **you** could not use **your** accommodation and the reason for this;



3. **You** must comply with the terms of contract of the scheduled **public transport** operator and seek financial compensation, assistance or a refund of **your** ticket from them, in accordance with the terms and/or (where applicable) **your** rights under EU Air Passenger Rights legislation in the event of denied boarding, cancellation or long delay of flights;
4. Written confirmation from the scheduled **public transport** operator/accommodation provider that reimbursement will not be provided.

## OPTIONAL CRUISE UPGRADE

**Your** policy can be extended to cover cruise holidays upon payment of the appropriate extra premium and is noted in **your certificate of insurance**.

## OPTIONAL CRUISE PACK

**Your** policy can be extended to cover cruise holidays and the extra cruise pack upon payment of the appropriate extra premium and is noted in **your certificate of insurance**.

## MISSED PORT DEPARTURE

### What you are covered for

**We** will pay up to the amount shown in the summary of cover for necessary and reasonable travel and accommodation expenses required to reach **your** booked cruise at the next embarkation point, if **you** are unable to get to **your** booked departure port due to:

1. the vehicle **you** are travelling in to reach **your** booked departure port breaking down or being involved in an accident; or
2. the **public transport** **you** are using to reach **your** international departure point being delayed, resulting in **you** arriving too late to commence **your** booked trip;
3. **strike or industrial action** or adverse weather conditions.

## SPECIAL CONDITIONS RELATING TO CLAIMS

**You** must allow sufficient time for the scheduled **public transport** or other transport to arrive on schedule and to deliver **you** to the departure point.

### What you are NOT covered for

1. the **excess** shown in the summary of cover;
2. **strike or industrial action** existing or publicly declared by the date this insurance is purchased or the date **your trip** was booked, whichever is the later;
3. the accident or breakdown of **your** vehicle unless **you** get confirmation of the delay from the authority who went to the accident or breakdown affecting the car **you** were travelling in;
4. breakdown of any vehicle in which **you** are travelling if the vehicle is owned by **you** and has not been serviced properly and maintained in accordance with manufacturer's instructions;
5. any claims arising from withdrawal from service temporarily or otherwise of the **public transport** on the orders or recommendation of the Civil Aviation Authority or a Port Authority or similar body in any country;
6. additional expenses where the scheduled **public transport** operator has offered reasonable alternative travel arrangements;
7. additional expenses where **your** planned arrival time at the port is less than 3 hours in advance of the sail departure time if **you** are travelling independently and not part of an integrated cruise package;
8. anything mentioned in the General Exclusions.

## CABIN CONFINEMENT

### What you are covered for

**We** will pay up to the amount shown in the summary of cover when **you** are confined to **your** cabin by the ship's medical officer for medical reasons.

### What you are NOT covered for

1. any confinement to **your** cabin which has not been confirmed in writing by the ship's medical officer;
2. anything mentioned in the General Exclusions.

## ITINERARY CHANGE

### What you are covered for

**We** will pay up to the amount shown in the summary of cover for each missed port in the event of cancellation of a scheduled port visit due to adverse weather or timetable restrictions. This must be confirmed by the cruise operator in writing confirming the reason for the missed port.

### What you are NOT covered for

1. the **excess** shown in the summary of cover;
2. claims arising from a missed port caused by **strike or industrial action** if it was known at the time that the insurance was purchased or the **trip** was booked;
3. **your** ship being unable to put people ashore due to a scheduled tender operation failure;

4. any claim if a monetary amount (including on board credit) of compensation has been offered by the ship or tour operator;
5. anything mentioned in the General Exclusions.

## UNUSED EXCURSIONS

### What you are covered for

**We** will pay up to the amount shown in the summary of cover for the cost of pre-booked excursions, which **you** were unable to use as a direct result of being confined to **your** cabin by the ship's medical officer for medical reasons.

### What you are NOT covered for

1. any confinement to **your** cabin which has not been confirmed in writing by the ship's medical officer;
2. **your** failure to attend the excursion as per **your** itinerary;
3. anything mentioned in the General Exclusions.

## GENERAL CONDITIONS APPLICABLE TO ALL SECTIONS

1. All receipts must be retained and produced in the event of a claim. **Your** claim may be rejected if receipts are not produced.
2. If **we** require any medical certificates, information, evidence and receipts, these must be obtained by **you** at **your** expense.
3. In the event of a claim, if **we** require a medical examination **you** must agree to this and in the event of death **we** are entitled to a post mortem examination, both at **our** expense.
4. **You** must take all reasonable steps to recover any lost or stolen article.
5. **You** must take all reasonable steps to avoid or minimise any loss or damage likely to give rise to a claim under this policy. **You** must act as if **you** are not insured.
6. **We** will make every effort to provide all services stated in this document. Remote geographical locations or unforeseeable adverse local conditions may affect normal service.
7. **We** may at any time pay **our** full liability under this policy after which **we** will have no further liability.
8. If any claim is found to be fraudulent in any way this policy will not apply and all claims related or subsequent to the fraud will not be paid.

## GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS

**We** will not pay anything directly or indirectly caused by:

1. **your** suicide, deliberately injuring **yourself**, being under the influence of drugs (unless prescribed by a doctor), alcohol, alcoholism or other alcohol related illnesses, drug addiction, solvent abuse, self-exposure to needless danger (unless **you** are trying to save someone's life);
2. **you** climbing on top of, or jumping from a vehicle or jumping from a building or balcony, or sitting, planking, balconing, owling or lying on any external part of any building, or climbing or moving from any external part of any building to another (apart from stairs, ramps or walkways) and falling regardless of the height, unless **your** life is in danger or **you** are attempting to save human life;
3. **you** fighting, except in self-defence;
4. air travel (other than as a fare-paying passenger on a regular scheduled airline or licenced charter aircraft);
5. bankruptcy/liquidation of any tour operator, travel agent or transportation company;
6. consequential loss of any kind unless specifically provided for within this policy (for example, but not limited to, loss of earnings due to being unable to return to work following injury or illness or cost of replacement lock if keys are lost);
7. loss or damage to any property and expense or legal liability directly or indirectly caused by:
  - a) ionising radiations or radioactive contamination from any nuclear fuel or nuclear waste which results in burning of nuclear fuel or;
  - b) the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it;
8. loss or damage arising from 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;
9. any act of **terror** (this exclusion does not apply to Emergency Medical and Repatriation Expenses or Personal Accident claims);
10. **you** riding on a motorcycle with an engine capacity in excess of 250cc or of any engine size if **you** fail to wear a crash helmet or have not paid the appropriate additional premium;
11. **you** riding on a quad bike;
12. **you** driving a motor vehicle or riding a motorcycle without an appropriate licence or when not insured under a motor insurance policy;
13. any sports or activities not listed under the sports and activities tables or which **you** have not paid the appropriate premium for;



14. winter sports of any kind (unless the appropriate premium has been paid);
15. any payment which **you** would normally have made during **your** travels, if nothing had gone wrong (for example, meals);
16. **your** travel to a country or specific area or event to which the Travel Advice Unit of the Foreign and Commonwealth Office or the World Health Organisation has advised against all, or all but essential travel;
17. claims arising from **your** wilful, malicious or unlawful acts;
18. a **pre-existing medical condition** not declared to and accepted by **us** in writing;
19. **you** driving, or in charge of a vehicle where **your** blood/urine alcohol level is above the legal limit stated in the laws of the country where the incident occurs;
20. **your** failure to meet the eligibility criteria under this policy.

## SECTION B - OPTIONAL GADGET COVER

**You** can only purchase this upgrade if **you** are resident in the United Kingdom. If **you** have purchased Economy, Standard or Premier cover and have purchased a Single **Trip** policy, Gadget cover is included if **You** have paid the appropriate additional premium for the **Period of insurance** up to a maximum of 90 days.

If **you** have purchased Economy, Standard or Premier cover and have Purchased an Annual Multi-**trip** policy, **you** are covered when taking part in **Trips** for up to 31 days during the **Period of insurance** when **you** have paid the appropriate additional premium. Please note that the Excess Waiver upgrade **ONLY** relates to the travel policy. This cannot be applied to the Gadget insurance upgrade.

### INTRODUCTION

**You** purchased this optional Gadget cover at the same time **you** purchased **your** Travel Insurance Policy. Optional Gadget cover provides cover for **your** Gadget against Theft, Accidental Damage and Breakdown when **you** are on a holiday **Trip** that is covered by **your** Travel Insurance Policy.

When **you** purchased **your** Gadget Insurance **you** selected the level of cover suitable for **you**. **Your** level of cover will be confirmed in **your certificate of insurance**.

### WHERE AND WHEN COVER APPLIES

The period of this cover will be the same as the period of **your** Travel Insurance Policy and is shown in **your certificate of insurance**.

The protection under **your** Gadget Insurance starts and ends at the same time and applies in the same geographical areas as **your** Travel Insurance Policy and only when **you** are on a holiday **Trip**.

Meaning of words applicable to the Gadget Cover section:

The following words shall have the meanings given below wherever they appear within the terms of conditions of this policy;

**Accessories:** Any item that **you** may attach or connect to **your** Electronic Equipment (for example a phone charger).

**Accidental Damage:** The unintentional and unforeseen failure, breakage or destruction of **your** Electronic Equipment, with visible evidence of an external force being applied and which results in the Electronic Equipment being unusable.

**Breakdown:** The failure of any electrical or mechanical component in **your** Electronic Equipment due to a sudden and unforeseen fault, which causes **your** Electronic Equipment to stop working in the way the manufacturer intended and which requires repair or replacement before the Electronic Equipment can be used again.

**Cosmetic Damage:** Any damage which is non-structural, including but not limited to scratches, dents and marks, which does not affect the usage of the Electronic Equipment.

**Electronic Equipment:** The item or items purchased and owned by **you**, as new and in full working order, from a VAT registered company and for which **you** hold Proof of Purchase, and that is insured by us as detailed in **your** policy schedule.

**Proof of Purchase:** An original receipt and any other documentation required to prove **your** Electronic Equipment was purchased from a UK VAT registered company and that it is owned by **you** - including the date of purchase, make and model of **your** Electronic Equipment, where applicable.

**Replacement Item(s):** An identical item of Electronic Equipment of the same age and condition, or if not available, one of comparable specification or the equivalent value taking into account the age and condition of the original item of Electronic Equipment. Replacement Items will only be delivered to a UK address of **your** choice **you** will need to arrange onward shipment to **your** destination choice.

**Theft:** The unlawful taking of **your** Electronic Equipment against **your** will by another party, with the intent to permanently deprive **You** of that property, or burglary by forcible and violent entry, or the removal of **your** Electronic Equipment by forcible and violent means against **your** person.

**Unauthorised Calls, Texts or Data Use:** Any calls, texts or data use made from **your** Electronic Equipment after the time that it was stolen, to the time that it was blacklisted by **your** airtime provider.

### What you are covered for

In return for **Your** premium payment we will insure **Your** Electronic Equipment for the **Period of insurance** as stated on **your** policy schedule, subject to the

terms and conditions in this document and any variations and amendments which have been confirmed in writing by us. Please read **your** policy carefully to ensure **you** understand the cover we are providing **you** and that **you** comply with our terms and conditions.

### C.1 ACCIDENTAL DAMAGE

We will pay up to the amount shown in the summary of cover for the costs of repairing **your** Electronic Equipment as a result of Accidental Damage. If we are unable to economically repair **your** Electronic Equipment then, at our discretion, a Replacement Item will be provided by us.

### C.2 THEFT

We will pay up to the amount shown in the summary of cover to replace **your** Electronic Equipment with a Replacement Item if it is stolen. Where only part or parts of **your** Electronic Equipment have been stolen, we will only replace for that part or parts.

### C.3 BREAKDOWN

If a Breakdown of **your** Electronic Equipment occurs outside of the manufacturer's guarantee or warranty period we will pay up to the amount shown in the summary of cover for the repair costs. If we are unable to economically repair **your** Electronic Equipment then, at our discretion, a Replacement Item will be provided by us.

### C.4 LIQUID DAMAGE

We will pay up to the amount shown in the summary of cover to repair or provide a Replacement Item for **your** Electronic Equipment if it is damaged as a result of accidentally coming into contact with any liquid.

### C.5 UNAUTHORISED CALLS, TEXTS AND DATA USE

Where **your** item of Electronic Equipment is a device where **you** are charged for Unauthorised Calls, Texts or Data Use and it is lost or stolen, we will refund the cost of any calls, texts or data used after the time it was lost or stolen to the time it was blacklisted by **your** airtime provider. This is subject to **you** providing an itemised bill. The maximum we will pay for any one occurrence is £100.

### REPLACEMENT CONDITION

Where we are able to provide a replacement, this is not on a 'new for old' basis. Cover is limited to one replacement per **period of insurance** per item, up to the amount specified in **your** policy schedule. If **Your** Electronic Equipment cannot be replaced with an identical item of Electronic Equipment of the same age and condition, we will replace it with one of comparable specification or the equivalent value taking into account the age and condition of the original item of Electronic Equipment subject to the following depreciation scale:

- 10% over two years old and less than three years old
- 20% over three years old and less than four years old
- 30% over four years old and less than five years old
- 40% over five years old and less than six years old.

### What you are NOT covered for

We will not pay for claims arising directly or indirectly from:

1. cleaning, inspection, routine servicing or maintenance;
2. loss or damage arising from a manufacturer's defect or recall of the Electronic Equipment;
3. accidental Damage caused by deliberate damage or neglect of the Electronic Equipment; failure on **Your** part to follow the manufacturer's instructions; inspection, maintenance, routine servicing or cleaning;
4. replacement of or adjustment to fittings, control knobs or buttons, batteries or aerials;
5. any repairs carried out without prior authorisation from Us;
6. wear and tear to the Electronic Equipment and/or gradual deterioration of performance;
7. Cosmetic Damage;
8. any claim if the serial number, IMEI (international mobile equipment identity) or simgate has been tampered with in any way;
9. any claim made, or any event causing the need for a claim to be made, which occurred prior to the start date of the **Period of insurance**;
10. any claim for a mobile phone or iPhone which has not been used for its core purpose since the inception of **your** policy, or since it was added to **your** policy, as verified by **your** airtime provider;
11. any claim arising whilst **you** are not on a covered **Trip**;
12. any repair or replacement if a SIM card registered to **you** was not in the insured mobile phone or Electronic Equipment at the time of the Accidental Damage, Theft, Breakdown, or liquid damage;
13. any expense incurred arising from not being able to use the Electronic Equipment, or any costs other than the repair or replacement costs of the Electronic Equipment;
14. accidental Damage, Theft, Breakdown or liquid damage to Accessories of any kind;
15. any Breakdown arising from the failure of any electrical or computer equipment, software, micro-controller, microchip, Accessories or

associated equipment to correctly recognise and process any calendar date or time;

16. econnection costs or subscription fees of any kind;
17. costs arising from the replacement of any personalised ring tones, graphics, downloaded material or software;
18. items purchased from an on-line auction site;
19. any costs for loss or damage to information or data or software contained in or stored on the Electronic Equipment whether arising as a result of a claim paid by this insurance or otherwise;
20. liability of whatsoever nature arising from ownership or use of the Electronic Equipment, including any illness or injury resulting from it;
21. Value Added Tax (VAT) where **you** are registered with HM Revenue & Customs for VAT;
22. claims for any Electronic Equipment used in connection with **your** profession or trade;
23. any Electronic Equipment more specifically insured elsewhere;
24. where the Theft has occurred from any motor vehicle where **you** or someone acting on **your** behalf is not in the vehicle, unless the Electronic Equipment has been concealed in a locked boot, locked glove compartment or other locked internal compartment and all the vehicle's windows and doors were closed and locked and all security systems had been activated;
25. theft from any premises, building, land or vehicle unless force, resulting in damage to the building, premises or vehicle was used to gain entry or exit;
26. where the Electronic Equipment has been removed from **your** control or the control of a member of **your** immediate family unless it was concealed either on or about **your** person or on or about the person of a member of **your** immediate family and has not been left **unattended** and force and or violence has been used or threatened against **you** or that person;
27. where the Electronic Equipment has been left **unattended** when it is away from **your** Home;
28. where all precautions have not been taken;
29. If **you** do not report the theft of **your** Electronic Equipment to the Police within 48 hours of discovering it and do not obtain a written police report;
30. any Unauthorised Calls, Texts or Data Use where the Theft has not been reported to **Your** airtime provider within 12 hours of the Theft occurring.

#### POLICY CONDITIONS AND LIMITATIONS

1. Cover is limited to one claim per insured section (Sections C.1, C.2, C.3, C.4 and C.5) during any single **Period of insurance**. Cover is limited to one replacement per **Period of insurance** per item, up to the amount specified in the summary of cover.
2. This insurance only covers Electronic Equipment purchased in the UK, the Isle of Man and the Channel Islands. Cover includes the use of the Electronic Equipment for the period and destination shown on **your** schedule, any repairs or replacements must be carried out in the UK by repairers or retailers approved by us.
3. The Electronic Equipment must be less than 6 years old (except for laptops which must be less than 15 months old) at the Commencement Date of the insurance, with valid Proof of Purchase. All items must have been purchased as new from a VAT registered company and must be in full working order at the Commencement Date of this policy.
4. **You** must provide us with any receipts, Proof of Purchase or documents to support **your** claim as requested. All Proof of Purchase must include the make and model of the Electronic Equipment and must be in **your** name. If we do not receive the documents we have requested from **you** or if any documents submitted by **you** are not acceptable to us, it may delay **your** claim or we may decline to pay **your** claim.
5. **You** must take all precautions to prevent any damage to **your** Electronic Equipment.
6. If Electronic Equipment is damaged whilst in the custody of a carrier (i.e. airline, railway, shipping company, bus company. etc), **you** must notify such carrier immediately and obtain a copy of their report.
7. We will process **your** claim under the terms and conditions of this insurance based on the first reason notified to us for the claim. Please note that it may be necessary for us to contact **your** Airtime Provider in order to validate **your** claim.
8. This cover is limited to one replacement per insured item per **Period of insurance**.
9. Cover for **your** Electronic Equipment applies to **you** as the person who purchased the policy and **your** immediate family.
10. The benefits of this policy cannot be transferred to someone else or to any other Electronic Equipment without our written permission.

#### CONDITIONS APPLICABLE TO MAKING A CLAIM:

You MUST:

1. Report the Theft of **your** mobile phone within 12 hours of discovery of the occurrence of the Theft, to **Your** airtime provider and instruct them to blacklist **your** handset;
2. Report the Theft of **your** Electronic Equipment to the police within 24 hours of discovery and obtain a crime reference number in relation to the Theft of the item.
3. If we replace **your** Electronic Equipment the ownership of the damaged or lost item is transferred to us once **you** have received the Replacement Item we have supplied. If the Electronic Equipment **You** have claimed for

is returned or found **you** must notify us and send it to us if we ask **you** to do so.

Before **your** claim can be approved, **you** must pay the Excess. The Excess for a laptop, iPhone, smart phone or tablet is £50; for all other items, please refer to the Excess in the summary of cover.

If the above terms are not adhered to, then **your** claim may not be paid or paid in full.

UK General Insurance Ltd is an insurer's agent and in the matters of a claim act on behalf of the Insurer.

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or

00 44 (0) 1293 652842

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#### Claims

Contact Global Response calling 0343 658 0345  
or email [travelclaims@global-response.co.uk](mailto:travelclaims@global-response.co.uk)  
Claims under this section must be submitted  
within 28 days of **your return home**.

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or  
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