

YOUR AVIOS TRAVEL INSURANCE POLICY



Reference Number: AVIOS AV 1705/06

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 44 343 658 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 on 0343 658 0345 or email travelclaims@global-response.co.uk

Claims under Section B - Scheduled Airline Failure

Contact MGA Cover Services by email at claims@mgacs.com

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 0333 300 2134, 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.

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/

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 **0333 300 2134** 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)	Nasal Infection	Stress Incontinence
Acne	Deafness	Herpes Zoster (Shingles)	Nasal Polyp(s)	Synovitis
Acronyx (Ingrowing Toe-nail)	Dental Surgery	Hip Replacement (no subsequent arthritis)	Nettle Rash (Hives)	Talipes (Club Foot)
Adenoids	Dermatitis (no hospital admissions or consultations)	Hives (Nettle Rash)	Neuralgia, Neuritis	Tendon Injury
Allergic Rhinitis	Deviated Nasal Septum	Housemaid's Knee (Bursitis)	Nosebleed(s)	Tennis Elbow
Alopecia	Diarrhoea and/or Vomiting (resolved)	HRT (Hormone Replacement Therapy)	Nystagmus	Tenosynovitis
Anal Fissure/Fistula	Dilatation and Curettage	Hyperthyroidism (Overactive Thyroid)	Obstructive Sleep Apnoea	Termination of Pregnancy
Appendectomy	Dislocated Hip	Hypospadias	Osgood-schlatter's Disease	Testicles - Epididymitis
Astigmatism	Dislocations	Hypothyroidism (Underactive Thyroid)	Osteochondritis	Testicles - Hydrocele
Athlete's Foot (Tinea Pedis)	Dry Eye Syndrome	Hysterectomy (provided no malignancy)	Otosclerosis	Testicles - Varicocele
Attention Deficit Hyperactivity Disorder	Dyspepsia	Impetigo	Overactive Thyroid	Testicular Cyst
Bell's Palsy (Facial Paralysis)	Ear Infections (resolved - must be all clear prior to travel if flying)	Indigestion	Parametritis	Testicular Torsion (Twisted Testicle)
Benign Prostatic Enlargement	Eczema (no hospital admissions or consultations)	Influenza	Pediculosis	Throat Infection(s)
Bladder Infection (fully recovered, no hospital admissions)	Endocervical Polyp	Ingrowing Toe-nail (Acronyx)	Pelvic Inflammatory Disease	Thrush
Blepharitis	Endocervicitis	Inguinal Hernia	Photodermatitis	Thyroid - Overactive
Blindness	Endometrial Polyp	Insomnia	Piles	Thyroid Deficiency
Blocked Tear Ducts	Epididymitis	Intercostal Neuralgia	Pityriasis Rosea	Tinea Capitis (Scalp Ringworm)
Breast - Fibroadenoma	Epiphora (Watery Eye)	Intertrigo	Post Viral Fatigue Syndrome (if the only symptom is fatigue)	Tinea Corporis (Skin Ringworm)
Breast Cyst(s)	Epispadias	Irritable Bowel Syndrome (IBS)	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)	Tinea Pedis (Athlete's Foot)
Breast Enlargement/Reduction	Epistaxis (Nosebleed)	Keinboeck's Disease	Prickly Heat	Tinnitus
Broken Bones (other than head or spine) - (no longer in plaster)	Erythema Nodosum	Keratoconus	Prolapsed Uterus (womb)	Tonsillitis
Bunion (Hallux Valgus)	Essential Tremor	Knee Injury - Collateral/cruciate ligaments	Pruritis	Tooth Extraction
Bursitis	Facial Neuritis (Trigeminal Neuralgia)	Knee Replacement (no subsequent arthritis)	Psoriasis (no hospital admissions or consultations)	Toothache
Caesarean Section	Facial Paralysis (Bell's Palsy)	Kohlers Disease	Repetitive Strain Injury	Torn Ligament
Candidiasis (oral or vaginal)	Femoral Hernia	Labyrinthitis	Retinitis Pigmentosa	Torticollis (Wry Neck)
Carpal Tunnel Syndrome	Fibroadenoma	Laryngitis	Rhinitis (Allergic)	Trichomycosis
Cartilage Injury	Fibroid - Uterine	Learning Difficulties	Rosacea	Trigeminal Neuralgia
Cataracts	Fibromyalgia	Leptothrix	Ruptured Tendons	Turner's Syndrome
Cervical Erosion	Fibromyositis	Leucoderma	Salpingo-oophoritis	Twisted Testicle
Cervicitis	Fibrositis	Lichen Planus	Scabies	Umbilical Hernia
Chalazion	Frozen Shoulder	Ligaments (injury)	Scalp Ringworm (Tinea Capitis)	Underactive Thyroid
Chicken Pox (fully resolved)	Gall Bladder Removal	Lipoma	Scheuermann's Disease	Undescended Testicle
Cholecystectomy	Ganglion	Macular Degeneration	Sebaceous Cyst	Urethritis (fully recovered, no hospital admissions)
Chronic fatigue syndrome (if only symptom is fatigue)	Glandular Fever (full recovery made)	Mastitis	Shingles (Herpes Zoster)	URTl (Upper Respiratory Tract Infection) (resolved, no further treatment)
Coeliac Disease	Glaucoma	Mastoidectomy (resolved - must be all clear prior to travel if flying)	Shoulder Injury	Urticaria
Cold Sore (Herpes Simplex)	Glue Ear (resolved - must be all clear prior to travel if flying)	Menopause	Sinusitis	Uterine Polyp(s)
Colitis (simple)	Goitre	Menorrhagia	Skin Ringworm (Tinea Corporis)	Uterine Prolapse
Common Cold(s)	Gout	Migraine (provided this is a definite diagnosis and there are no ongoing investigations)	Sleep Apnoea	Varicocele
Conjunctivitis	Grave's Disease	Miscarriage	Sore Throat	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)	Sprains	Vasectomy
Corneal Graft	Gynaecomastia	Molluscum Contagiosum	Stigmatism	Verruca
Cosmetic Surgery	Haematoma (external)	Myalgia (Muscular Rheumatism)	Stomach Bug (resolved)	Vertigo - provided no disabling episodes
Cyst - Breast	Haemorrhoidectomy			Vitiligo
Cyst - Testicular	Haemorrhoids (Piles)			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			

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SUMMARY OF COVER

Cover <small>Per person unless otherwise shown.</small>	Premier Cover		Super Cover	
	Limits up to	Excess per person per claim	Limits up to	Excess per person per claim
Cancellation and Curtailment	£10,000	Nil	£10,000	Nil
Emergency Medical and Repatriation Expenses	£10,000,000	Nil	£10,000,000	Nil
Hospital Benefit	£10 per 24 hours to maximum of £1,000	Nil	£10 per 24 hours to maximum of £1,000	Nil
Personal Possessions and Baggage	£2,000	Nil	£2,000	Nil
• Single Article Limit	£500	N/A	£500	N/A
• Valuables Limit	£500	N/A	£500	N/A
• Delayed Baggage	£500	N/A	£500	N/A
Personal Money	£500	Nil	£500	Nil
• Cash Limit	£200	N/A	£200	N/A
Travel Delay	£30 for each 12 hours up to maximum of £300	Nil	£30 for each 12 hours up to maximum of £300	Nil
Loss of Passport	£200	N/A	£200	N/A
Missed Departure	£1,000	Nil	£1,000	Nil
Personal Accident	£25,000	Nil	£25,000	Nil
• Permanent Total Disablement	£25,000	Nil	£25,000	Nil
• Loss of Limbs / Eyes	£25,000	Nil	£25,000	Nil
• Death	£25,000	Nil	£25,000	Nil
• Death if over 64	£2,000	Nil	£2,000	Nil
Personal Liability	£2,000,000	Nil	£2,000,000	Nil
Legal Expenses	£25,000	Nil	£25,000	Nil
Catastrophe	£500	Nil	£500	Nil
Hijack	£50 for each 12 hours up to maximum of £500	Nil	£50 for each 12 hours up to maximum of £500	Nil
Special Sports and Activity Cover				
Search and Rescue	£750	Nil	£750	Nil
Sports and Activity Equipment	£500	Nil	£500	Nil
Winter Sports Cover				
	Optional		Included	
Ski Equipment	£500	Nil	£500	Nil
Ski Pass	£300	Nil	£300	Nil
Ski Hire	£25 for each 24 hours up to maximum of £300	Nil	£25 for each 24 hours up to maximum of £300	Nil
Piste Closure	£300	Nil	£300	Nil
Avalanche or Landslide	£150	Nil	£150	Nil
Golf Cover				
	Optional		Included	
Loss of Golf Equipment	£750	Nil	£750	Nil
Golf Equipment Hire	£30 for each 24 hours up to maximum of £300	Nil	£30 for each 24 hours up to maximum of £300	Nil
Green Fees	£300	Nil	£300	Nil

Cover Per person unless otherwise shown.	Premier Cover		Super Cover	
	Limits up to	Excess per person per claim	Limits up to	Excess per person per claim
Business Cover	Optional		Included	
Business Equipment	£2,000	Nil	£2,000	Nil
• Single Item Limit	£500	N/A	£500	N/A
Business Equipment Hire	£150 for each 24 hours up to maximum of £750	Nil	£150 for each 24 hours up to maximum of £750	Nil
Business Money	£1,000	Nil	£1,000	Nil
• Cash Limit	£500	N/A	£500	N/A

SECTION B - SCHEDULED AIRLINE FAILURE SUMMARY

Cover Per person unless otherwise shown.	Premier Cover		Super Cover	
	Limits up to	Excess per person per claim	Limits up to	Excess per person per claim
Scheduled Airline Failure Cover	£5,000	Nil	£5,000	

AVIOS GROUP (AGL) LIMITED

This policy has been arranged by Avios Group (AGL) Limited which is an appointed representative 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 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 - SCHEDULED AIRLINE FAILURE

Benefits under this section of the policy are provided by MGA Cover Services Limited (registered address Farren House The Street, Farren Court Cowfold West Sussex RH 13 8BP, company registration: 08444204 authorized and regulated by the Financial Conduct Authority registration number 597536) under binding agreement with CBL Insurance Europe Limited 2nd Floor 13-17 Dawson Street Dublin 2 Ireland, company registration: 218234 who are authorized and regulated by the Financial Conduct Authority registration number 203120

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.

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

- **You** reside outside the United Kingdom;
- **You** are over the age of 75 when **you** purchase an Annual Multi-trip Policy;
- You require Winter Sports cover but are over the age of 70.
- **You** are not registered with a General Practitioner in **your home country**.

NON-TRAVELLING RELATIVES

This policy will NOT cover any claims under Cancellation or **Curtailed** 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.

Annual Multi-trip Policies: Any number of **trips** in the policy year but limited to 31 days per **trip** unless the relevant **trip** extension has been purchased to 45 or 60 days depending on the premium paid and is detailed on **your certificate of insurance**.

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.

GEOGRAPHICAL LOCATIONS

Home Country

Your **Home Country** within the United Kingdom.

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

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.

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.

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 claims on travelclaims@global-response.co.uk

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

Claims under Section B – Scheduled airline Failure

First, check **your** Certificate and **your** policy to make sure that what **you** are claiming for is covered. **You** must notify **us** in writing either by e-mail or at the address below of any occurrence which may give rise to a claim and should be advised as soon as reasonably practicable and in any event within 14 days.

For End Supplier Failure Insurance claims please e-mail claims@MGACS.com or write to:

MGA Cover Services Limited
Claims Department
Kemp House,
152 City Road,
London
EC1V 2NX

MGA Cover Services Limited will only accept claims submitted up to six months after the failure. Any claims submitted after the six month period will NOT be processed. Please read the general conditions contained in this policy document and the relevant sections of **Your** policy for more information. **We** may refuse to reimburse **You** for any expenses for which **You** cannot provide receipts or bills.

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

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

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.

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.

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**.

Insolvency or Financial Failure: An event causing the cancellation of all or part of **your trip** happening after **you** purchased this insurance which results in the **scheduled airline** no longer carrying on its business or service as a result of financial failure within the meaning of the Insolvency Act 1986 or any statutory modification or re-enactment thereof or a similar legal action in consequence of debt under the jurisdiction of a competent court in another country.

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

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. accommodation costs paid for using any timeshare or holiday property bond;
10. 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;
11. any circumstance that could reasonably be anticipated at the time **you** booked **your trip**;
12. 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';
13. **your** being self-employed or accepting voluntary redundancy;
14. any claim resulting from **your** failure to obtain a valid passport and any required visa in time for the booked **trip**;
15. 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

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.

Terrorism: An act including, but not limited to, the use or threat of force or violence of any person or group, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

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.

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.

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

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.

CATASTROPHE COVER

What you are covered for

We will pay up to the amount shown in the summary of cover for **your** reasonably incurred additional costs of travel and accommodation, to enable **you** to continue **your trip**, in a close location to that booked if the pre-booked accommodation has been damaged by fire, flood, earthquake, storm, lightning, explosion, hurricane or the area is quarantined due to a major outbreak of an infectious disease.

What you are NOT covered for

1. any claim for a **trip** within **your home country**;
2. any claim for travel or accommodation where the trip formed part of a tour operator's package holiday;
3. any claim where the fire, flood, earthquake, storm, lightning, explosion, hurricane or infectious disease had occurred before **you** left home;
4. any amounts that are recoverable from any other source;
5. any claim where **you** are unable to provide evidence of the necessity to make alternative travel arrangements;
6. any claim where the alternative accommodation is more than 20 miles from that originally booked unless agreed by us in writing;

SPECIAL CONDITIONS

You will need to provide written evidence from official sources to confirm the need to find alternative accommodation, stating the reason why this was necessary. **You** will need to submit this to claims handler along with **your** original booking confirmation and receipts for all expenses made.

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

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

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.

SPECIAL SPORTS AND ACTIVITIES COVER

What you are covered for

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

1. the necessary fees **you** are charged by specialist local rescue organisations for search, rescue and emergency transfer to hospital following an accident or injury whilst participating in a Sport or Activity which is covered under **your** policy.
2. **your** own sports and/or activity equipment to cover:
 - a) the cost of repair of items that are partially damaged whilst on **your trip**,

up to the original purchase price of the item, less an allowance for age, wear and tear or;

- b) the original purchase price of the item, (after making allowance for wear and tear and depreciation), to cover items that are stolen, permanently lost or destroyed whilst on **your trip**.

What you are NOT covered for

1. participation as a professional sports person receiving payment for each appearance (other than sponsorship only);
2. any sport or activity specifically shown as excluded under this policy unless **we** have confirmed cover in writing and **you** have paid any required additional premium;
3. participation in organised competitions involving any hazardous activities;
4. any obligation upon **us** to organise any search and rescue operation;
5. sports and/or activity equipment used in mountaineering or potholing;
6. sports and/or activity equipment left unsecured or outside **your** reach or **unattended** at any time in a place to which the public have access;
7. anything mentioned in the General Exclusions.

OPTIONAL ADDITIONAL COVER TO SECTION A

Any optional additional cover will be shown on **your certificate of insurance**.

OPTIONAL ANNUAL MULTI TRIP EXTENSION.

The maximum trip length of 31 days on an Annual Multi Trip policy can be extended to either 45 or 60 days, providing you are not over 65 years of age, on payment of an extra premium.

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

PLEASE NOTE: If **you** have purchased a Single Trip policy then Wintersports cover is included with Super policies only. Winter Sports cover is available for Premier policies for an additional premium.

If **you** have purchased an Annual Multi-trip policy and have a Super policy then **you** are covered when taking part in Winter Sports up to a total of 17 days in aggregate during the Period of Insurance. This is available for Premier policies for an additional premium.

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 you when you are engaging in the following winter sports on a non-competitive and non-professional basis during your trip when you 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 jumping
Air boarding	Ski mountaineering
Biathlon	Ski or ski bob
Bobsleigh	Ski race training
Freestyle skiing	Ski racing
Heli skiing or heli boarding	Ski randonee
Ice climbing	Ski stunting
Ice diving	Ski touring

Ice fishing by snowmobile	Ski yawing
Ice hockey	Skiing/snowboarding off piste (outside local ski patrol guidelines/ outside recognised and authorised areas)
Ice holing	Snow biking
Ice marathon	Snow cat driving
Ice speedway	Snow kiting
Nordic skiing	Snow parascending
Paraskiing	Tandem skiing
Ski acrobatics/aerials	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 **Curtailed** 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

1. anything mentioned in the exclusions relating to the Cancellation or **Curtailed section**;
2. 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:

1. **ski equipment** belonging to or hired by **you** is damaged, stolen, destroyed or lost in the course of a **trip**;
2. **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

1. anything mentioned in the exclusions relating to the **Personal Possessions** and Baggage section;
2. 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:

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

What you are NOT covered for

1. **trips** in the Northern Hemisphere outside the period commencing 1st December and ending 31st March;
2. **trips** in the Southern Hemisphere outside the period commencing 1st May and ending 30th September;
3. 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

Unlike other policies **we** cover many sports and activities as standard. Cover for the following activities is included for recreational, amateur purposes only. When participating in **your** activity **you** must ensure that it is adequately supervised and appropriate safety equipment is worn/used at all times.

Table A - Covered under Premier and Super policies	
This policy will cover you when you are engaging in the following sports and activities on a non-competitive and non-professional basis during your trip:	
Athletics	Rambling
Badminton	Roller skating/blading
Baseball	Rounders
Basket ball	Running – sprint/long distance
BMX Cycling	Safari (organized – no guns)
Bowling	Scuba diving to 30m (when qualified)
Cricket	Skateboarding
Cross Country Running	Snorkelling
Curling	Squash
Cycling	Tennis
Fell running	Trekking (below 2000 metres)
Golf	Triathlon
Heptathlon	Volley ball
Hiking (below 2000 metres)	Water polo
Jogging	Wind-surfing
Netball	Yachting (crewing) – inside territorial waters
Orienteering	

TABLE B - Covered under Premier and Super policies	
Your policy also covers the following Special Sports and Activities but no cover will apply in respect of the Personal Liability and Personal Accident Sections of the policy:	
Archery	Gaelic Football (non competitive)
Boxing Training (no contact)	Go karting (recreational use)
Camel/Elephant Riding or Trekking	Hiking (over 2000m, under 6000m)
Canoeing/Kayaking (inland/coastal)	Horse Riding (no polo, hunting, jumping)
Field Hockey	Parascending over water
Fishing (freshwater and deep sea)	Roller Hockey/Street Hockey
Flying as a passenger (private/small aircraft)	Trekking (over 2000m, under 6000m)
	White/Black Water Rafting (grade 1 to 4)
Football	

TABLE C - Covered under Super policies automatically otherwise available for an additional premium for Premier policies.	
Your policy also covers the following Special Sports and Activities but no cover will apply in respect of the Personal Liability and Personal Accident Sections of the policy:	
Absailing	Martial Arts (training only)
Animal Conservation/Game Reserve Work	Motorcycling under 50cc – no racing
Canoeing/Kayaking White Water	Mountain Biking
Clay Pigeon Shooting	Mountain Boarding
Cross Channel Swimming	Paintballing
Dry slope skiing	Rowing (inland/coastal)
Fencing	Sailboarding/Sandboarding
Gymnastics	Scuba Diving (max 30m unqualified but accompanied)
Handball	
High Diving	Scuba Diving (max 40m if qualified)
Hot Air Ballooning	Surfing
Jet Boating	Wakeboarding

Jet Skiing	War Games (non armed forces)
Kite Surfing/Landboarding/Buggyng	Water Skiing
Lacrosse	Weightlifting
Marathons	Zorbing/Hydrozorbing

TABLE D - Covered under Super policies automatically otherwise available for an additional premium for Premier policies.

Your policy also covers the following Special Sports and Activities, but no cover will apply in respect of any Personal Accident or Personal Liability claims and the policy excess will be increased to **£250** under Emergency Medical Expenses:

American Football	Parascending over land
Bungee Jump (up to 3)	Rugby
Gliding	Sand Yachting
Hang Gliding	Sky Diving
Motorcycling (over 50cc and under 250cc - no racing)	White/Black Water Rafting (grade 5-6)
Parachuting	Yachting (crewing) – outside territorial waters
Paragliding/Parapenting	

TABLE E - Excluded under Premier and Super policies

Your policy will not cover the following Special Sports and Activities:

Boxing	Mountaineering
Canyoning	Parasailing
Caving/Cave Diving	Point to Point
Flying as a pilot	Polo
Horse Jumping	Potholing
Horse Racing	Professional Sports
Hunting/Shooting	Quad biking
Hunting on Horseback	Rock climbing
Hurling	Rock Scrambling
Judo	Shark Feeding/Cage Diving
Karate	Steeplechasing
Kendo	Team Sports played in competitive contests
Manual Work	
Martial Arts	Wrestling
Microlighting	Yachting (racing)
Motor Racing (all types)	

OPTIONAL GOLF COVER

This section of cover is only applicable if **you** have paid the appropriate premium (if you have a Premier Policy) and is noted in your **certificate of insurance**. **Please Note: Golf Cover is included with Super Policies only. Golf Cover can be added to Premier Policies for an additional premium.**

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:

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

What you are NOT covered for

1. 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;
2. claims if **you** have not provided written confirmation from the golf course in question that the course was closed due to adverse weather conditions;
3. anything mentioned under the exclusions contained in the Cancellation and **Curtailement** and Emergency Medical and Repatriation Expenses sections;
4. anything mentioned in the General Exclusions.

OPTIONAL BUSINESS EQUIPMENT COVER

This section of cover is only applicable if **you** have paid the appropriate premium (if you have a Premier Policy) and is noted in **your certificate of insurance**. **Please Note: Business Equipment Cover is included with Super Policies only. Business Equipment Cover can be added to Premier Policies for an additional premium.**

What you are covered for

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

1. 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.
2. 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.
3. for the following business items that **you** are responsible for if they are lost or stolen:
 - a) Cash*
 - b) Travellers Cheques
 - c) Travel Tickets
 - d) 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

1. the **excess** shown in the summary of cover;
2. 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;
3. anything mentioned the exclusion from the **Personal Possession** and Baggage section;
4. any loss and/or theft not reported to the police within 24 hours of discovery, and a police report obtained;
5. any loss, theft or damage whilst left **unattended** unless **you** have kept them in locked accommodation, a safe or a safety deposit box;
6. equipment or **money** left in a vehicle overnight between the hours of 9pm and 9am;
7. any loss, theft or damage to mobile and smart phones, loose precious stones, securities, deeds, bonds, stamps or documents of any kind;
8. 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.

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 **terrorism** (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 - SCHEDULED AIRLINE FAILURE

What you are covered for

We will indemnify **you** up to the amount shown in the Summary of Cover table in total for each **Insured person** named on the Invoice and Airline Ticket for:

1. Non-refundable payments which **you** have made in advance of the Insolvency of the **scheduled airline** **you** are booked to travel with, which were incurred before **your** departure date if **you** have to cancel **your Trip**;
2. The extra cost of a one way airfare of a standard no greater than the class of journey on the **Outward journey** to allow **you** to complete the Return Journey of **your Trip** (to **your** original departure country within the European Union) as a result of the **Insolvency or Financial Failure** of the **Scheduled airline** on which **you** are booked to travel causing the flight (or flights) on which **your Trip** depends that were subject to **your** Advanced Booking being discontinued and **you** not being offered from any other source any reasonable alternative flight or refund of charges **you** have already paid.

SPECIAL CONDITIONS WHICH APPLY:

You must obtain written confirmation from the liquidator that the third party supplier has become insolvent.

What you are NOT covered for

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

1. Any expense following **your** disinclination to travel or to continue with **your Trip** or loss of enjoyment on **your Trip**;
2. Any expense arising from circumstances which could reasonably have been anticipated at the time **you** booked **your Trip**;
3. Any costs incurred by **you** which are recoverable or for which **you** receive or are expected to receive compensation;
4. Any form of travel delay or other temporary disruption to **your Trip**;
5. Any loss sustained by **you** when the Insurance Policy or other evidence or coverage was effected after the date of the first threat of **Insolvency or Financial Failure** (as defined herein) of the **Scheduled airline** or other relevant company was announced;
6. Any costs recoverable from any company who is bonded or insured elsewhere (even if the bond is insufficient to meet the claim).
7. Any loss for which a third party is liable or which can be recovered by other legal means.
8. Anything mentioned in the General Exclusions unless specifically insured under this Section.

This policy provides cover ONLY in the event that **you** cannot recover **your** losses from any other source. In the event of a loss, **you** should first make **your** claim against ATOL, **Your** credit or debit card provider under Section 75 of the Consumer Credit Act 1974 or against any other insurance policy which provides compensation for **your loss**.

This policy will only make payments less the value of any compensation **you** have received from any other source.