

# Travel Insurance Policy

## Welcome

Thank you for choosing us for your insurance. This document sets out what is and what is not covered.

**PLEASE NOTE:** This document gives details of many sections of cover. Some sections of cover, for example the Winter Sports Extension, only apply if you have chosen a certain level of cover or type of policy, and/or you have paid an additional premium. The sections of cover which apply, any additional cover you have chosen, and the level of benefit which will be payable in the event of a valid claim under each section of cover, are shown in the Validation Certificate.

Certain words shown in **bold** throughout this document and in the **Validation Certificate** have specific meanings and these are explained in the General Definitions Section at the end of the document.

This travel insurance has been arranged by All Seasons Underwriting Agencies ("**ASUA**"). Please contact **ASUA** if **you** need any documents to be made available in braille and/or large print and/or in Audio format. Their contact details are: All Seasons Underwriting Agencies Limited (**ASUA**), Alpi House, Suite 2, East Wing, 2nd Floor, Miles Gray Road, Basildon, Essex. SS14 3HJ. United Kingdom. Tel: +44 (0)203 327 0555. Email: [info@asuagroup.co.uk](mailto:info@asuagroup.co.uk)

The insurance is underwritten by Lloyd's Syndicate 4444, which is managed by **Canopus Managing Agents Limited**. Registered Office: Floor 29, 22 Bishopsgate, London. EC2N 4BQ. Registered in England and Wales No. 01514453. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Firm Ref: 204847.

The insurer is referred to as "**we**", "**us**" and "**our**" in this Policy Document.

Please check that the cover explained in this document and in the **Validation Certificate** meets **your** needs and that **you** understand it. If **you** have any questions about **your** insurance, please contact **ASUA** at [info@asuagroup.co.uk](mailto:info@asuagroup.co.uk) or call +44 (0)203 327 0555.

Subject to the policy terms and conditions, this insurance lasts for either the duration of a single **trip** or for a year if **you** have chosen annual multi trip cover. **Your period of insurance** is shown on the **Validation Certificate**.

Please take time to read Part 1 "Important Information" in this document. It tells **you** about things **you** need to check, actions which **you** need to take, and things which **you** need to tell **us** about once the insurance has started. It also contains important information about cover for, and exclusions relating to, **medical conditions**, **pre-existing medical conditions**, and pregnancy. Please also note important contact details **you** may need in Part 1 'Important Information' and Part 3 'Making a Claim'.

To request any extension of the **period of insurance** after the commencement of travel **you** must contact **ASUA** on +44 (0)203 327 0555 and advise of any circumstances which at the time of **your** request could reasonably be expected to cause a claim under this insurance. **We** do not guarantee that any extension of cover will be provided.

This insurance is only available to persons who are currently legally resident in the **United Kingdom**, Gibraltar, Guernsey, Jersey, Falkland Islands or the Isle of Man and registered with **Healthcare Professional** or entitled to free public healthcare under reciprocal arrangements currently in place in **your home area**.

**Family and single parent cover travel restrictions:** If **you** are aged under 16, **you** are only insured when travelling with one or both of the insured adults (or accompanied by another responsible adult). If **you** reach age 16 during the **period of insurance**, cover will continue until the next renewal date but not after that.

**We** will not provide any cover if any person wanting to be insured does not meet the above requirements.

**You** must observe travel advice provided by the government in **your home area**. No cover is provided under any section of this insurance in respect of travel to a destination to which the government in **your home area** has advised against all or all but essential travel at the time of booking or travel.

All insurance documents and all communications from **us** about this insurance will be in English.



## The Contract of Insurance

This document and the **Validation Certificate** make up the contract between the **policyholder** and **us**. The contract does not give, or intend to give, rights to anyone else. No-one else has the right to enforce any part of this contract.

The insurance provided by this document covers liability, loss, damage, death or disability that happens during any **period of insurance** for which the **policyholder** has paid, or agreed to pay, the premium. This insurance is provided under the terms and conditions contained in this document or in any amendment made to it.

This document and the **Validation Certificate** are issued to the **policyholder** by All Seasons Underwriting Agencies Limited in its capacity as agent for the insurer, Lloyd's Syndicate 4444, which is managed by **Canopus Managing Agents Limited**, under contract reference B6839AH00212024.

Signed by:



Compliance Manager

Authorised Signatory for All Seasons Underwriting Agencies Limited. Suite 2, 2<sup>nd</sup> Floor, East Wing, Alpi House, Miles Gray Road, Basildon, Essex. SS14 3HU. United Kingdom.

## PART 1 - IMPORTANT INFORMATION

This is not a private medical insurance. If **you** need any emergency medical treatment or emergency travel assistance whilst abroad, please contact **our** 24-hour Emergency Assistance Company, Mayday Assistance. Not contacting them, or not following their instructions, could affect **your** claim. Full details are shown under the Making a Claim Section.

There are conditions which apply to the whole of this insurance and full details of these can be found under the General Conditions and Exclusions Section. There are also conditions which relate specifically to making a claim, and these can be found under the Making a Claim Section.

In the above Sections **you** will find conditions that **you** need to meet. If **you** do not meet these conditions, **we** may need to reject a claim payment or a claim payment could be reduced. In some circumstances, the policy may be cancelled.

## HEALTH CONDITIONS EXCLUSION

This travel insurance policy contains conditions and exclusions in relation to **your** health and of others who might not be travelling with **you** but whose well-being **your trip** may depend upon.

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

### We shall not be liable for claims **WHERE AT THE TIME OF TAKING OUT THIS POLICY AND BETWEEN THAT TIME AND YOUR DEPARTURE:**

- a) **You** are aware of any **medical condition** or set of circumstances that could reasonably be expected to give rise to a claim (for example the state of health of a **Close relative**, **Close business associate** or any person on whom **Your** travel plans depend).
- b) **You:**
  - i. Are receiving, or on a waiting list for, surgery, in-patient treatment or investigations in a hospital, clinic or nursing home.
  - ii. Are travelling against any health requirements stipulated by the carrier, their handling agents or other public transport provider.
  - iii. Are travelling against the advice of a **Healthcare Professional** or for the purpose of obtaining medical treatment abroad.
  - iv. Have been given a terminal prognosis.

**Please note:** If **You** are on medication at the time of travel, **Your medical condition(s)** must be stable and well controlled.

## CHANGES IN HEALTH AND OTHER CIRCUMSTANCES

If **You** are travelling outside of the **United Kingdom**, **You** must notify the Change in Health helpline immediately if a change in health occurs (including any change to medication) between the date this policy is issued and **Your** scheduled date of departure.

**We** may reassess **Your** cover and premiums when **We** are told about changes in **Your** circumstances. If **You** do not tell **Us** about a change in **Your** circumstances, the wrong terms may be quoted, a claim might be rejected or payment could be reduced. In some circumstances **Your** policy might be invalid.

## Reciprocal Health Agreements

If **You** require medical treatment during **Your** trip then in the first instance **You** must make use of any reciprocal health agreement between the **United Kingdom**, Channel Islands, or the Isle of Man and the country **You** have travelled to.

In the event of liability being accepted for a medical expense that have been reduced by the use of a reciprocal health agreement then **We** will not apply the deduction of the **Excess** under the 'Emergency medical and repatriation expenses' section of this **Policy**.

If **You** are admitted to hospital, contact must be made with **Our Assistance Company** as soon as possible.

For more details please see: [www.nhs.uk/using-the-nhs/healthcare-abroad/](http://www.nhs.uk/using-the-nhs/healthcare-abroad/)

## Pregnancy

If **you** become pregnant, as confirmed by a **Healthcare Professional**, and **your** dates of travel fall within the 15-week period prior to the due date, then if **you** decide to cancel **your trip** and provided **you** contact **ASUA** within 14 days of the confirmation of **your** pregnancy, **we** will provide cover for the **trip** cancellation under the terms and conditions of Section A - Cancellation or **Curtailment** Charges. If a claim is paid, **your** policy will terminate and no further cover will be provided. **ASUA** can be contacted at [info@asuagroup.co.uk](mailto:info@asuagroup.co.uk) or by calling +44 (0)203 327 0555.

If **you** decide not to cancel **your trip**, cover under all sections of this policy will be provided under the standard terms and conditions as contained in this document. In relation to pregnancy, this means there is no cover under this policy in relation to pregnancy and/or childbirth unless during a **trip**:

- a) **you** suffer a **bodily injury**; or
- b) **you** contract an illness or disease; or
- c) complications of any kind with the pregnancy occur.

Cover for the above events will continue until the end of the 25th week of pregnancy with the exception that if **you** are pregnant following a course of in vitro fertilisation (IVF) or are pregnant with twins or other multiple birth, cover for the above events will continue until the end of the 23rd week of pregnancy.

The policy will not cover any costs relating to pregnancy or childbirth beyond the above dates even if **you** are already travelling and are more than 25 weeks pregnant (more than 23 weeks if **you** have had a course of in vitro fertilisation (IVF) or are pregnant with twins or other multiple birth) and have approval to travel from a **Healthcare Professional**.

### ASUA CHANGE IN CIRCUMSTANCES CONTACT:

+44 (0)203 327 0555 (This is a basic rate number)

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

Office Hrs: 9am-5pm Mon to Fri (excl. public holidays)

## Important Information You Have Given Us

In deciding to accept this insurance and in setting the terms and premium, **we** have relied on the information **you** have given **us** via **ASUA**. **You** must take reasonable care to provide complete and accurate answers to the questions asked when the policy is taken out, changed or renewed (if applicable). If the information provided by **you** is not complete and accurate:

- **we** may cancel the policy and refuse to pay any claim, or;
- **we** may not pay any claim in full, or;
- **we** may revise the premium and/or change any **excess**; or;
- the extent of the cover may be affected.

**We** will write to the **policyholder** if **we**:

- intend to cancel the policy; or
- need to amend the terms of the policy; or require the **policyholder** to pay more for this insurance.

If **you** become aware that information **you** have given is incomplete or inaccurate, **you** must inform **ASUA** as soon as possible. Contact details are given on page 1 of this document.

## PART 2 – GENERAL CONDITIONS AND EXCLUSIONS

### General Conditions

The following conditions apply to the whole of this insurance.

1. Other Insurance: If, at the time of a valid claim under this policy there is another insurance policy in force which covers **you** for the same loss or expense (for example a Home Contents Policy), **we** may seek a recovery of some or all of **our** costs from the other insurer. **You** must give **us** any help or information **we** may need to assist **us** with **our** loss recoveries.
2. Precautions: At all times **you** must take precautions to avoid injury, illness, disease, loss, theft or damage and take steps to safeguard **your** property from loss or damage and to recover property lost or stolen.
3. Affordable Care Act: This insurance is not subject to, and does not provide certain of the insurance benefits

required by the United States' Patient Protection and Affordable Care Act ("ACA"). This insurance does not provide, and Insurers do not intend to provide, minimum essential coverage under ACA. In no event will benefits be provided in excess of those specified in the contract documents. This insurance is not subject to guaranteed issuance or renewability other than as specified in the policy. ACA requires certain US citizens and US residents to obtain ACA compliant health insurance coverage. In some circumstance's penalties may be imposed on persons who do not maintain ACA-compliant coverage. **You** should consult **your** attorney or tax professional to determine if ACA's requirements are applicable to **you**.

## General Exclusions

The following exclusions apply to the whole of this insurance.

1. **We** shall not be liable for claims where at the time of taking out this policy and between that time and **your** departure:
  - c) **You** are aware of any **medical condition** or set of circumstances that could reasonably be expected to give rise to a claim (for example the state of health of a **Close relative, Close business associate** or any person on whom **Your** travel plans depend).
  - d) **You**:
    - v. Are receiving, or on a waiting list for, surgery, in-patient treatment or investigations in a hospital, clinic or nursing home.
    - vi. Are travelling against any health requirements stipulated by the carrier, their handling agents or other public transport provider.
    - vii. Are travelling against the advice of a **Healthcare Professional** or for the purpose of obtaining medical treatment abroad.
    - viii. Have been given a terminal prognosis.
2. Participation in **winter sports**: **Your** participation in **winter sports** unless the appropriate **winter sports** premium has been paid where required, then cover will apply for:
  - a) the **winter sports** specified in Appendix B and
  - b) a period of no more than 17 days in total in each **period of insurance** under annual multi **trip** policies and for the period of the **trip** under single **trip** policies.
3. Professional sports or entertaining: **Your** participation in or practice of any professional sports or professional entertaining.
4. Other sports or activities: **Your** participation in or practice of any other sport or activity, manual work, driving any motorised vehicle in motor rallies or competitions or racing unless:
  - a) specified in the lists under Appendix A of this policy or
  - b) shown as covered in the **Validation Certificate** when the additional premium is paid to extend policy cover for specified activities.
5. Suicide, drug use, alcohol or solvent abuse and **you** putting **yourself** at risk: **Your** wilfully, self-inflicted injury or illness, suicide or attempted suicide, sexually transmitted diseases, solvent abuse, alcohol abuse, drug use (other than drugs taken in accordance with treatment prescribed and directed by a **Healthcare Professional**, but not for the treatment of drug addiction), and **you** putting **yourself** at risk (except in an attempt to save human life).
6. Unlawful action: **Your** own unlawful action in the country in which the **trip** is taking place or any criminal proceedings against **you**.
7. Any other loss, damage or additional expense following on from the event for which **you** are claiming, unless **we** provide cover under this insurance. For example, **we** will not pay for loss of earnings following **bodily injury** or illness.
8. Armed Forces: Operational duties of a member of the Armed Forces (other than claims arising from authorised leave being cancelled due to operational reasons, as provided for under sub section 5. "Specified Events" of Section A – Cancellation or **Curtailment** Charges).
9. Travelling against World Health Organisation (WHO) WHO advice or against the advice of a recognised Government body: **Your** travel to a country, specific area or event when the World Health Organisation (WHO) or regulatory authority in a country to/from which **you** are travelling has advised against all, or all but essential, travel at the time of booking, or travel.
10. **War** or acts of **terrorism**: However, this exclusion shall not apply to losses:
  - (a) under Section B – Medical, Repatriation and Other expenses, Section B1 – Hospital Confinement Benefit and Section C – Personal Accident, unless such losses are caused by nuclear, chemical or biological attack, **your** participation in **active war**, or the disturbances were already taking place at the beginning of any **trip**;
11. **You** engaging in **active war**.
12. **Nuclear risks**.
13. Sonic bangs: Loss, destruction or damage directly caused by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
14. Redundancy: **We** will not pay if **you**, either at the time a holiday was booked, or at the time the policy was purchased, were under notice of redundancy from an employer.
15. **We** will not pay if the tour operator, or anyone **you** have made travel or accommodation arrangements with, fails to fulfil the holiday booking for any reason.
16. This insurance does not cover **you** for any **trip** to, for any travel through, or for any event which happens in, Cuba, Iran or North Korea.



17. **We** will not pay any benefits for:
- bodily injury** or illness; or
  - for any loss, damage, liability, cost or expense

whether caused deliberately or accidentally by or arising directly or indirectly from:

- the use of or inability to use any computer, computer application, computer software or programme;
- any computer virus;
- any computer related hoax relating to i and/or ii above.

For the purposes of this exclusion, “computer” means a machine or device that performs processes, calculations and operations based on instructions provided by a software or hardware program, with the ability to accept data (input), process it, and then produce outputs. This includes phones, including smartphones, and tablets.

17. Unless otherwise stated below, this insurance does not cover claims in any way caused by or resulting from an **infectious or contagious disease**, an outbreak of which has been declared a Public Health Emergency of International Concern (PHEIC) by the World Health Organisation (WHO).

This exclusion shall apply to claims made after the date of any such declaration(s), other than where a relevant diagnosis has been made by a **Healthcare Professional** before the date of any such declaration(s).

This exclusion will continue to apply until the WHO cancels or withdraws any relevant PHEIC.

**Infectious or contagious disease** means any disease capable of being transmitted from an infected person, animal or species to another person, animal or species by any means.

**PLEASE NOTE:**

- This exclusion does not apply to claims made under Section B – Medical, Repatriation and Other Expenses or Section B1 – Hospital Confinement Benefit.
- Cover is provided under Section A – Cancellation or **Curtailment** Charges if **you** or any person **you** are travelling with receive a positive test result for coronavirus (Covid-19) in the 7 day period prior to the departure date of **your trip** and **you** are required to self-isolate in accordance with the instructions of the health service and/or government in **your home area**, as a result of which **you** are unable to travel.
- Cover is provided under Section D1 – Missed Departure if **you** arrive at **your** international departure point at the recommended time to complete pre-boarding checks, but miss **your** booked **public transport** due to taking and failing a health screening or coronavirus (Covid-19) test prior to boarding, or due to waiting for the results of an unplanned health screening or coronavirus (covid-19) test.

### PART 3 – MAKING A CLAIM

**What to do in a Medical or other Emergency Abroad:** On **our** behalf, Mayday Assistance provide a 24-hour emergency service 365 days a year and **you** can contact Mayday Assistance by using the following:

**MAYDAY ASSISTANCE EMERGENCY 24-HOUR SERVICE:**  
+ (44) (0) 1273 071788 Fax: + (44) (0) 1273 606 390  
Email: [operations@maydayassistance.com](mailto:operations@maydayassistance.com)

For out-patient treatment costing less than £200, it is recommended that **you** pay the hospital/clinic **yourself** and claim back medical expenses from **us** on **your** return to **your home area**.

**You** must contact Mayday Assistance as soon as possible in the case of a serious medical emergency abroad where **you** will or may need to stay in hospital, have hospital treatment or other emergencies, for example the need to change travel arrangements and return **home** because a **close relative** has become seriously ill.

When calling Mayday Assistance for help, please provide the following information:

- The policy number (shown on the **Validation Certificate**) and the **policyholder's** name.
- Your** name and the address **you** are staying at.
- The phone number **you** are calling from.
- The nature of the emergency.
- The name and phone number of the doctor and hospital treating **you** (if appropriate).

Not contacting Mayday Assistance, or not following their instructions, could affect **your** claim. Mayday Assistance must agree, beforehand, any emergency travel expenses involving air travel. If it is not possible for **you** to make contact with Mayday Assistance before hospital admission or before medical expenses are incurred because emergency treatment is required, contact must be made as soon as possible.

Private medical treatment is not covered in countries where reciprocal health agreements entitle **you** to benefit from public health care arrangements unless authorised specifically by Mayday Assistance. Mayday Assistance has the medical expertise, contacts and facilities to help should **you** be injured in an accident or fall ill. Mayday Assistance will

also arrange transport **home** when this is considered medically necessary or when **you** are told about the illness or death of a **close relative** or a **close business associate**.

### **Payment for medical treatment abroad**

If **you** are admitted to a hospital/clinic while abroad, Mayday Assistance will arrange for medical expenses covered by the insurance to be paid direct to the hospital/clinic. To take advantage of this benefit:

- Someone must contact Mayday Assistance for **you** as soon as possible.
- Beware of requests for **you** to sign for excessive treatment or charges. If **you** are in doubt, **you** should call Mayday Assistance for guidance and authorisation of costs.

### **Reporting all other claims**

**You** must report any claim as soon as possible, preferably within 31 days of any incident which may lead to a claim under this insurance. Also, **you** must contact **our** claims handlers as soon as **you** find out about any condition or circumstances which may cause a **trip** to be cancelled or cut short. If **you** need to make a claim, please contact **our** claims handlers appointed to act on **our** behalf:

#### **ROGER RICH & CO.**

**Quote Scheme Code: A01186**

2a Marston House, Cromwell Park, Chipping Norton, Oxfordshire. OX7 5SR.

Tel: +44 (0)1608 641 351 Fax: +44 (0)1608 641 176

Email: [asua@claimsconsortiumgroup.co.uk](mailto:asua@claimsconsortiumgroup.co.uk)

### **Providing information to support your claim**

**You** will need to provide certain information to enable a claim to be fully assessed. This information will vary depending on which section of cover **you** are claiming under. Examples of the types of information **we** will need are given below, but there may be other evidence required from **you**.

Further details are given within each section of cover listed in Part 4 of this policy, and **our** claims handlers will tell **you** exactly what information **you** need to give them in relation to **your** own claim.

Unless **we** agree to pay for any information, for example a medical examination (which **you** must agree to undergo if required), the information will need to be provided at **your** own expense.

<b>Fit notes</b>	A fit note from the treating <b>Healthcare Professional</b> or a consultant specialising in a relevant field explaining why <b>you</b> required medical attention, were unable to travel, forced to cancel, extend, cut short or forfeit any pre-arranged plans or paid for activities, or rearrange any travel plans.
<b>Police (or other Authority) Reports</b>	A report from the local police or other relevant authority in the country where the incident occurred confirming dates, circumstances and further details of the loss, theft, attempted theft, mugging, damage, quarantine, lawful or unlawful detention.
<b>Travel Tickets &amp; Baggage Tags</b>	All travel tickets (including any unused travel tickets) and <b>baggage</b> tags.
<b>Receipts, Bills, Valuations &amp; Proof of Ownership</b>	An original receipt, valuation or proof of ownership for items, currency or documents of any kind lost, stolen, damaged, repaired, replaced, purchased or hired as emergency temporary replacements.
<b>Confirmation Letters, Reports, Invoices &amp; Notices</b>	Receipts or bills for any costs incurred for in-patient/out-patient treatment, telephone calls, emergency dental treatment, transport, accommodation, hospital or medical costs and any other charges or expenses which are to be considered as part of a claim. Confirmation of the loss, delay, failure, cancellation or circumstance leading to the claim in the form of a letter, invoice, report or notice of cancellation from (as appropriate) <b>your</b> tour operator or their representative, airline, <b>baggage</b> handler, service provider, retailer, hotel or accommodation provider, emergency service, commanding officer, event organiser, <b>public transport provider</b> or relevant authority.
<b>Death Certificates</b>	For any claim involving <b>your</b> death or the death of any related party, the original death certificate will be required.

### **Getting Medical Treatment Abroad.**

**Your home area** may have a reciprocal healthcare agreement in place with certain other countries which means that when visiting these countries, urgent or immediate medical treatment will be provided at a reduced cost or, in some cases, free. Details of any such reciprocal healthcare agreements may be available on the website of the government in **your home area**.

### **Claims Conditions**

1. Claims procedure and notification: **You** must notify claims using the procedures and contact options detailed in this Making a Claim Section.

The claim notification must be made as soon as possible and preferably within 31 days following any **bodily injury**, illness, disease, incident, event, redundancy or the discovery of any loss, theft or damage which may lead to a claim under this insurance. However, if there is a delay in reporting of **your** claim it is not **our** intention to decline **your** claim or to reduce the payment amount, provided that all the information required is still available and the delay has not prejudiced **our** claims handlers' ability to assess the claim.

**You** must also tell **us** if **you** are aware of any writ, summons or impending prosecution. Every communication relating to a claim must be sent to **our** claims handlers as soon as possible. **You**, or anyone acting on **your** behalf, must not negotiate, admit or repudiate (refuse) any claim without **our** claims handlers' permission in writing.

2. Claims evidence: **We** will require, at **your** own expense, all evidence needed to fully assess **your** claim. **You** must have any medical examinations **we** decide are necessary. **We** will pay for these. **We** may request and will pay for a post-mortem examination if required in the event of accidental death.
3. Property: **You** must retain any property which is damaged, and if requested, send it to **us** at **your** own expense. If **we** pay a claim for the full value of the property and it is then recovered it will then become **our** property. **We** may refuse to reimburse **you** for any property for which **you** cannot provide proof of ownership such as an original receipt, a valuation, user manual or bank or credit card statements.
4. Transferring of rights: **We** are entitled to take over any rights in the defence or settlement of any claim and to take proceedings in **your** name for **our** benefit against any other party.
5. Fraudulent claims or misleading information: **We** take a robust approach to fraud prevention in order to keep premium rates down so that **you** do not have to pay for other people's dishonesty. If any claim made by **you**, or anyone acting on **your** behalf is fraudulent, deliberately exaggerated, or is intended to mislead, **we** may:
  - not pay that claim; and
  - recover (from the insured person involved in the claim) any payments made in respect of that claim; and
  - terminate **your** insurance from the time of the fraudulent act; and
  - inform the police of the act.

If **your** insurance is terminated from the time of the fraudulent act, **we** will not pay any claim for any incident which happens after that time and may not return any of the insurance premium(s) already paid.

## PART 4 – THE COVER

This document gives details of many sections of cover. Some sections of cover only apply if **you** have chosen a certain level of cover or type of policy, and/or paid an additional premium. The sections of cover which apply, any additional cover **you** have chosen, the geographical area of **your** cover, and the level of benefit which will be payable in the event of a valid claim under each section of cover, are shown in the **Validation Certificate**.

**Policy Excesses:** Please note that under most sections of this insurance, claims will be subject to an **excess**. This means that **you** will be responsible for the first part of each and every claim per incident claimed for, under each cover section by each insured person, unless an additional premium has been paid so that an **excess** is not payable (as confirmed on the **Validation Certificate**).

If **family cover** or **single parent cover** applies then **we** will not apply more than two **excess** charges to any incident claimed for.

## TABLE OF BENEFITS

Section	Section	Sum Insured Per Insured Person	Excess
<b>A</b>	<b>Cancellation or Curtailment Charges</b> United Kingdom	Up to £5,000 UK/£10,000 Europe	3 days duration or less – Nil 4 days duration & over £30 UK £75 Europe
<b>B</b>	<b>Emergency Medical, Repatriation and Other Expenses</b>  Including Dental Treatment Funeral Expenses UK Trip Limit	Up to £5,000,000  Up to £250 Up to £5,000 £2,500	£75 (if GHIC held) £250 No GHIC (excluding repatriation expenses) £350 Aged 90 to 95 £30 £75 £30
<b>B1</b>	<b>Hospital Confinement Benefit</b> United Kingdom	£10 per 24 hours up to £100	Nil



	Europe	£15 per 24 hours up to £500	Nil
<b>C</b>	<b>Personal Accident</b> Item 1 – Accidental Death (over 18) Item 1 – Accidental Death (Under 18) Item 1 – Accidental Death (71 & over) Item 2 – Loss of Limb(s) or Loss of Sight Item 3 – Permanent Total Disablement	£15,000 £1,000 £7,500 £15,000 £15,000	Nil  Nil Nil
<b>D</b>	<b>Travel delay and abandonment</b> Travel delay Abandonment after full 12 hours delay	£20 per 12 hours delay up to £60 As per Cancellation Section	Nil As per Cancellation Section
<b>D1</b>	<b>Missed Departure</b> United Kingdom Europe	Up to £200 Up to £800	Nil Nil
<b>E</b>	<b>Baggage</b> Single Article/Pair/Set Limit Total Valuables Limit Spectacles/Sunglasses Limit Delayed Baggage (Minimum Delay of 12 hours)	Up to £1,500 £400 £400 £250 £50 per 12 hours up to £200	£50 £50 £50 £50 Nil
<b>F</b>	<b>Personal Money, Passport and Documents</b>	Up to £500	£50
<b>G</b>	<b>Personal Liability</b>	Up to £2,000,000	Nil
<b>H</b>	<b>Legal Assistance and Expenses</b>	Up to £25,000	£250
<b>I</b>	<b>Mugging Benefit</b>	£50 for each full 24 hours spent in hospital up to £500	Nil

## Section A – CANCELLATION OR CURTAILMENT CHARGES

### What is Covered

We will pay **you** up to the amount shown in the **Validation Certificate** for any **irrecoverable sums** of unused travel and accommodation costs, pre-booked excursion costs, and other pre-paid charges which **you** have paid or are contracted to pay, together with any additional travel expenses incurred if cancellation of the **trip** is unavoidable or the **trip** is **curtailed** before completion as a result of any of the following specified events:

### Specified Events

- The death, **bodily injury**, illness, disease, or complications arising as a direct result of pregnancy of:
  - yourself**
  - any person who **you** are travelling or have arranged to travel with
  - any person who **you** have arranged to stay with
  - your close relative**
  - your close business associate.**
- You** or any person who **you** are travelling with, or have arranged to travel with, being quarantined, called as a witness at a Court of Law or called for jury service attendance.
- You** or any person who **you** are travelling with, receiving a positive result for coronavirus (Covid-19) in the 7 day period prior to the departure date of **your trip** and **you** are required to self-isolate in accordance with the instructions of the health service and/or government in **your home area**, as a result of which **you** are unable to travel.
- Your** redundancy or the redundancy of any person who **you** are travelling with or have arranged to travel with.  
  
The redundancy must qualify for payment under current redundancy payment legislation in **your home area**, and at the time of booking the **trip** there must have been no reason to believe anyone would be made redundant.
- You**, or any person who **you** are travelling or have arranged to travel with, are a member of the Armed Forces, Territorial Army, Police, Fire, Nursing or Ambulance Services or an employee of a Government Department and have authorised leave cancelled or are called up for operational reasons, provided that the cancellation or **curtailment** could not reasonably have been expected at the time when the **policyholder** purchased this insurance or at the time of booking any **trip**.
- The police or other authorities requesting **you** to stay at or return to **your home** due to serious damage to **your home** caused by fire, aircraft, explosion, storm, flood, subsidence, fallen trees, collision by road vehicles, malicious people or theft.

### Special Conditions Relating to Claims

- You** must get (at **your** own expense) a fit note from a **Healthcare Professional** and the prior approval of the 24-hour emergency medical service to confirm the necessity to return **home**, prior to **curtailment** of the **trip** due to death, **bodily injury**, illness, disease or complications arising as a direct result of pregnancy.

2. 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 been payable had such notification taken place.
3. If **you** cancel the **trip** due to:
  - a) stress, anxiety, depression or any other mental or nervous disorder that **you** are suffering from **you** must provide (at **your** own expense) a fit note from a consultant specialising in the relevant field; or
  - b) any other **bodily injury**, illness, disease or complications arising as a direct result of pregnancy, **you** must provide (at **your** own expense) a fit note from a **Healthcare Professional** stating that this necessarily and reasonably prevented **you** from travelling.

### What is Not Covered

#### The General Exclusions on pages 5 and 6 and the exclusions below both apply to Section A – Cancellation or Curtailment Charges

1. The **excess** shown in the **Validation Certificate**.
2. Any claims arising directly or indirectly from:
  - a) Redundancy caused by or resulting from misconduct leading to dismissal or resignation or voluntary redundancy, or where **you** received a warning or notification of redundancy before this insurance was purchased or at the time of booking any **trip**
  - b) Circumstances known to **you** before this insurance was purchased, or at the time of booking any **trip**, which could reasonably have been expected to lead to cancellation or **curtailment** of the **trip**.
3. Travel tickets paid for using any airline mileage or supermarket reward scheme, for example Air Miles, unless specific evidence of the monetary value of the tickets can be provided.
4. Accommodation costs paid for using any Timeshare, Holiday Property Bond or other holiday points scheme unless specific evidence of the monetary value of the accommodation costs can be provided.
5. Annual maintenance fees/charges for time share holidays or properties.

## Section B – MEDICAL, REPATRIATION AND OTHER EXPENSES

### What is Covered

**We** will pay **you** up to the amount shown in the **Validation Certificate** for the following expenses which are necessarily incurred within 12 months of the incident as a result of **you** suffering unforeseen **bodily injury**, illness, disease and/or compulsory quarantine:

1. Emergency medical, surgical, hospital, ambulance and nursing fees and charges incurred outside of **your home area**.
2. Emergency dental treatment for the immediate relief of pain (to natural teeth only) up to a limit of £250 incurred outside of **your home area**.
3. Costs of telephone calls:
  - a) to the 24-hour emergency medical service notifying and dealing with the problem for which **you** are able to provide receipts or other evidence to show the cost of the calls and the numbers **you** telephoned
  - b) incurred by **you** when **you** receive calls on **your** mobile phone from the 24-hour emergency medical service for which **you** are able to provide receipts or other evidence to show the cost of the calls.
4. The cost of taxi fares for **your** travel to or from hospital relating to **your** admission, discharge or attendance for outpatient treatment or appointments or for collection of medication prescribed for **you** by the hospital.
5. If **you** die:
  - a) outside **your home area**, either:
    - (i) the additional cost of funeral expenses abroad up to a maximum of £5,000 plus the cost of returning **your** ashes to **your home area**, or
    - (ii) the following costs, up to a maximum of £5,000, of returning **your** body to **your home** or **home area**:
      - the cost of funeral director charges for preparing, co-ordinating and transporting **your** body to an airport;
      - the cost of any casket/coffin required for transportation of **your** body;
      - any fees/costs charged by the airline who take **your** body as cargo;
      - transport of **your** body from the airport where the aeroplane lands to a local funeral home where **your** body will pass into the care of the local/desired undertaker.
  - b) within **your home area**, the additional cost of returning **your** ashes or body to a chosen funeral director, up to a maximum of £750.
6. Additional transport and/or accommodation expenses incurred, up to the standard of **your** original booking (for example full or half board, bed and breakfast, self-catering or room only), if it is medically necessary for **you** to stay beyond **your** scheduled return date. This includes, with the prior authorisation of the 24-hour emergency medical service, additional transport and/or accommodation expenses for a travelling companion, friend or **close relative** to stay with **you** or travel to **you** from their **home area** or escort **you**. Also additional travel expenses to return **you** to **your home** or a suitable hospital nearby if **you** cannot use the return ticket.
7. With the prior authorisation of the 24-hour emergency medical service, the additional costs incurred in the use

of air transport or other suitable means, including qualified attendants, to repatriate **you** to **your home** if it is medically necessary. These expenses will be for the identical class of travel utilised on the **outward journey** unless the 24-hour emergency medical service agree otherwise.

### **Special Conditions Relating to Claims**

1. **You** must tell the 24-hour emergency medical service as soon as possible of any **bodily injury**, illness or disease which necessitates **your** admittance to hospital as an in-patient or before any arrangements are made for **your** repatriation.
2. If **you** suffer **bodily injury**, illness or disease **we** reserve the right to move **you** from one hospital to another and/or arrange for **your** repatriation to **your home area** at any time during the **trip**. **We** will do this, if in the opinion of the **Healthcare Professional** in attendance, or the 24-hour emergency medical service, **you** can be moved safely and / or travel safely to **your home area** or a suitable hospital nearby to continue treatment.

### **What is Not Covered**

#### **The General Exclusions on pages 5 and 6 and the exclusions below both apply to Section B – Medical, Repatriation and Other Expenses**

1. The **excess** shown in the **Validation Certificate**.
2. Normal pregnancy, without any accompanying **bodily injury**, illness, disease or complication. This section is designed to provide cover for unforeseen events, accidents, illnesses and diseases and normal childbirth and pregnancy would not constitute an unforeseen event or illness.
3. Any claims arising directly or indirectly for:
  - a) The cost of treatment or surgery, including exploratory tests, which are not related to the **bodily injury** or illness which necessitated **your** admittance into hospital.
  - b) Any expenses which are not medically necessary in the course of treating **your bodily injury**, illness or disease.
  - c) Any form of treatment or surgery which in the opinion of the **Healthcare Professional** in attendance and the 24 hour emergency medical service can be delayed reasonably until **your** return to **your home area**.
  - d) Expenses incurred in obtaining or replacing medication, which **you** know **you** will need at the time of departure or which will have to be continued outside of **your home area**.
  - e) Additional costs arising from single or private room accommodation.
  - f) Treatment or services provided by a health spa, convalescent or nursing home or any rehabilitation centre unless agreed by the 24-hour emergency medical service.
  - g) Any costs incurred by **you** to visit another person in hospital.
  - h) Any expenses incurred after **you** have returned to **your home area**.
  - i) Any expenses incurred in **your home area** which are for private or cosmetic treatment or funded by, or are recoverable from, the Health Authority in **your home area**.
  - j) Expenses incurred as a result of a tropical disease where **you** have not had the recommended inoculations and/or taken the recommended medication.
  - k) Any expenses incurred after the date on which **we** exercise **our** rights under this section to move **you** from one hospital to another and/or arrange for **your** repatriation but **you** decide not to be moved or repatriated.

**You** should also refer to “Health Conditions Exclusion” and “Changes in Health and Other Circumstances” on pages 2-4 of this policy.

## **Section B1 – HOSPITAL CONFINEMENT BENEFIT**

### **What is Covered**

**We** will pay **you** the amount shown in the **Validation Certificate** for every complete 24 hours **you** have to stay in hospital as an in-patient or are confined to **your** accommodation due to **your** compulsory quarantine or on the orders of a **Healthcare Professional** outside **your home area**, up to the maximum amount shown in the **Validation Certificate** as a result of **bodily injury**, illness or disease **you** sustain.

**We** will pay the amount above in addition to any amount payable under Section B – Medical, repatriation and other expenses. This payment is meant to help **you** to pay for additional expenses such as taxi fares and phone calls incurred by **your** visitors during **your** stay in hospital.

### **Special Conditions Relating to Claims**

1. **You** must tell the 24-hour emergency medical service as soon as possible of any **bodily injury**, illness or disease which necessitates **your** admittance to hospital as an in-patient, compulsory quarantine or confinement to **your** accommodation on the orders of a **Healthcare Professional**.

### **What is Not Covered**

#### **The General Exclusions on pages 5 and 6 and the exclusions below both apply to Section B1 – Hospital Confinement Benefit**

1. Any claims arising directly or indirectly from:

- a) Any additional period of hospitalisation, compulsory quarantine or confinement to **your** accommodation:
  - i relating to treatment or surgery, including exploratory tests, which are not directly related to the **bodily injury**, illness or disease which necessitated **your** admittance into hospital.
  - ii relating to treatment or services provided by a convalescent or nursing home or any rehabilitation centre.
  - iii following **your** decision not to be repatriated after the date when, in the opinion of the 24-hour emergency medical service, it is safe to do so.
- b) Hospitalisation, compulsory quarantine or confinement to **your** accommodation:
  - i relating to any form of treatment or surgery which in the opinion of the **Healthcare Professional** in attendance and the 24-hour emergency medical service can be delayed reasonably until **you** return to **your home area**.
  - ii as a result of a tropical disease where **you** have not had the recommended inoculations and/or taken the recommended medication.
  - iii occurring in **your home area** and relating to either private treatment or tests, surgery or other treatment, the costs of which are funded by, or are recoverable from, the Health Authority in **your home area**.

## Section C – PERSONAL ACCIDENT

For the purposes of this Section C, the following have the following meanings:

- Item 1 - accidental death
- Item 2 – **loss of limb or loss of sight**
- Item 3 – **permanent total disablement**

### What is Covered

**We** will pay one of the benefits shown in the **Validation Certificate** if **you** sustain **bodily injury** which solely and independently of any other cause, results within two years in **your** death, **loss of limb**, **loss of sight** or **permanent total disablement**.

### Special Conditions Relating to Claims

**Our Healthcare Professional** may examine **you** as often as he/she considers necessary if **you** make a claim.

### PROVISIONS

- 1. Benefit is not payable to **you**:
  - a) Under more than one of items 1, 2 or 3.
  - b) Under item 3. until one year after the date **you** sustain **bodily injury**
- 2. Benefit 1 will be paid to **your** estate.

### What is Not Covered

**The General Exclusions on pages 5 and 6 and the exclusions below both apply to Section C – Personal Accident**

## Section D – TRAVEL DELAY & ABANDONMENT

### What is Covered

- a) If, due to one of the Specified Events below, the departure of the **public transport** on which **you** are due to travel is delayed at the final departure point from or to **your home area**, or if any subsequent outbound or return connecting **public transport** is delayed, for at least 12 hours from the scheduled time of departure, then provided **you** still travel **we** will pay the amount shown in the **Validation Certificate**.

### Specified Events

- 1. An accident involving, or the mechanical breakdown of, or a technical fault occurring in, the vehicle on which **you** are booked to travel.
- 2. Strike, industrial action or adverse weather conditions.

The amount **we** will pay for

- a) the first full completed 12 hours of delay, and b) each additional full 12 hours of delay is as shown in the **Validation Certificate**. This benefit is intended to help **you** to pay for telephone calls made, and meals and refreshments purchased, during the delay.
- b) If, due to one of the Specified Events above, **your** pre- booked **public transport** is delayed at the final departure point from **your home area** for 24 hours, or if such **public transport** is cancelled, and **you** decide to cancel **your trip** before departure from the **United Kingdom**, then in addition to a payment for travel delay, **we** will pay up to the amount shown in the **Validation Certificate** for any **irrecoverable sums** of unused travel and accommodation costs and other pre-paid charges which **you** have paid or are contracted to pay.
- c) If **you** decide to continue to travel following a delay of at least 12 hours due to one of the Specified Events above, **we** will also reimburse **you** up to the amount shown in the **Validation Certificate** for the cost of any pre-booked and pre-paid event(s) which **you** were unable to attend due to the travel delay.

**Notes:**

- If the same expenses are covered under Section D1 (Missed Departure), **you** can only claim under one section of this insurance for the same event.
- There is no cover under c) above if the sole purpose of **your trip** is to attend a pre-booked and pre-paid event. Cover can be purchased separately for any such **trip(s)**.

**Special Conditions Relating to Claims**

1. **You** must check in according to the itinerary given to **you**.
2. **You** must get written confirmation, at **your** own expense, from the relevant **public transport provider** of the number of hours of delay and the reason for the delay.
3. **You** must comply with the terms of contract of the travel agent, tour operator, or **transport provider**.

**What is Not Covered****The General Exclusions on pages 5 and 6 and the exclusions below both apply to Section D – Travel Delay and Abandonment**

1. The **excess** shown in the **Validation Certificate**. The **excess** only applies to abandonment claims.
2. Any claims arising directly or indirectly from strike or industrial action existing or being publicly announced by the date the **policyholder** purchased this insurance or at the time of booking any **trip**.
3. Any claims arising directly or indirectly from an aircraft or sea vessel being withdrawn from service (temporarily 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.
4. Any claim for reimbursement of the cost of pre-booked and pre-paid event(s) where the sole purpose of **your trip** was to attend such event(s).

**Section D1 – MISSED DEPARTURE****What is Covered**

If, due to one of the Specified Events listed below, **you** fail to arrive at the international departure point in time to board the **public transport** on which **you** are booked to travel for the outbound or return leg of **your trip**, **we** will pay **you** up to the maximum amount shown in the **Validation Certificate** for any necessary additional accommodation and travel expenses incurred in reaching **your** overseas destination or returning to **your home area**.

**Specified Events**

1. The failure of other **public transport**.
2. An accident involving, or the mechanical breakdown of, or a technical fault occurring in, the vehicle in which **you** are travelling.
3. An accident or breakdown happening ahead of **you** on a motorway or dual carriageway which causes an unexpected delay to the vehicle in which **you** are travelling.
4. Strike, industrial action or adverse weather conditions.

**We will also provide cover:**

1. If **you** arrive at **your** international departure point at the recommended time to complete pre-boarding checks, but miss **your** booked **public transport** due to taking and failing a health screening or coronavirus (Covid-19) test prior to boarding, or due to waiting for the results of an unplanned health screening or coronavirus (covid-19) test administered at **your** international departure point.
2. If, as a result of missing the departure of the **public transport** on which **you** are booked to travel for the outbound and return legs of **your trip** due to one of the events listed above, **you** then miss any subsequent outbound or return connecting **public transport**, **we** will pay **you** up to the maximum amount shown in the **Validation Certificate** for any necessary additional accommodation (room only) and travel expenses incurred in reaching **your** overseas destination or returning to **your home area**. There must be a minimum of 2 and a half hours between the scheduled arrival time of the **public transport** on which **you** have travelled and the scheduled departure time of the subsequent outbound or return connecting **public transport**.
3. If, as a result of one of the events listed above, **you** are unable to attend any pre-booked and pre-paid event(s) due to missing the departure of the **public transport** on which **you** are booked to travel for the international outbound and return legs of **your trip**, and/or any subsequent outbound or return connecting **public transport**, **we** will reimburse **you** up to the maximum amount shown in the **Validation Certificate** for the cost of such pre-booked and pre-paid event(s).

**Notes:**

- If the same expenses are covered under Section D (Travel Delay and Abandonment), **you** can only claim under one section of this insurance for the same event.
- There is no cover under c) above if the sole purpose of **your trip** is to attend a pre-booked and pre-paid event. Cover can be purchased separately for any such **trip(s)**.



### Special Conditions Relating to Claims

1. **You** must be scheduled to arrive at the final departure point for the international outbound and return legs of **your trip** at least 2 and a half hours before the scheduled departure time of the **public transport** on which **you** are booked to travel.
2. There must be a minimum of 2 and a half hours between the scheduled arrival time of the **public transport** on which **you** have travelled and the scheduled departure time of the subsequent outbound or return connecting **public transport**.
3. If **you** make a claim caused by any delay happening on a motorway or dual carriageway, **you** must get, at **your** own expense, confirmation or proof of the incident happening, and of the location, reason for and duration of the delay.

### What is Not Covered

#### The General Exclusions on pages 5 and 6 and the exclusions below both apply to Section D1 – Missed Departure

1. The **excess** shown in the **Validation Certificate**.
2. Any claims arising directly or indirectly from strike or industrial action existing or being publicly announced by the date the **policyholder** purchased this insurance or at the time of booking any **trip**.
3. Any claims arising directly or indirectly from an aircraft or sea vessel being withdrawn from service (temporarily 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.
4. Claims arising directly or indirectly from an accident to or breakdown of the vehicle in which **you** are travelling when a repairer's report or other evidence is not provided.
5. Claims arising directly or indirectly from breakdown of any vehicle owned by **you** which has not been serviced and maintained in accordance with the manufacturer's instructions.
6. Additional expenses where the scheduled **public transport provider** has offered alternative travel arrangements within 24 hours of the original departure time and of a comparable standard and duration.
7. Any claim for reimbursement of the cost of pre-booked and pre-paid event(s) where the sole purpose of **your trip** was to attend such event(s).

## Section E - BAGGAGE

### **Please Note:**

Under this policy, "**baggage**" means the following:

Luggage, clothing, personal belongings, **valuables** and other articles which belong to **you** (or for which **you** are legally responsible) which are worn, used or carried by **you** during any **trip**.

However, certain equipment and specific items are not covered. Please see exclusion 5 under this section of cover for a full list of equipment and specific items which are not covered.

### What is Covered

1. **We** will pay **you** up to the amount shown in the **Validation Certificate** for the accidental loss of, theft of or damage to **baggage**. The amount payable will be the value at today's prices less a deduction for wear, tear and depreciation (loss of value).

The maximum **we** will pay **you** for the following items is:

- a) the amount shown in the **Validation Certificate** for any one article, pair or set of articles
  - b) the amount shown in the **Validation Certificate** in total for all **valuables**
  - c) the amount shown in the **Validation Certificate** in total for all spectacles and sunglasses.
2. **We** will also pay **you** up to the amount shown in the **Validation Certificate** for the emergency replacement of clothing, medication and toiletries if **your baggage** is temporarily lost in transit during the **outward journey** and not returned to **you** within 12 hours, as long as **we** receive written confirmation from the **public transport provider**, confirming the number of hours the **baggage** was delayed.

If the loss is permanent, **we** will deduct the amount paid from the final amount to be paid under this section.

If **you** have paid an additional premium to add Wedding/Civil Partnership Cover (Section Q) and it is shown as covered in **your Validation Certificate** items of **baggage** are also covered under Section Q – Wedding/Civil Partnership Cover. **You** can only claim for these under one section for the same event.

### Special Conditions Relating to Claims

1. **You** must report to the local police in the country where the incident occurred within 24 hours of discovery, or as soon as practicable after that and get (at **your** own expense) a written report of the loss, theft or attempted theft of all **baggage**.
2. If **baggage** is lost, stolen or damaged while in the care of a **public transport provider**, authority, hotel or **your**

accommodation provider **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation.

3. If **baggage** is lost, stolen or damaged whilst in the care of an airline **you** must:
  - a) get a Property Irregularity Report from the airline.
  - b) give written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
  - c) keep all travel tickets and tags for submission if **you** are going to make a claim under this insurance.
4. **You** must provide (at **your** own expense) an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to provide evidence to support a claim.

### What is Not Covered

#### The General Exclusions on pages 5 and 6 and the exclusions below both apply to Section E – Baggage

1. The **excess** shown in the **Validation Certificate** (except claims under subsection 2 of What is Covered above, where no **excess** applies).
2. Loss, theft of or damage to **valuables** left **unattended** at any time unless left in the custody of a **public transport provider**, deposited in a hotel safe or safety deposit box, or left in **your** locked accommodation.
3. Loss, theft of or damage to **baggage** contained in an **unattended** vehicle unless:
  - i. it is locked out of sight in a **secure baggage area** and
  - ii. forcible and violent means have been used by an unauthorised person to gain entry into the vehicle and evidence of such entry is available.
4. Loss or damage due to delay, confiscation or detention by customs or any other authority.
5. Loss, theft of or damage to unset precious stones, contact or corneal lenses, hearing aids, dental or medical fittings, antiques, musical instruments, motor accessories, documents of any kind, bonds, securities, perishable goods (such as food), bicycles, **ski equipment**, **golf equipment**, **personal money** and damage to suitcases (unless the suitcases are entirely unusable as a result of one single incidence of damage).
6. Loss or damage due to cracking, scratching, or breakage of china, glass (other than glass in watch faces, cameras, binoculars or telescopes), porcelain or other brittle or fragile articles unless caused by fire, theft, or an accident to the aircraft, sea vessel, train or vehicle in which they are being carried.
7. Loss or damage due to breakage of sports equipment or damage to sports clothing whilst in use.
8. Loss, theft of or damage to **business equipment**, business goods, samples, tools of trade and other items used in connection with **your** business, trade, profession or occupation.
9. Loss or damage caused by wear and tear, depreciation (loss in value), atmospheric or climatic conditions, moth, **vermin**, any process of cleaning repairing or restoring, or mechanical or electrical breakdown.

## Section F – PERSONAL MONEY, PASSPORT AND DOCUMENTS

### What is Covered

1. **We** will pay **you** up to the amount shown in the **Validation Certificate** for the accidental loss of, theft of or damage to **personal money** and documents (including the unused portion of passports, visas and driving licences). **We** will also cover foreign currency during the 72 hours immediately before **your** departure on the **outward journey**.
2. **We** will pay up to the amount shown in the **Validation Certificate** for travel and accommodation expenses incurred outside **your home area** to obtain a replacement of **your** passport or visa which has been lost or stolen outside **your home area**.

### Special Conditions Relating to Claims

1. **You** must report to the local police in the country where the incident occurred within 24 hours of discovery or as soon as practicable after that and get (at **your** own expense) a written report of the loss, theft or attempted theft of all **personal money**, passports or documents.
2. If **personal money**, passports or documents are lost, stolen or damaged while in the care of a hotel or **your** accommodation provider **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation. Keep all travel tickets and tags for submission if a claim is to be made under this insurance.
3. If documents are lost, stolen or damaged while in the care of a **public transport provider** or authority, **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation.
4. If documents are lost, stolen or damaged whilst in the care of an airline **you** must:
  - a) give formal written notice of the claim to the airline within the time limit set out in their conditions of carriage (please keep a copy).
  - b) keep all travel tickets and tags for submission to **our** claims handlers if **you** are going to make a claim under this insurance.

5. **You** must provide (at **your** own expense) an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to provide evidence to support **your** claim.

### **What is Not Covered**

#### **The General Exclusions on pages 5 and 6 and exclusions below both apply to Section F - Personal Money, Passport and Documents**

1. The **excess** shown in the **Validation Certificate**.
2. Loss, theft or damage to **personal money** or **your** passport or visa if left **unattended** at any time unless left in the custody of a **public transport provider**, deposited in a hotel safe or safety deposit box, or left in **your** locked accommodation.
3. Loss, theft or damage to travellers' cheques if **you** have not complied with the issuer's conditions or where the issuer provides a replacement service.
4. Loss or damage due to delay, confiscation or detention by customs or any other authority.
5. Loss or damage due to depreciation (loss in value), variations in exchange rates or shortages due error or omission.

## **Section G – PERSONAL LIABILITY**

### **What is Covered**

**We** will provide **you** with cover up to the amount shown in the **Validation Certificate** (including legal costs and expenses) against any amount **you** become legally liable to pay as compensation for any claim or series of claims arising from any one event or source of original cause for accidental:

1. **Bodily injury**, death, illness or disease to any person who is not in **your** employment, is not a **close relative**, nor residing with **you** but not paying for their accommodation.
2. Loss of or damage to property that does not belong to and is neither in the charge of nor under the control of **yourself**, a **close relative** and/or anyone in **your** employment. Cover is provided for any temporary holiday accommodation occupied (but not owned) by **you**.

### **Special Conditions Relating to Claims**

1. **You** must give **us** written notice of any incident which may result in a claim as soon as possible.
2. **You** must send **us** every writ, summons, letter of claim or other document as soon as **you** receive it.
3. **You** must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without **our** permission in writing.
4. **We** will be entitled to take over and carry out in **your** name the defence of any claims for compensation or damages or otherwise involving any third party. **We** will have full discretion in the conduct of any negotiation or proceedings or in the settlement of any claim and **you** must give **us** all information and assistance which **we** may require.
5. If **you** die, **your** legal representative(s) will have the protection of this cover as long as they comply with the terms and conditions outlined in this policy.

### **What is Not Covered**

#### **The General Exclusions on pages 5 and 6 and the exclusions below both apply to Section G – Personal Liability**

1. Compensation or legal costs arising directly or indirectly from:
  - a) Liability which **you** were required to assume under the terms of any agreement or contract (such as a hire agreement).
  - b) Pursuit of any business, trade, profession or occupation or the supply of goods or services including any voluntary or unpaid work including babysitting.
  - c) Ownership, possession or use of animals, aircraft, firearms or weapons of any kind.
  - d) Ownership, possession or use of any vehicle, watercraft or leisure equipment that is motorised or mechanically or jet propelled.
  - e) The transmission of any contagious or infectious disease or virus.

## **Section H – LEGAL ASSISTANCE AND EXPENSES**

### **What is Covered**

**We** will pay up to the amount shown in the **Validation Certificate** for legal costs to pursue a civil action for compensation, against someone else who causes **your bodily injury**, illness or death.

Where there are two or more persons insured by this insurance, then the maximum amount **we** will pay for all such claims shall not exceed the amount shown in the **Validation Certificate**.

### **Special Conditions Relating to Claims**

1. **We** shall have complete control over the legal case through agents **we** nominate, by appointing agents of **our** choice on **your** behalf with the expertise to pursue **your** claim.
2. **You** must follow **our** agent's advice and provide any information and assistance required within the requested

timescale.

3. **You** must advise **us** of any offers of settlement made by the negligent third party and **you** must not accept any such offer without **our** permission.
4. **We** may include a claim for **our** legal costs and other related expenses.
5. **We** may, at **our** own expense, take proceedings in **your** name to recover compensation from any third party for any legal costs incurred under this insurance. **You** must give **us** any assistance **we** require from **you** and any amount recovered shall belong to **us**.

### **What is Not Covered**

#### **The General Exclusions on pages 5 and 6 and the exclusions below both apply to Section H – Legal Expenses and Assistance**

**We** shall not be liable for:

1. The **excess** shown in the **Validation Certificate**.
2. Any claim where in **our** opinion there is insufficient prospect of success in obtaining compensation.
3. Legal costs and expenses incurred in pursuit of any claim against a travel agent, tour operator, **public transport provider, us**, the 24-hour emergency medical service or their agents or any service supplier detailed on the **Validation Certificate**, someone **you** were travelling with, a person related to **you**, or another person insured under this policy.
4. Legal costs and expenses incurred prior to **our** written acceptance of the case.
5. Any claim where the legal costs and expenses are likely to be greater than the anticipated amount of compensation.
6. Any claim where legal costs and expenses are variable depending on the outcome of the claim.
7. Legal costs and expenses incurred if an action is brought in more than one country.
8. Any claim where in **our** opinion the estimated amount of compensation payment is less than £1,000 for each person insured under this policy.
9. Travel, accommodation and incidental costs incurred to pursue a civil action for compensation.
10. The costs of any Appeal.
11. Claims by **you** other than in **your** private capacity.

## **Section I – MUGGING BENEFIT**

### **What is Covered**

**We** will pay **you** the amount shown in the **Validation Certificate** for each complete 24 hour period which **you** spend as an in-patient in hospital outside **your home area** as a direct result of injuries sustained whilst being mugged.

### **Special Conditions Relating to Claims**

1. **You** must tell the 24-hour emergency medical service as soon as practicable of any **bodily injury** caused by mugging which necessitates **your** admittance to hospital as an in-patient.
2. **You** must report to the local police in the country where the mugging occurred within 24 hours of the incident, or as soon as practicable after that and get (at **your** own expense) a written report of the circumstances of the mugging.

## **PART 5 – CANCELLATION OF THE POLICY**

**The policyholder's right to cancel this policy:** The **policyholder** has a right to cancel up to 14 days from the date he/she receives the policy document at the start of the insurance provided that no person insured under the policy has travelled, (or in the case of Single **Trip** policies, cover has not already commenced), and no claim under this policy has been made.

Should the **policyholder** decide to exercise his/her cancellation right, he/she will be entitled to a full refund of premium provided that no person insured under the policy has travelled, (or in the case of Single **Trip** policies, cover has not already commenced), and no claim under this policy has been made or is intended to be made.

To cancel the policy, the **policyholder** should contact **ASUA** on [info@asuagroup.co.uk](mailto:info@asuagroup.co.uk), or at Alpi House, Suite 2, East Wing, 2nd Floor, Miles Gray Road, Basildon, Essex. SS14 3HJ. Tel: +44 (0)203 327 0555

### **Our right to cancel this policy:**

**We** can cancel any policy if:

- the **policyholder** does not pay the premium;
- either the **policyholder** or any other person insured under the policy commits fraud.

**We** can cancel an annual multi **trip** policy during the **period of insurance** if the risk **we** agreed to insure changes significantly (for example because activities **you** intend to be involved in during any **trip** change, or because **you** develop new **medical conditions** after the insurance starts). If **we** cancel the policy for this reason, the **policyholder** will be given

at least 60 days' notice in writing and will be entitled to a refund of premium which will be calculated according to the number of days remaining in the **period of insurance**.

## PART 6 – HOW TO MAKE A COMPLAINT

**IMPORTANT NOTE:** The procedure to follow if **you** need to make a complaint depends on where **you** live.

### If you live in the United Kingdom, the complaints process is as follows:

**Our** aim is to provide **you** with a high-quality service at all times, although **we** do appreciate that there may be instances where **you** feel it is necessary to lodge a complaint.

If **you** wish to complain, please note the 3 steps below, along with the relevant contact details for each step.

Please take special note however that should **you** wish to direct **your** complaint directly to Lloyd's in the first instance, **you** may do so by using the contact information referenced in Step 2 below.

#### **Step 1:**

In the first instance, if the complaint **does not** relate to a claim please direct it to:

All Seasons Underwriting Agencies Limited. Correspondence: Alpi House, Suite 2, East Wing,  
2<sup>nd</sup> Floor, Miles Gray Road, Basildon, Essex, SS14 3HJ Phone: +44 (0)203 327 0555  
Email: [info@asuagroup.co.uk](mailto:info@asuagroup.co.uk)  
Office Hours: 9am to 5pm GMT Mon-Fri (excludes public holidays).

If the complaint relates to a claim, please direct it to:

#### **ROGER RICH & CO. Quote Scheme Code: A01186**

2a Marston House, Cromwell Park, Chipping Norton, Oxfordshire. OX7 5SR.  
Tel: +44 (0)1608 641 351  
Fax: +44 (0)1608 641 176  
Email: [asua@claimsconsortiumgroup.co.uk](mailto:asua@claimsconsortiumgroup.co.uk)

#### **Step 2:**

Should **you** remain dissatisfied with the outcome of **your** complaint from **ASUA** or Roger Rich & Co (as appropriate) **you** may refer the complaint to Lloyd's. Lloyd's contact information is:

Complaints at Lloyd's  
Fidentia House, Walter Burke Way, Chatham Maritime, Kent ME4 4RN, United Kingdom.  
Tel: +44 (0)20 7327 5693 / Email: [complaints@lloyds.com](mailto:complaints@lloyds.com) Website: [www.lloyds.com/complaints](http://www.lloyds.com/complaints)

Details of Lloyd's complaints procedure are set out in a leaflet "**Your** Complaint - How **We** Can Help", which is available at the website noted above. Alternatively, **you** may ask Lloyd's for a hard copy.

#### **Step 3:**

If **you** remain dissatisfied after Lloyd's has considered **your** complaint, **you** may have the right to refer **your** complaint to the Financial Ombudsman Service. The Financial Ombudsman Service is an independent service in the UK for settling disputes between consumers and businesses providing financial services.

The contact information is:  
Financial Ombudsman Service Exchange Tower, London. E14 9SR.  
Tel: 0800 0234 567 (normally free from a fixed line, but charges may apply from mobiles).  
Tel: 0300 1239 123 (normally charged at the same rate as 01/02 on mobile phone tariffs).  
Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)  
Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

### If you live in the Falklands Islands, the complaints process is as follows:

**Our** aim is to provide you with a high-quality service at all times, although **we** do appreciate that there may be instances where **you** feel it is necessary to lodge a complaint.

If **you** wish to complain, please note the steps below, along with the relevant contact details for each step.

#### **Step 1:**

In the first instance, if the complaint does not relate to a claim please direct it to:



All Seasons Underwriting Agencies Limited. Correspondence: Alpi House, Suite 2, East Wing, 2nd Floor, Miles Gray Road, Basildon, Essex, SS14 3HJ Phone: +44 (0)203 327 0555  
Email: [info@asuagroup.co.uk](mailto:info@asuagroup.co.uk)  
Office Hours: 9am to 5pm GMT Mon-Fri (excludes public holidays).

If the complaint relates to a claim, please direct it to:

**ROGER RICH & CO. Quote Scheme Code: A01186**

2a Marston House, Cromwell Park, Chipping Norton, Oxfordshire. OX7 5SR.  
Tel: +44 (0)1608 641 351  
Fax: +44 (0)1608 641 176  
Email: [asua@claimsconsortiumgroup.co.uk](mailto:asua@claimsconsortiumgroup.co.uk)

**Step 2:**

If **you** remain dissatisfied after **ASUA** or Roger Rich & Co. has considered **your** complaint, **you** may have the right to refer **your** complaint to the Financial Ombudsman Service. The Financial Ombudsman Service is an independent service in the UK for settling disputes between consumers and businesses providing financial services.

The contact information is:

Financial Ombudsman Service Exchange Tower, London. E14 9SR.  
Tel: 0800 0234 567 (normally free from a fixed line, but charges may apply from mobiles).  
Tel: 0300 1239 123 (normally charged at the same rate as 01/02 on mobile phone tariffs).  
Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)  
Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

**If you live in Gibraltar, the complaints process is as follows:**

Any complaint which does not relate to a claim should in the first instance be directed to:

All Seasons Underwriting Agencies Limited. Correspondence: Alpi House, Suite 2, East Wing, 2nd Floor, Miles Gray Road, Basildon, Essex, SS14 3HJ Phone: +44 (0)203 327 0555  
Email: [info@asuagroup.co.uk](mailto:info@asuagroup.co.uk)  
Office Hours: 9am to 5pm GMT Mon-Fri (excludes public holidays).

If the complaint relates to a claim, please direct it to:

**ROGER RICH & CO. Quote Scheme Code: A01186**

2a Marston House, Cromwell Park, Chipping Norton, Oxfordshire. OX7 5SR.  
Tel: +44 (0)1608 641 351  
Fax: +44 (0)1608 641 176  
Email: [asua@claimsconsortiumgroup.co.uk](mailto:asua@claimsconsortiumgroup.co.uk)

**ASUA** or Roger Rich & Co. (as appropriate) will acknowledge **your** complaint in writing within five business days.

**ASUA** or Roger Rich & Co. (as appropriate) will aim to provide **you** with its decision on **your** complaint, in writing, within eight weeks of the complaint being made.

Should **you** remain dissatisfied with the decision on **your** complaint or if **you** have not received a final response within eight weeks of the complaint being made, **you** may be eligible to refer **your** complaint to the Financial Services Ombudsman in the **United Kingdom**. The contact details are as follows:

The Financial Ombudsman Service  
Exchange Tower. London. E14 9SR. United Kingdom  
Telephone: +44 20 7964 0500 or +44 7964 1000 (from outside the UK)  
Telephone: 0800 023 4 567 (from inside the UK)  
Fax: +44 20 7964 1001  
E-mail: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)  
Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

The complaints handling arrangements above are without prejudice to **your** rights in law.

**If you live in Jersey or Guernsey, the complaints process is as follows:**

**Our** aim is to provide **you** with a high-quality service at all times, although **we** do appreciate that there may be instances where **you** feel it is necessary to lodge a complaint.

If **you** wish to complain, please note the 3 steps below, along with the relevant contact details for each step.

Please take special note however that should **you** wish to direct **your** complaint directly to Lloyd's in the first instance, **you** may do so by using the contact information referenced in Step 2 below.

**Step 1:**

In the first instance, if the complaint does not relate to a claim please direct it to:

All Seasons Underwriting Agencies Limited. Correspondence: Alpi House, Suite 2, East Wing,  
2nd Floor, Miles Gray Road, Basildon, Essex, SS14 3HJ Phone: +44 (0)203 327 0555  
Email: [info@asuagroup.co.uk](mailto:info@asuagroup.co.uk)  
Office Hours: 9am to 5pm GMT Mon-Fri (excludes public holidays).

If the complaint relates to a claim, please direct it to:

**ROGER RICH & CO. Quote Scheme Code: A01186**

2a Marston House, Cromwell Park, Chipping Norton, Oxfordshire. OX7 5SR.  
Tel: +44 (0)1608 641 351  
Fax: +44 (0)1608 641 176  
Email: [asua@claimsconsortiumgroup.co.uk](mailto:asua@claimsconsortiumgroup.co.uk)

**Step 2:**

Should **you** remain dissatisfied with the outcome of **your** complaint from **ASUA** or Roger Rich & Co (as appropriate) **you** may refer the complaint to Lloyd's. Lloyd's contact information is:

Complaints at Lloyd's  
Fidentia House, Walter Burke Way, Chatham Maritime, Kent ME4 4RN, United Kingdom.  
Tel: +44 (0)20 7327 5693 / Email: [complaints@lloyds.com](mailto:complaints@lloyds.com) Website: [www.lloyds.com/complaints](http://www.lloyds.com/complaints)

Details of Lloyd's complaints procedure are set out in a leaflet "**Your** Complaint - How **We** Can Help", which is available at the website noted above. Alternatively, **you** may ask Lloyd's for a hard copy.

**Step 3:**

If **you** remain dissatisfied after Lloyd's has considered **your** complaint, **you** may have the right to refer **your** complaint to the Channel Islands Financial Ombudsman (CIFO). The contact information is:

Channel Islands Financial Ombudsman  
P O Box 114, Jersey, Channel Islands. JE4 9QG  
Email: [enquiries@ci-fo.org](mailto:enquiries@ci-fo.org)  
Website: [www.ci-fo.org](http://www.ci-fo.org)  
Jersey local phone: 01534 748610  
Guernsey local phone: 01481 722218

**If you live in the Isle of Man, the complaints process is as follows:**

**Our** aim is to provide **you** with a high-quality service at all times, although **we** do appreciate that there may be instances where **you** feel it is necessary to lodge a complaint.

If **you** wish to complain, please note the 3 steps below, along with the relevant contact details for each step.

Please take special note however that should **you** wish to direct **your** complaint directly to Lloyd's in the first instance, **you** may do so by using the contact information referenced in Step 2 below.

**Step 1:**

In the first instance, if the complaint does not relate to a claim please direct it to:

All Seasons Underwriting Agencies Limited. Correspondence: Alpi House, Suite 2, East Wing,  
2nd Floor, Miles Gray Road, Basildon, Essex, SS14 3HJ Phone: +44 (0)203 327 0555  
Email: [info@asuagroup.co.uk](mailto:info@asuagroup.co.uk)  
Office Hours: 9am to 5pm GMT Mon-Fri (excludes public holidays).

If the complaint relates to a claim, please direct it to:

**ROGER RICH & CO. Quote Scheme Code: A01186**

2a Marston House, Cromwell Park, Chipping Norton, Oxfordshire. OX7 5SR.  
Tel: +44 (0)1608 641 351  
Fax: +44 (0)1608 641 176  
Email: [asua@claimsconsortiumgroup.co.uk](mailto:asua@claimsconsortiumgroup.co.uk)

### **Step 2:**

Should **you** remain dissatisfied with the outcome of **your** complaint from **ASUA** or Roger Rich & Co (as appropriate) **you** may refer the complaint to Lloyd's. Lloyd's contact information is:

Complaints at Lloyd's

Fidentia House, Walter Burke Way, Chatham Maritime, Kent ME4 4RN, United Kingdom.

Tel: +44 (0)20 7327 5693 / Email: [complaints@lloyds.com](mailto:complaints@lloyds.com) Website: [www.lloyds.com/complaints](http://www.lloyds.com/complaints)

Details of Lloyd's complaints procedure are set out in a leaflet "**Your** Complaint - How **We** Can Help", which is available at the website noted above. Alternatively, **you** may ask Lloyd's for a hard copy.

### **Step 3:**

If **you** remain dissatisfied after Lloyd's has considered **your** complaint, **you** may have the right to refer **your** complaint to the Financial Services Ombudsman Scheme for the Isle of Man. The contact information is:

Financial Services Ombudsman Scheme

Thie Slieau Wallian, Foxdale Road, St John's, Isle of Man. IM4 3AS

Tel: +44 (0) 1624 686500

Fax: +44 (0) 1624 686504

Email: [ombudsman@iomoft.gov.im](mailto:ombudsman@iomoft.gov.im)

Website: <https://www.gov.im/oft/ombudsman/>

## **PART 7 – LEGAL, REGULATORY AND OTHER INFORMATION**

### **Data Protection Notice**

**We** and **ASUA** are the data controllers (as defined by the Data Protection Act 2018 and all applicable laws which replace or amend it, including the General Data Protection Regulation) who may collect and process **your** personal information.

For full details of what data **we** collect about **you**, how **we** use it, who **we** share it with, how long **we** keep it and **your** rights relating to **your** personal data, please refer to **our** [Privacy Notice](http://www.canopus.com/privacy) which is available on **our** website <http://www.canopus.com/privacy>

If **you** do not have access to the Internet, please write to the Group Data Protection Officer (address below) with **your** address and a copy will be sent to **you** in the post.

In summary:

**We** may, as part of **our** agreement with **you** under this contract, collect personal information about **you**, including:

- Name, address, contact details, date of birth and cover required
- Financial information such as bank details
- Details of any claim

**We** will also collect personal information about any additional people who **you** wish to be insured under the policy.

**We** may also collect sensitive personal information about **you**, and any additional people who **you** wish to be insured under the policy, where the provision of this type of information is of legitimate interest, including:

- Medical records to validate a claim should **you** be claiming for Medical Expenses;
- Other relevant information relating to a specific section within the policy to assess and process **your** claim.

**We** collect and process **your** personal information for the purpose of insurance and claims administration.

All phone calls may be monitored and recorded and the recordings used for fraud prevention and detection, training and quality control purposes.

**Your** personal information may be shared with third parties which supply services to **us** or which process information on **our** behalf (for example, premium collection and claims validation, or for communication purposes related to **your** cover). **We** will ensure that they keep **your** information secure and do not use it for purposes other than those that **we** have specified in **our** [Privacy Notice](#).

Some third parties that process **your** data on **our** behalf may do so outside of the European Economic Area ("EEA"). This transfer and processing is protected by EU Model Contracts which aim to provide the equivalent level of data protection to that found in the EU.

**We** will keep **your** personal information only for as long as **we** believe is necessary to fulfil the purposes for which the personal information was collected (including for the purpose of meeting any legal obligations).

**We** will share **your** information if **we** are required to by law. **We** may share **your** information with enforcement authorities if they ask **us** to, or with a third party in the context of actual or threatened legal proceedings, provided **we** can do so without breaching data protection laws.

If **you** have any concerns about how **your** personal data is being collected and processed, or wish to exercise any of **your** rights detailed in **our** [Privacy Notice](#), please contact:

Group Data Protection Officer **Canopius Managing Agents Limited**  
Floor 29, 22 Bishopsgate, London. EC2N 4BQ. UK Email: [privacy@canopius.com](mailto:privacy@canopius.com)  
Tel: + 44 (0) 20 7337 3700

**The Financial Services Compensation Scheme:** **We** are covered by the Financial Services Compensation Scheme. If **you** live in the **United Kingdom**, Jersey, Guernsey or the Isle of Man, **you** may be entitled to compensation under the scheme if **we** are unable to meet **our** obligations to **you** under this contract. Further information can be obtained from the Financial Services Compensation Scheme, PO Box 300, Mitcheldean GL17 1DY, United Kingdom Tel: +44 0 800 678 1100 (freephone) or +44 0 20 7741 4100. Website: [www.fscs.org.uk](http://www.fscs.org.uk)

**Several Liability Notice:** The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.

**Sanctions Suspension Clause:** You agree that any cover, the payment of any claim and any benefit provided under your Policy will be suspended, to the extent that providing any cover, the payment of any claim or the provision of any benefit would expose us to any sanction, prohibition or restriction under any:

- a) United Nations' resolution(s); or
- b) trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

The suspension will continue until we are no longer exposed to any sanction, prohibition or restriction.

**Rights of Third Parties:** A person who is not a party to this policy has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this policy but this does not affect any right or remedy of a third party which exists or is available apart from that Act.

For **your** information, the Contracts (Rights of Third Parties) Act 1999 allows a person who is not a party to a contract to be able to enforce that contract if the contract expressly allows him to or if the contract confers a benefit upon him.

However, the Act will not be applied if the parties make it clear in the contract that the third party does not have the right to enforce it. For further guidance, please see [www.legislation.gov.uk](http://www.legislation.gov.uk) or contact the Citizens Advice Bureau.

**Safeguarding Your Premium and Claim Payments:** All premium payments from **you** and due to **us** for this policy will be held by **ASUA** on **our** behalf. **ASUA** will also hold any premium refund that is due to **you** from **us**.

Any claim payments that are due to **you** from **us** will be paid to **you** by **our** claims handlers.

In these capacities, **ASUA** and **our** claims handlers are acting as **our** agents. This means that once a premium is paid to **ASUA** it is deemed to have been received by **us** and that all claim payments and premium refunds are not deemed to have been paid until **you** have actually received them.

**Applicable Law and Jurisdiction:** This policy shall be governed by the laws of England and Wales and subject to the non-exclusive jurisdiction of the courts of England.

## PART 8 – GENERAL DEFINITIONS

Certain words in this policy have a specific meaning. They have this specific meaning wherever they appear in this policy, in the **Validation Certificate**, or in endorsements, and are shown in bold print.

**Active war** means: **your** active participation in a **war** where **you** are deemed under English Law to be under instruction from or employed by the armed forces of any country.

**ASUA means:** All Seasons Underwriting Agencies Ltd. Authorised and regulated by the Financial Conduct Authority. Firm reference 308488. Alpi House, Suite 2, East Wing, 2<sup>nd</sup> Floor, Miles Gray Road, Basildon, Essex. SS14 3HJ. Tel: +44 (0)203 327 0555. Email: [info@asuagroup.co.uk](mailto:info@asuagroup.co.uk)

**Baggage** means: luggage, clothing, personal belongings, **valuables** and other articles which belong to **you** (or for which **you** are legally responsible) which are worn, used or carried by **you** during any **trip**.

However, certain equipment and specific items are not covered. Please see exclusion 5 on page 14 for a full list of equipment and specific items which are not covered.

**Bodily injury** means: an identifiable physical injury, occurring during a **trip** undertaken during the **period of insurance**, caused by sudden, unexpected, external and visible means including injury as a result of unavoidable exposure to severe weather conditions.

**Business equipment** means: equipment which either belongs to **your** employer or which is owned by **you** and used as part of **your** trade, profession or occupation.

**Canopus Managing Agents Limited** means: Canopus Managing Agents Limited, registered office: Floor 29, 22 Bishopsgate, London. EC2N 4BQ Registered in England and Wales No. 01514453 and authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Firm Ref. 204847.

**Close business associate** means: any person whose absence from business for one or more complete days at the same time as **your** absence prevents the proper continuation of that business.

**Close relative** means: mother, father, sister, brother, wife, husband, civil partner, daughter, son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step parent, step child, step sister, step brother, foster child, legal guardian, domestic partner or fiancé/fiancée.

**Curtailment / Curtail / Curtailed** means either: abandoning or cutting short the **trip** by direct early return to **your home area**, in which case claims will be calculated from the day **you** returned to **your home area** and based on the number of complete days of **your trip** which **you** have not used, or attending a hospital outside **your home area** as an in-patient or being confined to **your** accommodation abroad due to compulsory quarantine or on the orders of a **Healthcare Professional**, in either case for a period in excess of 48 hours. Claims will be calculated from the day **you** were admitted to hospital or confined to **your** accommodation and based on the number of complete days for which **you** were hospitalised, quarantined or confined to **your** accommodation. Cover only applies to ill/injured persons.

**End supplier** means: rail operator including Eurostar, Eurotunnel, ferry or cruise operator, coach operator, transfer company, car hire company, accommodation provider or operator, Destination Management Company, excursion or activity provider, theme park operator, tour operator, travel and booking agent or consolidator.

**Excess** means: the amount **you** will have to pay towards the cost of each claim, per incident claimed for, under each cover section by each insured person.

**Family cover** means: up to two adults and any number of their children, step children or foster children aged under 18, accompanying the parents or legal guardian insured on the same **Validation Certificate**, travelling on any **trip** to the same destination. Children under 16 are only insured when travelling with one or both of the insured adults, (or accompanied by another responsible adult) but under annual multi trip cover either adult is also insured to travel on their own.

**Golf equipment** means: golf clubs, golf balls, golf bag, golf trolley and golf shoes.

**Home** means: **your** normal place of residence in **your home area**.

**Home area** means: any of the following areas where **you** are normally resident - the **United Kingdom**, Jersey, Guernsey, the Falkland Islands, Gibraltar or the Isle of Man.

**Insured couple** means: the **policyholder** and his/her partner whose names appear on the **Validation Certificate** who are travelling to be married or to enter into a civil partnership.

**Irrecoverable sums** means: deposits and charges for **your trip** which are not recoverable from any other source including but not limited to insurance policies or financial bonds and guarantees provided by the **scheduled airline** or **end supplier** or **transport provider** (as appropriate) or another insurance company or a government agency or a travel agent or credit card company.

**Loss of limb** means: loss by permanent severance of an entire hand or foot or the total and permanent loss of use of an entire hand or foot.

**Loss of sight** means: total and irrecoverable loss of sight which shall be considered as having occurred:

- a) In both eyes, if **your** name is added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist and
- b) In one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen scale.



**Medical condition** means: any disease, illness or injury.

**Healthcare Professional** means: A qualified doctor, nurse, occupational therapist, pharmacist or physiotherapist, registered in the United Kingdom and working in the **United Kingdom**, who is eligible to certify and issue statements of fitness for work ("Fit Notes"). This cannot be **you**, a family member, partner or civil partner.

**Nuclear risks** means: ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or radioactive toxic explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

**Outward journey** means: the journey by motor transport, train, aircraft or watercraft undertaken in conjunction with the **trip** from **your home** address in **your home area**.

**Period of insurance** means:

1. **if annual multi trip cover is selected:**  
the period for which **we** have accepted the premium as stated in the **Validation Certificate**. During this period any **trip** not exceeding 31 days (or as otherwise shown in the **Validation Certificate**) is covered but limited to 17 days in total in each **period of insurance** for **winter sports** (provided **you** have paid the appropriate **winter sports** premium to include this cover where required). Under these policies Section A - Cancellation cover is provided from the date stated in the **Validation Certificate** or the time of booking any **trip** (whichever is the later date) and terminates on commencement of any **trip**.
2. **if single trip cover is selected:**  
the period of the **trip** and terminating upon its completion, but not in any case exceeding the period shown in the **Validation Certificate**. Under these policies Section A - Cancellation cover is provided from the time **you** pay the premium.
3. in respect of one-way **trips**:  
all insurance cover shall cease 72 hours after the time **you** first leave the immigration control of **your** destination country or at the expiry date of this insurance whichever is the sooner.

**Permanent total disablement** means: loss of physical and/or mental ability through **bodily injury** to the extent that **you** will be unable to do the material and substantial duties of any occupation to which **you** are suited by means of training, education or experience ever again. The material and substantial duties are those that are normally required for, and form a significant and integral part of, the performance of any occupation that cannot reasonably be omitted or modified. Occupation means any trade, profession or type of work undertaken for profit or pay. It is not a specific job with any particular employer and is irrespective of location and availability. A **healthcare professional** must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when cover under this policy ends or **you** are expected to retire.

**Personal money** means: bank notes, currency notes and coins in current use, travellers' and other cheques, postal or money orders, pre-paid coupons or vouchers, travel tickets, event and entertainment tickets, phonecards, money cards and credit/debit or pre-pay charge cards all held for private purposes.

**Policyholder** means: the individual who has paid the appropriate premium to **us** for this insurance.

**Public transport** means: any publicly licensed aircraft, sea vessel, train, coach or bus on which **you** are booked or had planned to travel.

**Return journey** means: the journey by motor transport, train, aircraft or watercraft undertaken in conjunction with the **trip** to **your home** address in **your home area**.

**Secure baggage area** means: any of the following, as and where appropriate:

- a) the locked dashboard, boot or luggage compartment of a motor vehicle
- b) the locked luggage compartment of a hatchback vehicle fitted with a lid closing off the luggage area, or of an estate car with a fitted and engaged tray or roller blind cover behind the rear seats
- c) the fixed storage units of a locked motorised or towed caravan
- d) a locked luggage box, locked to a roof rack which is itself locked to the vehicle roof.

**Scheduled airline** means: an airline upon whom **your trip** depends which operates a regular systematic service to a published timetable, whose flights are available to paying members of the general public on a seat only basis, and which is not part of a package holiday arranged by a tour operator.

**Single parent cover** means: one adult and any number of his or her children, stepchildren or foster children aged under 18 accompanying the adult insured on the same **Validation Certificate**, travelling on any **trip** to the same destination. Children under 16 are only insured when travelling with the insured adult, but under annual multi trip cover the adult is also insured to travel on his/her own.

**Ski equipment** means: skis (including bindings), ski boots, ski poles and snowboards (including bindings) and any other items deemed as specific and required for the participation in **winter sports** activities.

**Terrorism** means: an act, including but not limited to the use or threat of force and/or violence, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

**Transport provider** means: Airline companies, rail operators, coach operators, ferry and cruise operators.

**Trip** means: any holiday, business or pleasure **trip** or journey made by **you** within the area of travel shown in the **Validation Certificate** which begins and ends in **your home area** during the **period of insurance** (one-way **trips** must begin in **your home area** during the **period of insurance**).

Any **trip** solely within **your home area** is only covered where **you** have pre-booked at least two nights' accommodation in a hotel, motel, holiday camp, bed and breakfast, holiday cottage or similar accommodation rented for a fee, whether single **trip** or annual multi trip cover is selected. Where **we** have agreed to cover **your healthcare professional**, this applies to each **trip** during the **period of insurance**.

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

**United Kingdom** means: England, Scotland, Wales and Northern Ireland.

**Validation Certificate** means: the document showing details of **your** cover.

**Valuables** means: jewellery, gold, silver, precious metal or precious or semiprecious stone articles, watches, furs, cameras, camcorders, portable satellite navigation systems, photographic, audio, video, computer, television and telecommunications equipment (including MP3/4 players, CD's, DVD's, tapes, films, cassettes, cartridges and headphones), computer games and associated equipment, telescopes and binoculars.

**Vermin** means: rats, mice, squirrels, owls, pigeons, foxes, bees, wasps or hornets.

**War** means:

- a) war, invasion, acts of foreign enemies, hostilities or war like operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, riot or civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; or
- b) any act of **terrorism**, or
- c) any act of war or **terrorism** involving the use of, or release of a threat to use, any nuclear weapon or device or chemical or biological agent.

**We/Us/Our** means: Lloyd's Syndicate 4444, which is managed by **Canopus Managing Agents Limited**.

**Winter sports** means: any sport or activity as listed in Appendix B and for which the **policyholder** has paid the additional premium where required as confirmed on the **Validation Certificate**.

**Withdrawal of services** means: the withdrawal of:

- a) all water or electrical facilities in **your** hotel or **trip** accommodation, or
- b) waiter/waitress services at meals, or
- c) kitchen services of such nature that no food is served, or room cleaning services.

**You/Your/Yourself** means: the **policyholder** and any other person(s) to whom cover is provided under the policy, as stated on the **Validation Certificate**.

## Appendix A – Included Sports & Activities

### SPORTS / PASTIMES / ACTIVITIES

**We** will not pay for claims arising directly or indirectly from any professional sports or entertaining, or **your** participation in or practice of any professional sports or professional entertaining or **your** participation in or practice of any other sport or activity, manual work, driving any motorised vehicle in motor rallies or competitions or racing unless the sport or activity is listed under Category 1 below or **you** have paid an additional premium to cover the sport or activity and it is specified as being covered in **your Validation Certificate**

If **you** are going to take part in any sport or activity that is not detailed below, please contact the selling agent who will contact **us** to see if **we** can provide cover. **You** must ensure that the activity is adequately supervised and that the appropriate safety equipment (such as protective headwear, life jackets etc.) is worn at all times.

All Category 1 Sports and Activities below are covered as standard within all policies subject to the terms, conditions and exclusions as defined within the policy wording or below.

**Some Annual Multi-Trip Policies include Category 2 Activities and Winter Sports Cover, please check your policy or with your agent. Otherwise, Winter Sports and Categories 2, 3, 4 & 5 activities are only covered when an additional premium is paid and when they are specified as being covered in your Validation Certificate.**

N.B. Activities marked with \* **do not include cover under Section H – Personal Liability Cover** and items marked with \*\* **do not include cover under Section C – Personal Accident Cover**. In any case please note that under Section H – Personal Liability **you** will not be covered for liability caused directly or indirectly by **your** owning or using any firearms or weapons, animal, aircraft, motorised vehicle, boat or other watercraft, or any form of motorised leisure equipment or craft.

CATEGORY 1		
Abseiling (within organisers guidelines)	* Administrative or Clerical Occupations**	Aerobics
Amateur Athletics (track & field)	* Archaeological Digging **	Archery
Assault Course	Badminton	* Banana Boating (Only as a passenger with no right of control)
Baseball	Basketball	Billiards/Snooker/Pool
BMX Riding (Up to grade 2 slopes)	Body boarding (boogie boarding)	Bowls
Bungee Jumping ** Only as short duration incidental day excursion with licensed public hirer	* Camel Riding **	Canoeing (up to grade 2 rivers)
* Clay Pigeon Shooting **	Climbing (on climbing wall only)	Cricket
Croquet	Curling	Cycling (wearing a helmet and no racing)
Deep Sea Fishing	* Driving any motorised vehicle for which <b>you</b> are licensed to drive in <b>your home area</b> (other than in motor rallies or competitions) **	Elephant Riding/Trekking **
Falconry **	Fell Walking/Running	Fishing
Fives	* Flying as a fare paying passenger in a full licensed passenger carrying aircraft **	Football (amateur only and not main purpose of trip)
* Glass Bottom Boats/Bubbles. Only as a passenger with no right of control	* Go Karting (within organiser's guidelines)	Golf
Handball	Hockey (Must wear protective head gear)	* Horse Riding (wearing a helmet and excluding competitions, racing, jumping and hunting) **
* Hot Air Ballooning (organised rides only) **	* Hovercraft Driving/passenger **	Hurling (amateur only and not main purpose of trip)
Indoor Climbing (on climbing wall only)	* Jet Boating (no racing) **	* Jet Skiing (no racing) **
Jogging	Judo.	Karate.
* Karting (wearing a helmet and no racing) **	Kayaking (up to grade 2 waters only)	Kite Surfing **
Korfball	Lacrosse	Marathon Running (non-competitive)
Mountain Biking (wearing a helmet and no racing)	Netball	Octopush
Orienteering	* Paintball/War Games (wearing eye protection) **	* Paragliding ** over water and not over land. Must be licensed operator in

		EU/EEA, USA, Canada, Australia and New Zealand.
* Parascending ** OVER WATER ONLY – not over land. Must be licensed operator with professional guide and only in EU/EEA, USA, Canada, Australia and New Zealand.	Pony Trekking (no racing and no competitions) **	* Power Boating (no racing and no competitions) **
Racket Ball	Rambling	Refereeing (amateur only)
* Ringo (Only as a passenger with no right of control).	Roller Skating/Blading/In Line Skating (wearing pads and helmets)	Rounders
Rowing (no racing)	Rugby (Union/League)	Running (non-competitive)
* Safari Trekking (must be organised tour) **	* Sailing/Yachting ** (includes amateur racing competitions)	* Sand Boarding **
* Sand Dune Surfing/Skiing. No public liability cover for vehicles	* Sand Yachting (no racing) **	Scuba Diving up to a depth of 9 metres. No solo diving & subject to Scuba Diving Endorsement – See Appendix C below)
Scuba Diving up to a depth of 18 metres. Must be PADI/BSAC qualified. No solo diving & subject to Scuba Diving Endorsement – See Appendix C below	* Shooting/Small Bore Target/Rifle Range Shooting (within organisers guidelines) **	Skateboarding (wearing pads and helmets)
Sledging (not on snow)	Snorkelling	Softball
Spear Fishing (without tanks)	* Speed Sailing (no racing) **	Squash
Street Hockey	Students working as counsellors or university exchanges for practical course work (non-manual) **	Surfing. No competitions/No liability. Inland and Coastal Waters only
Swimming	Swimming with Dolphins	Swimming/Bathing with Elephants
Sydney harbour Bridge (walking across roped together)	Table Tennis	* Tall Ship Crewing (no racing) **
Ten Pin Bowling	Tennis	Trampolining
Tree Canopy Walking (walking across roped)	Trekking/Hiking/Walking up to 2,500 metres above sea level	Tug of War
Volleyball	Wake Boarding	* War Games/Paint Balling (wearing eye protection) **
Water Polo	* Water Skiing/Water Ski Jumping **	Whale Watching
White Water Rafting. Up to grade 3 waters only as passenger with no solo right of control. Life jacket to be worn.	* Wind Surfing/Sailboarding.	Wind Tunnel Flying (pads and helmets to be worn)
Zip lining/Trekking (safety helmets must be worn)	* Zorbing/Hydro Zorbing/Sphering.	

#### CATEGORY 2

Scuba Diving up to a depth of 18-40 metres. Must be PADI/BSAC qualified. No solo diving & subject to Scuba Diving Endorsement in Appendix C.	Trekking/Hiking 2,500 to 5,000 metres. On organised tour along recognised routes only. No search and rescue other than for medical reasons.	* White Water Rafting. Grades 4-6 only. No public liability cover for vehicles
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#### CATEGORY 3

Climbing up to 3,500 metres. <b>Not included in Standard Winter Sports Cover.</b>	Slopes subject to maximum Alpine System Classification of: Facile/Easy: Rock scrambling or easy snow slopes, some glacier travel, often climbed ropeless except on glaciers.
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#### CATEGORY 4

American Football	* Big Game Hunting **	* Bobsleigh. <b>Not included in Standard</b>
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		Winter Sports Cover.
Boxing		

CATEGORY 5		
Cave Diving ** No solo diving	* Flying as Pilot **	* Gliding **
* Hang Gliding **	* Ice Hockey. <b>Not included in Standard Winter Sports Cover.</b>	High Diving ** <b>Excess</b> of 4.9 meters, supervised pools only. No rock diving/jumping.
* Luge/Tobogganing. <b>Not included in Standard Winter Sports Cover.</b>	Manual Work **	* Motor Sport (any type) **
* Parachuting **	Polo **	Pot Holing. Must be a licensed operator with professional guide and wearing helmets.
* Quad Biking ** wearing helmet and no racing.	Weightlifting	

### **Appendix B – Included Winter Sports Activities**

WINTER SPORTS COVER EXTENSION		
Air Boarding	Big Foot Skiing	Blade Skating
Cross Country Skiing (recognised paths)	Curling	Downhill Skiing/Snowboarding
Curling	Dry Slope Skiing / Snowboarding	Glacier Skiing/Walking
Ice Cricket	Ice Skating	Ice Windsurfing
Kick Sledging. No public liability cover for vehicles	Langlauf	Mono-Skiing
Nordic Skiing (recognised routes)	Ski Boarding	Ski Blading
Ski Randonnee	Ski Run Walking	Ski Swimming
Ski Touring	Sledging	Snow Blading
Snow Shoeing/Snow Shoe Walking	Snow Zorbing	Winter Walking (not involving the use of crampons and ice picks)

### **Included Winter Sports Activities with cover restrictions and/or specific requirements/conditions**

WINTER SPORTS COVER EXTENSION – SPECIFIC REQUIREMENTS / CONDITIONS	
Cross Country Skiing (recognised paths)	
Downhill Skiing/Snowboarding	
Dry Slope Skiing/Snowboarding	
Glacier Skiing/Walking	
Ice Windsurfing	
Mono-Skiing	
Heli-Skiing/Snowboarding (all forms not specifically mentioned elsewhere)	
* Snow Tubing	
* Heli-Skiing/Snowboarding.	Must be licensed operator in EU, EEA, USA, Canada, Australia and New Zealand. Within organisers guidelines and only covered as part of a pre-paid excursion led by professional guides/organisers.
* Snow Tubing	Within organisers guidelines and only covered as part of an organised activity led or instructed by professional guides or organisers
* Snowcat Skiing	
* Husky Dog Sledging **	
* Bobsleigh	
* Ice Go Karting	
* Luge/Tobogganing **	
Skiing/Snowboarding off-piste in areas outside of the boundaries of a recognised resort	
* Sledging/Sleigh-Riding as a passenger pulled by any animal	
* Snowboarding off-piste with a guide	
* Snowmobiling/Skidooing	



## APPENDIX C – SCUBA DIVING ENDORSEMENT

This insurance is extended to cover **you** whilst engaging in underwater activities requiring the use of artificial breathing apparatus (scuba) subject to **you** being approved as medically fit to dive by the person or company who/which has organised the diving, and subject otherwise to all terms, conditions, exclusions and limitations of this insurance.

What is not covered:

This insurance does not cover claims directly or indirectly arising from, happening through or as a result of:

1. Diving by persons not holding a recognised certificate for the type of diving being undertaken, or not under professional instruction.
2. Diving without proper equipment and/or contrary to codes of good practice according to bona fide organisations such as PADI or BSAC.
3. Diving to depths greater than 30 metres (or 40 metres if additional premium paid).
4. Solo diving or night diving or specifically organised cave diving or diving for hire or reward.
5. Flying within 24 hours of last dive or diving whilst suffering from a cold, influenza, infection or obstruction of the sinuses or ears.
6. Diving by persons aged under 12 years of age or over 65.