

**Geographical Areas:**

1. UK    2. Channel Islands    3. Europe    4. Australia & New Zealand    5. Worldwide ex USA & Canada    6. Worldwide inc USA & Canada

**TABLE OF BENEFITS & MAXIMUM SUMS INSURED** (per Insured Person)

|   | *TRAVEL MASTER  |   | Flight Master                             | F/Mast. Backpacker              | Excess per Insured Person per Section of Claim<br>£65 (*TM Deluxe £50)<br><br>Deposit only £10 |
|---|---|---|---|---------------------------------|--|
|   | Standard  | Deluxe  |   |                                 |  |
| <b>A</b> Cancellation or Curtailment  | £2,000<br><br>£2,000  | £5,000<br><br>£5,000  | £2,000<br>(Max £100 accommodation)<br>Nil | £1,000<br><br>Nil               |  |
| <b>B</b> Medical & Repatriation including 24 Medical Emergency Service<br>Dental Treatment<br>Hospital Confinement Benefit                              | £2,000,000<br><br>£250<br>£10 per 24 hrs up to a maximum of £300 in total | £5,000,000<br><br>£250<br>£15 per 24hrs up to £400                | £2,000,000<br><br>£250                    | £2,000,000<br><br>£250          | £65 (*TM Deluxe £50)<br><br>Nil  |
| <b>C</b> Personal Accident<br>1. Death<br>2. Loss of Limbs/Sight<br>3. Permanent Disablement  | £10,000<br>£1,000<br>£1,000   | £25,000<br>£25,000<br>£25,000                                     | £10,000<br>£10,000<br>£10,000             | £5,000<br>£5,000<br>£5,000      | Nil  |
| <b>D</b> Travel Delay<br>£20 first 12 hours, £10 for each additional 12 hr period up to a maximum of:<br>Abandonment after 24 hours<br>Missed Departure | £100<br>£2,000<br>£300  | £200<br>£5,000<br>£500  | £100<br>£2,000<br>£300                    | Nil<br>Nil<br>Nil               | Nil<br><br>£65 (*TM Deluxe £50)<br>Nil   |
| <b>E</b> Personal Possessions<br>Single Article/Pair/Set Limit<br>Total Valuables Limit<br>Delayed Baggage (excess of 12 hours)                         | £1,500<br>£150<br>£150<br>£50   | £2,000<br>£250<br>£250<br>£150                                    | £1,500<br>£100<br>£150<br>£50             | Nil<br>Nil<br>Nil<br>Nil        | £65 (*TM Deluxe £50)<br><br>Nil  |
| <b>F</b> Personal Money   | £200  | £300  | £200                                      | Nil                             | £65 (*TM Deluxe £50)   |
| <b>G</b> Passport, Ticket & Documents   | £200  | £200  | £200                                      | £250                            | £65 (*TM Deluxe £50)   |
| <b>H</b> Personal Liability   | £1,000,000  | £2,000,000  | £2,000,000                                | £500,000                        | £250<br>(Property damage only)   |
| <b>I</b> Legal Expenses   | Up to £10,000   | £10,000   | £5,000                                    | £5,000                          | Nil  |
| <b>J</b> Withdrawal of Services   | Nil   | £500  | Nil                                       | Nil                             | Nil  |
| <b>K</b> Hijack   | Nil   | £50 per day<br>£500 max   | Nil                                       | Nil                             | Nil  |
| <b>L</b> Mugging  | Nil   | £50 for each 24hrs spent in hospital up to a max of £500 in total | Nil                                       | Nil                             | Nil  |
| <b>M</b> Catastrophe  | Nil   | £500  | Nil                                       | Nil                             | Nil  |
| <b>N</b> Ski Master (Optional)<br>Wintersports Equipment<br>Equipment Hire<br>Ski Pack<br>Piste Closure<br>Avalanche Closure                            | £500<br>£150<br>£500<br>£500<br>£500                                      | £500<br>£150<br>£500<br>£500<br>£500                              | £500<br>£150<br>£500<br>£500<br>£500      | Nil<br>Nil<br>Nil<br>Nil<br>Nil | £65 (*TM Deluxe £50)<br>Nil<br>Nil<br>Nil<br>Nil   |

**PLEASE NOTE REDUCED SUMS INSURED APPLY TO CERTAIN AGE GROUPS, POLICY EXCESSES ARE APPLIED ON PER PERSON PER SECTION OF CLAIM BASIS**

**The following pages detail the Full Cover, Limits and Exclusions provided by the Master Certificate**
**Definitions**

The following words or expressions carry the meaning shown below whenever they appear in bold print within the wording of the Certificate. There are also more specific definitions which apply only to the Legal Expenses section of this Certificate:-

**We / Our / Us** - Templeton Insurance Ltd.

**You / Your** - Any person named on the Certificate Validation who is eligible to be Insured and for whom premium has been paid.

**Assistance Company** - Lifeline plc and MEC as detailed on page 1.

**Period of Insurance** - The certificate validation will show the issue date and start date and duration (or end date) of **Your** insurance being the period of cover for which **You** are insured. The time that cover for particular sections

starts and ends is given in more detail below :

Cancellation cover starts when **You** book **Your** trip or when the insurance was issued (whichever is the later) and finishes when **You** start **Your Outward Journey**. Cover under all other sections begins when **You** start **Your Outward Journey** and ends upon **Your** return home from the trip. Cover under Section F starts 24 hours before **Your Outward Journey** and ends 24 hours after **Your** return home or place of business for **Money** collected for the purposes of **Your** trip. **Your Outward** and **Return Journey** must take place during the period of cover shown on the Certificate Validation and for which the correct premium has been paid.

**Curtail / Curtailment** - Abandonment of the planned trip by return to the United Kingdom after commencement of the **Outward Journey**. The amount payable will be the unused proportion of **Your** irrecoverable pre-paid charges calculated from the date of **Your** return to the United Kingdom. All **Curtailment** claims will need

authorisation from **Us** in advance.

**Close Relative** - Mother, father, wife, husband, son, daughter, brother, sister, grandmother, grandfather, grandchild, parent-in-law or son or daughter-in-law or fiancé(e).

**Family** - A single parent or two parents travelling together with their child or children (under 18 years) for whom they are the legal guardians who all reside together.

**Close Business Associate** - **Your** associate in the same employment as **You** whose absence from work necessitates **Your** having to cancel **Your** trip as certified by Your Senior Director or partner.

**Excess** - The amount **You** will have to pay towards the cost of each claim under the Certificate, after the application of the Certificate limits.

**Unattended** - means left away from **Your** person where **You** are unable to see clearly and get hold of **Your Personal Possessions or Money or Passports, Tickets and Documents**

**Personal Possessions** - Baggage, clothing, personal effects including **Valuables** and gifts purchased outside the United Kingdom, subject to the limits and Exceptions detailed under Section E.

**Valuables** - Jewellery, articles made of gold silver or other precious metals, precious or semi-precious stones, watches, binoculars, telescopes, photographic equipment, electronic audio or video equipment including tapes, compact discs, cartridges, discs, computer equipment including software, musical instruments, furs, or leather clothing, but excluding footwear.

**Sports Equipment** - Those articles which are usually worn, carried or held in the course of participating in a recognised sport.

**Money** - **Money** taken for private purposes comprising cash only.

**Passports, Tickets And Documents** - Passports, travel tickets, green card, petrol coupons and driving licences.

**Advance Booking** - Any booking made at least 24 hours prior to the scheduled departure time shown on **Your** ticket.

**Outward Journey** - The initial journey by motor transport, train, aircraft or watercraft undertaken in conjunction with the trip in respect of the **Outward Journey** from **Your** home address in the United Kingdom.

**Return Journey** - The initial journey by motor transport, train, aircraft or watercraft undertaken in conjunction with the trip in respect of the **Return Journey** to **Your** home address or a hospital or nursing home in the United Kingdom.

**Accommodation** - The lodging room of no greater standard than that provided as part of **Your** prepaid charges in the vicinity of the hospital where the insured Person is confined.

**Hazardous Pursuits** - Any pursuit or activity where it is recognised there is an increased risk of injury or accident or can be reasonably expected to aggravate any existing infirmity (please see part 4 of the Important Information detailed below for examples).

**Manual Work** - Physical labour involving the use of tools or machinery or exposure to risk that could give rise to **Your** bodily injury or illness.

**Necessary Medical Expenses** - Any service, supply or other matter which is appropriate and consistent with the diagnosis in accordance with accepted community standards of medical practice and as agreed by **Our** medical advisors, is not experimental or investigative, and cannot be reasonably delayed until **You** return to the United Kingdom.

**Geographical Area** - The area or country shown on **Your** Certificate Validation and for which the appropriate premium has been paid, and will involve **Your** return to the United Kingdom within the period of the insurance.

**Strike Or Industrial Action** - Any form of industrial action taken by workers which is carried on with the intention of preventing, restricting, or otherwise interfering with the production of goods or the provision of services.

**Mugging** - The violent and threatening attack necessitating **Your** medical treatment.

#### **IMPORTANT INFORMATION AND CONDITIONS APPLYING TO ALL SECTIONS**

Please read this carefully and remember this travel insurance is designed to cover most events which may happen during **Your** trip, but **We** cannot cover all expenses and possibilities. **You** will find full details of the cover and the conditions and exclusions in the certificate.

Before **You** leave on **Your** trip, please read this certificate carefully.

#### **1. IMPORTANT DECLARATION**

(This must be signed on page 1 to complete the contract of insurance)

This insurance certificate contains health restrictions. **You** must be able to make the following declaration for **Yourself**, anyone travelling with **You**, a **Close Relative** or **Business Associate** upon whom the trip will depend on.

**For You or anyone travelling with You, as far as You know the following apply.**

(a) Nobody is waiting for an operation, hospital consultation or any other hospital treatment or investigations including the results of a routine test.

(b) Nobody has been seen by a specialist or been admitted to a hospital overnight in the last 12 months or 24 months for persons aged 65 or over.

(c) Nobody has any breathing or heart problem (including angina) or high blood pressure which has needed treatment (including regular medication).

(d) Nobody has received treatment, including regular medication for any of the following:

disorder of the blood such as clotting, bleeding or anaemia

any form of stroke

any form of cancer, leukemia or tumor

a transplant (recipient or donor) dialysis treatment

any psychiatric illness, stress, anxiety or dementia

any other pre-existing and on-going medical condition that has required regular medication.

(e) Nobody has been diagnosed by a registered doctor as having a condition of a terminal nature.

(f) No traveller will be aged over 80 at the time of completing the Period of Insurance.

(g) I do not know of any reason why the trip is likely to be cancelled or cut short or of any facts that may cause a claim on this insurance.

IMPORTANT, If **You**, or anyone travelling with **You** cannot agree with this declaration when **You** take out the insurance or book a trip, **YOU MUST PHONE the Health Check line on page 1** quoting the scheme reference number and certificate validation number. Do this at the time of taking out this insurance or booking **Your** trip and they will tell **You** if **We** can give cover. If **You** cannot contact them at the time of buying this insurance, **You** must contact them within 14 days, but before **You** travel. They will tell **You** if they need any more information. Failure to do so may result in disappointment should **We** not be able to cover certain conditions especially if they should result in a financial loss.

**For a Close Relative or Business Associate who is not travelling and whose health may affect the trip.**

If, at the time of taking out this insurance (or booking the trip if this was later) **Your Close Relative or Business Associate** had a medical condition for which he or she:

was receiving treatment at hospital

was waiting for a hospital consultation or treatment;

had been given a terminal prognosis, or been told that their condition is likely to get worse in the next 12 months

We will not pay for any claim which has anything to do with that medical condition.

#### **CHANGE IN YOUR CIRCUMSTANCES**

If after taking out this Insurance **You** become aware of any circumstances that may give rise to a claim such as changes in **Your** health or that of a person on whom this insurance may depend (e.g. a **Close Relative**) **You** must contact **Us** and tell **Us** about the changes as soon as reasonably possible and prior to any trip.

**We** may in the light of such changed circumstances not be able to continue cover under sections A and B of this insurance. If this is not acceptable to **You**, **We** will cover **You** for any loss of deposit or cancellation charges **You** have necessarily incurred up to the date of the change of circumstances that are normally covered under Section A of this insurance. In these circumstances no Policy **Excess** will be applied.

Please note that **You** must contact **us** promptly regarding the change and are responsible for all costs incurred in obtaining any medical reports required by **Us**.

For advice and assistance, please contact the Health Check line.

#### **2. Limit of cover**

Each section of the personal insurance schedule shows the most **You** can claim, but other limits may apply. For example, under Section E (**Personal Possessions**), there is a limit for any single item and a total limit for all

**Valuables.** **We** will work out how much **We** will pay **You** for claims based on the value of the items at the time of the loss, not the cost of replacing them.

**Please note that if the schedule shows NIL cover then that sections of the policy is not applicable to the insurance cover You have purchased.**

#### **3. Looking after Your possessions**

Many claims for loss or theft are caused by people being careless with their possessions. If **You** do not take good care of **Your** possessions, it can be upsetting and inconvenient for **You** and **We** may not pay **Your** claim.

#### **4. Hazardous Pursuits**

**You** are not covered for taking part in any **Hazardous Pursuit**. If **You** are going to take part in any activity which may be considered dangerous or **Hazardous**, that is not detailed below please contact **Your** selling agent who will contact **Us** to see if **We** can provide cover. Please note that under Section I (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 and other watercraft, or any form of motorised leisure equipment, including jetskis and snowmobiles.

The following activities are examples of what are known as '**Hazardous Pursuits**' and are not covered by this insurance unless an additional premium has been paid and the certificate validation shows the cover has been provided.

Winter Sports (including skiing, snowboarding, tobogganing and sledging), sailing outside coastal waters (more than 12 miles from land), hunting, motor competitions or practice, professional sports, any sporting competition and practice professional or amateur, cave diving, **Manual Work**, overland expeditions, paragliding (over land), polo, potholing, safaris (unless part of a pre-paid organised tour using professional guides and motor vehicles), weight-lifting, flying (unless **You** are a fare-paying passenger on a regular scheduled airline or licensed charter aircraft), Scuba diving (unless accompanied by a qualified instructor and within a maximum depth of 9 metres) gliding, hang-glider, parachuting, parasailing, bungee jumping, high-diving, ballooning, white or black water canoeing or rafting, jet-skiing or jet-biking unless it is an organised event with tuition provided by experts holding recognised and relevant qualifications, paid work of any kind, motorcycling as a rider or passenger unless the driver holds a current UK motorcycle licence (not provisional) and only on a motorcycle or moped that does not exceed 125cc in engine capacity, mountaineering when **You** need to use ropes or guides, cliff or rock climbing, potholing or caving.

#### **5. Date recognition failure**

This insurance contains exclusions for losses arising from equipment failing to recognise the correct calendar date. Please read the general conditions for further details. (Please note - these exclusions do not apply to section B - Medical and other expenses).

#### **6. Excesses**

**We** will take an **Excess** off each claim **You** make under certain sections of this insurance. The amount **You** will have to pay towards a claim is shown in the schedule. The **Excess** is applied on a per person per section basis. If **We** agree to a medical expenses claim (section B) which has been reduced by **Your** using an E111 form or private health insurance, the **Excess** will not apply.

#### **7. Making a claim**

To help **Us** deal with **Your** claim quickly and efficiently, please read the claims procedure below (see **WHAT TO DO IF YOU WISH TO MAKE A CLAIM**). This explains what documents **You** will need to support a claim and when **You** will need this kind of proof. **You** must collect some of the proof **You** need, for example a police report, while **You** are on **Your** trip.

#### **8. What to do in a medical emergency**

In a medical emergency, contact the **assistance companies (LIFELINE, or MEC)** as shown on the front page for help. Please read the policy for details. If **You** are admitted to hospital or need to **Curtail Your**, trip **You** must contact the **assistance company** for authorisation before incurring any expenses or **We** may not pay **Your** claim. For simple out-patient treatment costs, you may be guided by the **assistance company** that they should be paid locally and claimed for on **Your** return to the **United Kingdom**.

**IMPORTANT** please quote the scheme name and number together with **Your** Validation Certificate Number. The **assistance company** provides immediate help in the event of **Your** illness or injury arising outside the United Kingdom - they provide a 24 hour multi-lingual emergency service 365 days a year and can be contacted by telephone or fax.

Should a serious medical problem arise **You** must contact the assistance company within 24 hours.

**You** are responsible in advising **Your** attending doctor to seek prior approval for any treatment except in extreme circumstances where a request for prior approval would delay life saving treatment. Failure to contact the assistance company may limit the benefits payable, or in certain circumstances, cover will not be provided.

When **You** call upon the services of the assistance company it is a condition of the service that they shall solely be responsible for all decisions on the most suitable and reasonable solution to any medical problem. The service includes, where necessary:

1. Multi-lingual assistance with hospitals and doctors

2. Repatriation arrangements and necessary escorts by a medical attendant

3. Travel arrangements for other members of **Your** party or next-of-kin

4. On arrival in the United Kingdom, an ambulance service to hospital or home.

*Please note: **We** are not responsible for the availability, quality or results of any medical treatment received by **You** whilst travelling. Please refer to Exception 2 of Section B.*

#### **9. Insurers**

The Insurers are Templeton Insurance Limited 18-20 North Quay, Douglas, Isle of Man.

#### **10. Cooling Off Period**

This Insurance is designed to cover most circumstances but **You** should be aware that not all eventualities are insured. Please read this document carefully. If **You** find the insurance does not meet **Your** requirements please return this certificate and proof of premium paid to the selling agent within 14 days of receipt but before the departure date. Provided no claim has been made **Your** premium will be refunded in full.

#### **11. About the cover and conditions**

This is **Your** contract of insurance. It contains certain conditions in each section and general exceptions to all sections. **You** must meet the conditions or **We** will not accept **Your** claim. Please read all of this insurance certificate carefully, especially the Important Declaration. When **You** book **Your** trip, **You** must declare any information **We** ask for in the declaration.

If **You** do not contact the selling agent or **Us** within 14 days of the date **You** receive this insurance **We** will assume that **You** accept the terms and conditions of this insurance and can make the declaration set out below.

This insurance is only valid if **You** also have a certificate validation showing all names of persons insured, their ages, the dates of cover and the correct premium has been paid. The certificate describes the cover provided for **You** and the conditions which **Your** cover depends upon. **You** must keep the certificate and certificate validation and send them both to **Us** if **You** make a claim. In return for the correct premium, **We** will pay **You** or **Your** personal representative if **You** make a valid claim. **You** must keep to the terms, conditions and declaration of this insurance.

**Single Trip Insurance** this insurance is designed to cover round trips departing and finishing at **Your** usual **Home** or business place in the United Kingdom, Isle of Man or Channel Isles. **We** may arrange for one way trips where cover will cease 24 hours after arrival in the destination country, but in any event, up to a maximum of 17 days in all. This is restricted to the cover and conditions that would have applied as if **You** had arranged to return to **Your** usual **Home** or place of business in the United Kingdom, Isle of Man or the Channel Isles. Cover is not operative in the country of **Your** final destination.

#### **Extension of Cover**

If **You** request any extension of the Period of Insurance after the commencement of travel **You** must advise **Us** of any circumstances which at the time of such request could reasonably be expected to cause a claim under this Certificate.

#### **12. Reciprocal Health Agreement – EU Countries**

If **You** intend travelling to European Union countries, **We** require **You** to obtain from **Your** local Post Office a copy of the Department of Health leaflet number T6 which contains forms CM1 and E111. Form E111 when stamped by the Post Office will entitle **You** to benefit from the reciprocal health agreements which exist between European Union countries. In the event of a medical claim having been reduced by the use of Form E111 the **Excess** under Section B - Emergency Medical and Other Expenses will be reduced to Nil. If **You** do not have an E111 this Insurance Certificate is still valid but **WE** may not pay for medical expenses that could have been avoided by use of the reciprocal or bilateral agreements.

### 13.Complaints Procedure

Any enquiry or complaint **You** may have regarding **Your** insurance may be addressed in the first instance to: THE MANAGING DIRECTOR, MGTIS LTD, PO BOX 48 WOKING SURREY, GU21 8ZW.

If **You** are not satisfied with the way the complaint was dealt with, **You** may ask for the matter to be referred to: THE MANAGING DIRECTOR, DNA UNDERWRITING SOLUTIONS LTD, 308-314 LONDON ROAD, HADLEIGH, ESSEX SS7 2DD. The Financial Ombudsman will usually require a person to have followed the set procedure before considering any referral.

### 14. Claims: Your Duties

(a) **You** must advise **Us** of any occurrence which may give rise to a claim in writing as soon as is reasonably possible after the date of such occurrence and shall supply to **Us** all such accounts and other documents as **We** may reasonably require. Any expenses incurred because of an unreasonable delay in notifying **Us** will not be paid.

(b) **You** must give **Us** notice in writing immediately **You** or **Your** legal representatives have knowledge of any impending prosecution, inquest or fatal injury inquiry in connection with any occurrence of which there may be liability under Section H of this Certificate

(c) **You** must inform the Police of all loss or theft of property within 24 hours of discovery of such loss or theft and obtain a copy of the Police report in support of any claim under Sections E, F & G of this Certificate

(d) If **Personal Possessions** or **Golfing or Ski Equipment** are lost or damaged whilst in the custody of a Carrier (i.e. Airline, Railway, Shipping Company, Bus Company, etc), **You** must notify such Carrier immediately and obtain a copy of their report.

(e) **You** must at all times act in a reasonable manner to prevent or minimise a claim.

(f) **You** must act at all times as if **You** are uninsured.

### 15. Claims: Our Rights

(a) No admission, offer, promise, payment or indemnity will be made or given by **You** or on **Your** behalf without **Our** written consent

(b) **We** will be entitled to take over and conduct in **Your** name the defence or settlement of any claim or to prosecute in **Your** name to **Our** own benefit in respect of any claim for indemnity or damages or otherwise, and will have full discretion in the conduct of any proceedings or in the settlement of any claim and **You** must give all such information and assistance as **We** may require

(c) In case of illness or injury **We** may approach any doctor who may have treated **You** during the period of three years prior to the claim, and **We** may at **Our** own expense and upon reasonable notice to **You** or **Your** legal personal representative, arrange for **You** to be medically examined as often as **We** require, or in the event of **Your** death arrange for an examination *post mortem* of **Your** body.

(d) **You** must supply at **Your** own expense a Doctor's Certificate in the form required by **Us** in support of any claim under Sections A, B or C of this Certificate.

### 16. Fraud

If any person makes any misrepresentation or concealment in obtaining this Certificate or in support of any claim, the insurance by this Certificate will be void.

### 17. Other Insurances

**We** will not be liable in respect of any claim where the event leading to the claim is insured by any other existing Certificate or Policies, except in respect of any amount beyond that which is payable under such other Certificate or Policies.

### 18. Precedents to Liability

The due observance and fulfilment of the terms, provisions, conditions and endorsements of this insurance in so far as they relate to anything to be done or complied with by **You** will be a condition precedent to **Our** liability to make any payment.

### 19. Jurisdiction

Unless specifically agreed to the contrary this insurance shall be subject to English Law.

### WHAT TO DO IF YOU WISH TO MAKE A CLAIM

**You** will find on Page 1 details of the telephone number to contact in event of a claim. Details of what to do for each section of the insurance follow. **PLEASE NOTE THAT FAILURE TO OBSERVE THE "IMPORTANT INFORMATION AND CONDITIONS," 1-19 WILL INVALIDATE ANY CLAIM.**

Please keep this Travel Insurance Certificate in a safe place and carry it with **You** when **You** go on **Your** Trip

### CANCELLATION OR CURTAILMENT

If **You** cancel **Your** trip for medical reasons obtain a claim form. **Your** own medical practitioner should complete the relevant Certificate on the claim form. If the trip is **Curtailed** for medical reasons the Assistance Service must be contacted who may require **You** to obtain a medical certificate from the treating Medical Practitioner in the locality where the incident occurred

**You** must keep receipts or accounts for all expenses incurred

In the event of Cancellation, immediately notify the Tour Operator or the Travel Agency where **Your** trip was booked.

Telephone the claims number shown on Page 1 as soon as **You** know that there is a possibility of **Your** journey not taking place.

Obtain authorisation from the Assistance Company or from **Us** before incurring any expenses in Curtailing **Your** holiday.

**We** may request other evidence specific to **Your** claim once a claim has been submitted to enable it to be fully considered.

### MEDICAL AND OTHER EXPENSES.

IN THE EVENT OF A MEDICAL EMERGENCY YOU MUST FOLLOW THE INSTRUCTIONS IN **What to do in the event of a medical emergency** SHOWN ON PAGE 1.

**You** must keep receipts or accounts for all expenses incurred.

**You** should pay the hospital/clinic/doctor for routine or simple out-patient treatment where directed, and claim back on **Your** return to the United Kingdom. If **You** think the level of treatment is excessive please consult the 24 Hour Medical Emergency Service (**Assistance Company**) for guidance.

If **You** receive medical treatment abroad and the cost is too much for **You** to pay on the spot, please contact the Assistance Company.

### PERSONAL ACCIDENT

Obtain a medical certificate from the treating Medical Practitioner.

In the event of a death **We** will require a Death Certificate.

### DELAY

Obtain a letter from the Airline, Railway Company or Shipping Line, or their handling agent, confirming the reason for the delay and detailing the scheduled and actual departure times.

### PERSONAL POSSESSIONS & SPORTS EQUIPMENT

For all loss or damage in transit claims, including delayed **Personal Possessions** report to the Airline, Railway or Shipping Line, or their handling agents and obtain a written report form from them before leaving the baggage reclaim area.

For all damage claims obtain an estimate for repairs.

In all circumstances, **You** must retain receipts or vouchers for items lost or damaged as these will help **You** to substantiate **Your** claim.

In the case of lost or misplaced **Personal Possessions** on the **Outward Journey**, **You** must produce receipts for the purchase of essential replacement items.

**You** must report all theft or losses to the Police within 24 hours of discovery and obtain a written Police report. Also report to Your Courier or Hotel/Apartment Manager whenever it is appropriate.

### MONEY, PASSPORTS, TICKETS or DOCUMENTS

**You** must report all theft or losses to the Police within 24 hours of discovery and obtain a written Police report. Also report to **Your** Courier or Hotel Apartment Manager whenever it is appropriate.

**You** must enclose confirmation from **Your** bank or bureau de change of the issue of foreign currency. In the case of Sterling **You** must produce documentary evidence.

For a lost or destroyed Passport **You** need to supply **Us** with a letter from the Consulate where the loss was

reported and retain all receipts that relate to the necessary costs in replacing the Passport.

### PERSONAL LIABILITY

**You** must supply full details of the circumstances giving rise to the claim plus any supporting evidence.

**You** must give **Us** notice in writing immediately **You** or **Your** legal representatives have knowledge of any impending prosecution, inquest or fatal injury inquiry in connection with any occurrence for which there may be liability under Section H of this Certificate.

### LEGAL EXPENSES

**You** must notify **Us** within 180 days of the event giving rise to **Your** claim in respect of Legal Expenses.

### ALL OTHER SECTIONS

**You** must notify **Us** within 30 days of the event giving rise to **Your** claim with full documentary support.

### GENERAL EXCEPTIONS APPLYING TO ALL SECTIONS

**We** shall not be liable for:

1. Claims arising directly or indirectly from war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power or acts of terrorism
2. Consequential loss of any kind
3. Damage to, or loss or destruction of any property or any loss or expense whatsoever arising indirectly caused by or contributed to, by or arising from :
  - (a) ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel
  - (b) the radioactive toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component of such assembly
4. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds
5. Claims arising from flying or aerial activity of any kind (other than as a fare paying passenger in a fully licensed passenger carrying aircraft)
6. Claims arising directly or indirectly from **Your** wilful, malicious or unlawful acts or whilst under the influence of alcohol or drugs
7. Claims arising directly or indirectly from **Hazardous Pursuits** unless declared to **Us** and accepted by **Us** by written endorsement (an additional premium may be payable)
8. Any claim arising directly or indirectly from the failure of any computer equipment, integrated circuits, computer chips or computer software to correctly recognise any date change
9. Any claim arising directly or indirectly from any injury, illness, death, loss, expense or other liability attributable to HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutual derivative or variations thereof however caused (unless declared to **Us** prior to effecting this insurance, please refer to the Medical Declaration.
10. Any **Excess** shown in the schedule

### PLEASE NOTE THAT THE FOLLOWING SECTIONS OF COVER ONLY APPLY IF A SUM INSURED IS SHOWN IN THE SCHEDULE

#### SECTION A – CANCELLATION OR CURTAILMENT

**What is covered:**

**We** will indemnify **You** for

a) unused charges such as accommodation, travel & excursions which are not refundable and which were incurred before **Your** departure date if **You** have to cancel **Your** trip

or

b) the extra cost of a one way airfare of a standard no greater than the class of journey on the **Outward Journey** or the applicable fee charged by the airline to change **Your** scheduled return date, and the unused non-refundable prepaid **Accommodation** costs and other land arrangements following **Curtailed** of **Your** trip as a result of:

1. **Your** death, accidental bodily injury or illness, or that of a relative or a friend with whom **You** have arranged to travel or stay, or of **Your Close Relative** or of a **Close Business Associate**
2. **You** or any person with whom **You** have arranged to travel or stay being subject to compulsory quarantine or being summoned for Jury Service or as a witness in a Court of Law or for exegencies H M Forces during the period of the trip
3. **Your** redundancy (qualifying **You** to claim for payment under current Redundancy Payment Legislation) and that of any person with whom **You** intend to travel provided that such notice of redundancy is advised to **Us** within 14 days of its announcement
4. **Your** private dwelling becoming uninhabitable following fire, storm or flood, or **Your** presence being required by the Police following burglary at such private dwelling occurring at any time after **We** have accepted this Insurance
5. Cancellation or interruption of scheduled public transport consequent upon **Hijack** occurring during the **Period of Insurance**
6. Reasonable additional travelling expenses incurred by **You** in returning to **Your** home address in the United Kingdom, where such return is urgently necessitated by the death, serious illness or severe injury of **Your Close Relative** or a **Close Business Associate** where such **Close Relative** or **Close Business Associate** is resident in the United Kingdom.

IN THE EVENT THAT **YOUR TRIP IS CURTAILED** DUE TO YOUR ACCIDENT OR ILLNESS, THE 24 HR EMERGENCY SERVICE DOCTOR AT THE ASSISTANCE COMPANY MUST CONFIRM THAT SUCH **CURTAILMENT** WAS MEDICALLY NECESSARY. ALL **CURTAILMENT** COSTS MUST BE AUTHORISED IN ADVANCE BY THE **ASSISTANCE COMPANY** DETAILED UNDER SECTION B OR BY **US**.

#### SPECIFIC EXCEPTIONS APPLYING TO SECTION A

**What is not covered:**

1. any expense following **Your** disinclination to travel or to continue with **Your** trip or loss of enjoyment on **Your** trip
2. any expense arising from circumstances which could reasonably have been anticipated at the time **You** booked **Your** trip
3. any airport taxes where travel has not taken place
4. where exegencies of HM Forces results from circumstances as described in GENERAL EXCEPTION (1).  
*(see also the Specific Exceptions applying to Sections A, B and C in the policy)*

#### SECTION B – MEDICAL & OTHER EXPENSES

**What is covered:**

If **You** sustain actual bodily injury or suffer illness outside the United Kingdom, **We** will indemnify **You** up to the amount stated in the Schedule against the following expenses which **You** necessarily incur outside the United Kingdom:

1. **Necessary Medical Expenses** including hospital charges, in-patient treatment authorised by **Us** and ambulance charges for conveyance to hospital. Dental treatment up to £250 is included only for the alleviation of sudden pain, and does not apply to the provision of dentures, artificial teeth and work involving the use of precious materials
2. reasonable additional travelling expenses in returning to **Your** home address in the United Kingdom and reasonable additional **Accommodation** expenses up to a maximum of £100 per day beyond the number of days booked including in the event of serious injury or illness for which a Claim is admitted under 1 above
3. the reasonable expenses of one relative or friend limited to a maximum of £100 per day to include **Accommodation**, food, transport and essential telephone costs plus reasonable travel costs for return to the United Kingdom, where required on accepted medical advice, and authorised by **Us** or **Our** Assistance Company, to remain with or to travel to You, and
4. the expense of a qualified medical attendant, or other person authorised by **Us** required on medical advice to escort **You** home
5. the cost of returning **Your** body or ashes to **Your** home address in the United Kingdom including the cost of a standard transportation container but not the cost of a casket or urn, or burial abroad in the country where death occurs up to £2,000.

6. If **You** sustain actual bodily injury or suffer illness outside the United Kingdom during the **Period of Insurance** resulting in admission to a hospital overseas as an in-patient, **We** will pay **You** a daily benefit per complete 24 hours which **You** are hospitalised up to a maximum stated in the Schedule  
If **You** sustain actual bodily injury or suffer illness whilst on a trip within the United Kingdom, **We** will indemnify **You** up to £1,000 against expenses **You** necessarily incur inside the United Kingdom for cover operative in so far as paragraph 2,3,4, or 5 are concerned.

#### IMPORTANT CONDITION TO SECTION B

In accepting the cover provided by Section B, **You** have given **Us** or **Our** Assistance Company permission to approach **Your** United Kingdom General Practitioner for details of **Your** medical records in the event **You** require any form of in-patient treatment following a medical emergency whilst outside the United Kingdom.

#### SPECIFIC EXCEPTIONS APPLYING TO SECTION B

##### What is not covered:

1. expenses which **You** incur in **Your** normal country of residence (other than 2,3,4 or 5 above for United Kingdom trips only)
2. any surgery or MRIS, CT scans or invasive procedure including but not restricted to cardiac catheterization or organ transplants unless pre-approved by the 24 Hour Assistance Company prior to it being performed.
3. any in-patient or additional travelling expenses not specifically authorised by **Us** or **Our** 24 Hour Assistance Company
4. any expense which **You** incur more than twelve months after the occurrence of the injury or illness to which the claim refers
5. any expense which is not usual, reasonable or customary for the medical services and/or supply
6. any expense for non-essential or ongoing treatment or where treatment can be reasonably delayed until **Your** return to the United Kingdom or for the cost of a single bed ward unless authorised by the 24 Hour Assistance Company detailed below for medical reasons only or for the service of a chiropractor, chiropodist or osteopath or for non-medical costs

(see also the *Specific Exceptions applying to Sections A, B and C*)

#### SECTION C – PERSONAL ACCIDENT

##### What is covered:

If **You** sustain bodily injury caused solely by accidental violent external and visible means, and such bodily injury solely and directly results within twelve months in **Your** death or disablement, **We** will pay to **You** the benefits shown in the Schedule in accordance with the following items:

Item 1 - Death

Item 2 - Permanent loss by physical severance of hand or foot at or above the wrist or ankle or the total and permanent loss of use of an entire hand or arm or of an entire foot or leg or total and irrecoverable loss of all sight in one or both eyes

Item 3 - Permanent total disablement resulting in **Your** permanent and absolute inability to attend to a profession, business or gainful occupation of any and every kind

Provided that:

(1) if **You** are under 16 years of age the benefit under Item 1 is limited to £1,500

(2) if **You** are aged 65 years or over Item 1 is limited to £1,500 and no compensation will be payable under items 2 or 3.

#### SPECIFIC EXCEPTIONS APPLYING TO SECTION C

##### What is not covered:

No compensation will be payable:

1. under more than one of items 1,2 or 3 and on payment of a claim under any one of these items, all liability under this Section will cease in so far as **You** are concerned
2. in respect of claims arising from pregnancy.

#### EXCEPTIONS APPLYING TO SECTION A, B & C

##### What is not covered:

Claims arising from:

1. All pre-existing medical condition/s, awaiting or undergoing treatment as a hospital patient or **You** are undergoing or awaiting any medical investigation/s or consultation with a specialist or awaiting diagnosis or tests results treatment (please refer to the Medical Declaration)
2. Travel arrangements made or undertaken:
  - (i) against the advice of any Registered Medical Practitioner
  - (ii) for the purpose of obtaining medical treatment abroad
3. **Your** intentional self-injury, suicide, or attempted suicide or wilful exposure to needless risk (except in the attempt to save a human life)
4. the influence of intoxicating liquor or of a drug or drugs (unless prescribed by a Registered Medical Practitioner), or substance or solvent abuse or venereal disease
5. emotional, psychological or psychiatric disorder, or whilst suffering from any condition of anxiety, stress or depression unless same results in admission to a hospital as an in patient and not a pre-existing condition (*please refer to the Medical Declaration*)
6. **You** engaging in any **Hazardous Pursuits** (unless declared to and accepted by **Us**)
7. Claims arising from pregnancy where the period of the trip terminates less than 16 weeks before the date of delivery as estimated by a hospital or Registered Medical Practitioner. However where the insurance has been effected prior to confirmation of the pregnancy by such hospital or Registered Medical Practitioner and in the event of **Your** effecting immediate cancellation of the trip upon receipt of such confirmation, **We** will indemnify **You** under Section A.
8. an unwillingness to take preventative or prophylactic medicines.

#### SECTION D – TRAVEL DELAY & MISSED DEPARTURE

##### What is covered:

1. If as a direct result of the outbreak of **Strike or Industrial Action**, or weather conditions affecting scheduled public transport which has been the subject of **Advance Booking by You**, or mechanical or electrical breakdown of motor transport, train, aircraft or watercraft which has been the subject of **Advance Booking by You** occurring after the date of commencement of cover, the departure time of the **Outward Journey or Return Journey** takes place more than 12 hours after the departure time appearing on **Your** ticket, **We** will indemnify **You**

(i) Delay Compensation - An amount for the first full 12 hours and for each subsequent full 12 hours up to a maximum as stated in the Schedule,

(ii) Cancellation Compensation - If **You** elect to cancel the **Outward Journey** of the trip after a delay exceeding 24 hours as described above **We** will indemnify **You** in respect of irrecoverable travel or **Accommodation** deposits or charges paid or contracted to be paid under Section A

2. If **You** miss **Your** booked departure due to late arrival at the point of international departure caused by accident or electrical or mechanical breakdown to the conveyance in which **You** are travelling, or to exceptional and unforeseeable traffic conditions, in the course of:-

**Your** direct journey to the point of international departure immediately prior to commencement of the

**Outward Journey** from the United Kingdom, or

**Your** direct journey to the point of international departure immediately prior to commencement of the Return Journey to the United Kingdom

**We** will pay up to the limit stated in the Schedule for additional travel charges which **You** necessarily and reasonably incur in the purchase of a ticket for an alternative journey.

Provided that:

1. any payment **We** make in respect of 1 (i) above for delays in the **Outward Journey** will be deducted from any subsequent payment made under 1 (ii)
2. in respect of 1 above **You** must check-in according to the itinerary provided by the Tour Operator or Carrier, and obtain written confirmation of the delay from such Tour Operator or Carrier
3. compensation as described in 1 (ii) above is only payable in respect of delays on the **Outward Journey** from the United Kingdom
4. **You** must produce independent evidence in writing to support any claim
5. Our limit of liability under 1 (ii) will not exceed the amount stated in the Schedule for Section A, Cancellation
6. in respect of 2 above **You** must take all reasonable steps to arrive at the departure point at or before the recommended time and have allowed sufficient time for **Your** journey.

#### SPECIFIC EXCEPTIONS APPLYING TO SECTION D

##### What is not covered:

1. circumstances which could reasonably have been anticipated at the date insurance was effected
2. withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Civil Aviation Authority or a Port Authority or any similar body in any country
3. any **Excess** shown in the Schedule for item 1 (ii).

#### SECTION E – PERSONAL POSSESSIONS

##### What is covered:

**We** will indemnify **You**

For loss of or theft of or damage to **Personal Possessions** belonging to **You** up to the amount stated in the Schedule (no single article being insured for more than stated in the Schedule. A camera or camcorder with all accessories, a bracelet or necklet with any attachment and any similar set or pair of items will be considered as one article).

2. The cost of necessary purchase of replacement clothing and toiletries if **You** are temporarily deprived of **Your Personal Possessions** on the **Outward Journey** for a period of more than 24 hours from the time of arrival at **Your** destination due to their delay or misdirection in delivery up to the amount stated in the Schedule (Delayed Baggage).

Provided that:

1. **You** take all reasonable precautions for the safety of the property insured.
2. **Our** liability in respect of **Valuables** is limited to a total amount as stated in the Schedule.
3. any claims payment made in respect of temporary deprivation of **Personal Possessions** will be deducted from any subsequent claim where the property insured proves to be permanently lost. **You** must keep receipts for all replacement purchases
4. **You** must supply at **Your** own expense a Statutory Declaration regarding any claim arising under this section of the Certificate if so required

#### SPECIFIC EXCEPTIONS APPLYING TO SECTION E

##### What is not covered:

1. loss or damage arising from wear and tear, depreciation or deterioration, any process of cleaning, repairing or restoring, atmospheric or climatic conditions, moth or vermin, electrical or mechanical breakdown or derangement
2. loss of or theft of or damage to contact or corneal lenses, sunglasses over £75 in value, dentures, hearing aids, mobile telephones, samples or merchandise or property used in connection with **Your** business or trade, bonds, coupons, securities, stamps or documents of any kind, vehicles or accessories, antiques, pictures, **Sports Equipment** whilst in use, boats and/or ancillary equipment including windsurfing equipment and sailboards, caravan awnings, glass, china or any other articles of a brittle or fragile nature. Items with an individual value in excess of £100 without receipt or evidence in support are limited to £100.
3. loss of or damage to property shipped as freight or under a bill of lading (see also the Specific Exceptions applying to Sections E, F and G detailed below)

#### SECTION F - MONEY

##### What is covered:

**We** will indemnify **You** up to the amount stated in the Schedule in respect of accidental loss or theft of **Money** whilst on **Your** person or whilst in a safety deposit box within a hotel or bank or whilst in a securely locked **Accommodation** under **Your** control.

Provided that:

1. **You** take all reasonable precautions for the safety of the property insured
2. **You** must supply at **Your** own expense a Statutory Declaration regarding any claim arising under this section of the Certificate if so required
3. Our limit of liability in respect of cash being carried on any one person is stated in the Schedule (for persons aged under 16 years the loss of cash limit is £125)

#### SPECIFIC EXCEPTIONS APPLYING TO SECTION F

##### What is not covered:

1. shortages of **Money** due to error or omission or depreciation in value or currency transfers costs (see also the Specific Exceptions applying to Sections E, F and G below)

#### SECTION G – PASSPORT, TICKETS & DOCUMENTS

##### What is covered:

**We** will indemnify **You** up to the amount stated in the Schedule

(a) the reasonable costs in obtaining a replacement Passport (or travel document) to enable **You** to return to the United Kingdom following the accidental loss or theft of **Your** Passport whilst outside the United Kingdom

(b) the irrecoverable costs of travel tickets, green card, petrol coupons, driving licence or following accidental loss or theft

#### EXCEPTIONS APPLYING TO SECTIONS E, F & G

##### What is not covered:

1. loss due to delay, detention, confiscation, requisition or damage by Customs or other Officials or Authorities
2. loss or theft unless
  - (a) **You** have reported the loss or theft to the nearest Police authority within 24 hours of discovery and
  - (b) **You** have obtained a written Police report
3. loss of or theft of
  - (a) **Valuables**, Passports or **Money** from an **Unattended** vehicle at any time.
  - (b) Other property insured from an **Unattended** motor vehicle unless the vehicle was securely closed and locked, and such property placed out of sight in the locked boot or in a locked compartment within the vehicle, but in any event excluding all property insured whilst left in an **Unattended** motor vehicle between 2000 hours and 0800 hours local time, other than motor homes or caravans which are being occupied by **You** as **Your** holiday **Accommodation**.
4. theft of property left **Unattended** other than as provided above or whilst in **Your** securely locked **Accommodation**.
5. theft from **Accommodation** where there is no evidence of forcible and/or violent entry.
6. loss of or theft of **Valuables** or **Money** whilst in a suitcase or holdall or bag or similar receptacle outside **Your** immediate control

#### SECTION H – PERSONAL LIABILITY

##### What is covered:

**We** will indemnify **You** against all sums up to the amount stated in the Schedule which **You** are legally liable in a personal capacity to pay in respect of accidents happening during the **Period of Insurance** resulting in:

1. Bodily injury, death or disease to any person not being a member of **Your Family** or household or in **Your** service
2. Damage to property not
  - (i) belonging to **You** or
  - (ii) in the charge of or under the control of **You** or a member of **Your Family** or household or of a person in **Your** service

For accidental damage to rented accommodation, we will pay up to £100,000 for a single incident for which you are legally responsible for.

The indemnity provided by this Section extends to cover costs and expenses recoverable by any claimant, provided they were incurred before the date (if any) on which **We** paid or offered to pay either the full amount of the claim or the total amount recoverable, in respect of any one occurrence and also to costs and expenses incurred by **You** with **Our** written consent. In the event of **Your** death **Your** personal representative will receive the benefit of the cover granted by this section.

#### SPECIFIC EXCEPTION APPLYING TO SECTION H

##### What is not covered:

1. Claims arising:
  - (i) directly or indirectly out of the ownership, possession or use (other than as a passenger having no right of control) of aircraft, model aircraft, caravans, trailers, motorised or electrically propelled water-borne craft, sailing vessels, wind surfers, mechanically or electrically propelled vehicles or conveyances or attached trailers and lifts

- (iii) directly or indirectly out of the ownership, possession or use of animals or firearms
  - (iv) from any Hazardous Pursuit
  - (v) directly or indirectly out of or incidental to **Your** business, trade or profession
  - (vi) out of actions between persons insured
  - (vii) directly or indirectly out of **Your** ownership possession or control of any land or buildings
  - (viii) out of any liability assumed under a contract unless such liability would have attached in any event in the absence of such contract
  - (ix) directly or indirectly due to an infectious disease
2. any **Excess** shown in the Schedule for 2 above.

## SECTION I - LEGAL EXPENSES

Definitions which only apply to this Section

**Appointed Lawyer** - The lawyer or other suitably qualified person, who has been appointed to act for You under conditions 2 to 8 of this section.

**Legal costs** - All reasonable and necessary costs charged by the appointed lawyer on a standard basis.

Also the opponent's costs in civil cases if You have to pay them, or pay them with **Our** agreement.

**Date of the Incident** - The date the incident happened that may lead to a claim. If there is more than one event arising at the same time or from the same cause, then the date of the incident is the date of the first of these events.

**Insured incident** - An event which causes the death of, or bodily injury to, **You**.

**What is Covered:**

Under this section, **We** will negotiate for Your legal rights after an **Insured Incident**. **We** will also help in appealing or defending an appeal. If **You** use an **Appointed Lawyer**, **We** will pay the legal costs for this. The most **We** will pay for all claims for an **Insured Incident**, resulting from one or more event arising at the same time or from the same cause is shown in the Schedule of Maximum Sums Insured. **We** agree to provide legal expenses cover, keeping to the terms, conditions and exclusions, as long as:

- any legal proceedings will be dealt with by a court or other body which **We** agree to;
- in civil claims, it is always more likely than not that **You** will recover damages (or other legal remedy) or make a successful defence; and
- the Insured Incident happens during the period of insurance

*As well as the general conditions, the following exclusions and conditions apply*

*What is not covered:*

1. Any claim reported to **Us** more than 180 days after the date **You** should have known about the Insured Incident.
2. Any legal costs incurred before **We** agree to pay them.
3. Any claim relating to a) any illness that develops gradually or is not caused by a specific or sudden accident; b) You driving a motor vehicle for which **You** do not have valid motor insurance; c) an application for Judicial Review.
4. Defending **Your** legal rights but defending a counter claim is covered.
5. Any disagreement with **Us** that is not in condition 17 of this section.
6. Any legal action **You** take which **We** or the **Appointed Lawyer** have not agreed to or where **You** do anything that hinders **Us** or the **Appointed Lawyer**.
7. any legal action against the travel agent, tour operator, carrier, any of the Insurers listed on this policy or their agents.
8. Fines, damages or other penalties which **You** are ordered to pay.

## Conditions

**You** must do the following:

- 1) Send everything **We** ask for in writing and give **Us** full details of any claim, and any information **We** need, as soon as possible. 2) **We** can take over and conduct, in **Your** name, any claim or legal proceedings at any time before an **Appointed Lawyer** is appointed. **We** can negotiate any claim on **Your** behalf. 3) If **We** agree to start legal proceedings and **You** have to be represented by a lawyer, or if there is a conflict of interest, **You** can choose an **Appointed Lawyer** by sending **Us** the lawyer's name and address. **We** may choose not to accept the choice of lawyer, but only in exceptional circumstances. If **You** and **We** disagree over the choice of **Appointed Lawyer**, another lawyer can be appointed to decide the matter (see condition 17). 4) Before **You** choose a lawyer, **We** can appoint an **Appointed Lawyer**. 5) **We** will appoint an **Appointed Lawyer** to represent **You** according to **Our** standard terms of appointment. The **Appointed Lawyer** must co-operate fully with **Us** at all times. 6) **We** will have direct contact with the **Appointed Lawyer**. 7) **You** must co-operate fully with **Us** and the **Appointed Lawyer** and must keep **Us** up-to-date with the progress of the claim. 8) **You** must give the **Appointed Lawyer** any instructions that **We** ask for. 9) **You** must tell **Us** if anyone offers to settle the claim. 10) If **You** do not accept a reasonable offer to settle a claim, **We** may refuse to pay further legal costs. 11) **You** must not negotiate or agree to settle a claim without **Our** approval. 12) **We** may decide to pay **You** the amount of damages that **You** are claiming or is being claimed against **You** instead of starting or continuing legal proceedings. 13) If **We** ask, **You** must tell the **Appointed Lawyer** to have legal costs taxed, assessed or audited. 14) **You** must take every step to recover legal costs that **We** have to pay and must pay **Us** any legal costs that **You** recover. 15) If **Your Appointed Lawyer** refuses to continue acting for **You** or if **You** dismiss **Your Appointed Lawyer**, the cover **We** provide will end at once, unless **We** agree to appoint another **Appointed Lawyer**. 16) If **You** stop a claim without **Our** agreement, or do not give suitable instructions to **Your Appointed Lawyer**, the cover **We** provide will end at once. 17) If **We** and **You** disagree about the choice of **Appointed Lawyer**, or about how a claim is handled, **We** and **You** can choose another lawyer to decide the matter. **We** and **You** must both agree to this in writing. If **We** cannot agree with **You** about the choice of second lawyer, **We** will ask the president of a relevant national law society to choose a lawyer. Whoever loses the disagreement will have to pay the costs of settling it.

## SECTION J – WITHDRAWAL OF SERVICES

**What is covered:**

**We** will pay **You** a benefit as stated if **You** suffer **Withdrawal of Services** continuously for at least 60 hours during **Your** trip up to the maximum stated in the Schedule.

**SPECIFIC EXCEPTIONS APPLYING TO SECTION J**

**No benefit will be payable:**

1. Where this policy is issued within 4 weeks of the departure date of **Your** trip.
2. For a Strike or Industrial Action existing at the date **Your** trip was booked.
3. For services which were not part of **Your** pre-paid package deal.
4. Unless supported by written confirmation from the tour operator or hotel to substantiate **Your** claim.

## SECTION K – HIJACK

**What is covered:**

If **You** are prevented from reaching **Your** scheduled destination as a result of **Hijack** of the aircraft or ship in which **You** are travelling, **We** will pay **You** for each full 24 hours of delay up to the maximum stated in the Schedule.

Provided that:

1. Compensation is only payable if no claim is made under Section A Cancellation or Section D Travel Delay.
2. **You** must produce independent evidence in writing in support of any claim.

## SECTION L – MUGGING BENEFIT

**What is covered:**

If **You** sustain actual bodily injury as a result of a **Mugging** attack during the **Period of Insurance** resulting in medical treatment necessitating admission to an overseas hospital, **We** will pay **You** a benefit per complete 24 hours **You** are hospitalised abroad up to the maximum stated in the Schedule.

Provided that:

1. The incident was reported to the 24 hour Assistance Company and nearest Police Authority within 12 hours of the incident occurring and a written Police Report is obtained
2. **You** produce independent evidence in writing in support of any claim.

**SPECIFIC EXCEPTIONS APPLYING TO SECTION L**

**What is not covered:**

**Claims arising from:-**

1. **You** being under the influence of intoxicating liquor or of a drug or drugs, or of substance or solvent abuse
2. **Your** intentional self-injury or **Your** wilful exposure to risk or **Your** deliberate acts.

## SECTION M - CATASTROPHE

**What is covered:**

**We** will pay **You** up to the limit shown in the Schedule should **You** be forced to move from **Your** prebooked and pre-paid **Accommodation** outside of the United Kingdom as a result of fire, lightning, explosion, earthquake, storm, tempest, hurricane, flood, medical epidemic or local Government directive occurring while **You** are abroad and which is confirmed in writing by local or national authority for the irrecoverable travel or **Accommodation** costs necessarily incurred above the Travel Operator's assistance to continue with **Your** prepaid trip or, if the trip cannot be continued, for **Your** return to the United Kingdom.

**SPECIFIC EXCEPTIONS APPLYING TO SECTION M**

**What is not covered:**

No compensation will be payable for:

1. Any expense following **Your** disinclination to travel or to continue with **Your** trip when official directives from the local or national authority state it is acceptable to do so
2. Any cost or expense payable by or recoverable from the tour operator, airline, hotel or other provider of services.

## SECTION N - SKI MASTER EXTENSION

This cover is provided only if **You** are aged under 65 and have paid the premium required, the Certificate Validation being completed to show **Winter Sports** are included. Below are the details of winter sports cover provided by this extension.

**Winter Sports**

1. **You** will be covered under all sections for all winter sports except for ski racing in major events, ski jumping, ice hockey and using bobsleighs and skeletons.
2. **You** are not covered for winter sports equipment under Section E (Personal Belongings) of this travel insurance. Please see below for details of winter sports equipment cover.
3. Ski lift passes are included in the cover provided by Section F&G (Money and Documents) of this travel insurance.

**The following extra cover is also included in the Winter Sports Extension:**

## SECTION N1 - WINTER SPORTS EQUIPMENT

**What is covered:**

1. If **Your** snowboard or skis (including bindings) boots and poles are lost, destroyed or stolen, **We** will pay **You** up to the limit shown in the schedule subject to the following depreciation scale based upon the original purchase price of the equipment and the age of the item(s)-
  - 80% under 6 months old,
  - 60% over 6 months old and less than one year,
  - 50% over one year and less than two years,
  - 40% over two years and less than three years,
  - 30% over three years and less than four years,
  - 20% over four years and less than five years,
  - 10% if over five years.
2. **You** will be covered for repair costs up to the values shown above if **Your** snowboard or ski equipment is held responsible.
3. If **Your** hired equipment is lost, stolen or damaged **We** will pay up to £100 for replacement or repair if **You** are held responsible.

## SECTION N2- WINTER SPORTS EQUIPMENT HIRE

**What is covered:**

If **Your** own equipment is lost, stolen or damaged, **You** will be covered for the reasonable cost of hiring a snowboard, skis (including bindings), boots and poles during **Your** trip up to £10 per day.

**SPECIFIC EXCEPTIONS APPLYING TO SECTIONS N1 AND N2**

**What is not covered:**

1. **You** are not covered for the following
  - (a) Loss of, theft of or damage to **Your Winter Sports** equipment during **Your Outward or Return Journey** if **You** do not get a written 'carriers report', or a 'property irregularity report' in the case of an airline. If **You** cannot report the loss, theft or damage to the carrier straight away, **You** must do so in writing within seven days.
  - (b) Loss or theft of **Your Winter Sports** equipment at any other time if **You** do not report the loss or theft to the police within 24 hours of discovering it and get a police report from them.
  - (c) Loss or damage caused by delay, wear and tear, moths, vermin, weather and atmospheric conditions or mechanical failure.
  - (d) Loss of or theft of or damage to property left in or on a vehicle overnight.
2. **You** are not covered for claims for which **You** receive compensation from someone else.
3. **You** are not covered for more than £250 for any one snowboard or pair of skis (including bindings), boots or poles.

**Conditions**

1. **You** must take proper care of **Your** belongings and act as if **You** did not have this insurance policy.
2. **You** must keep any of **Your** own damaged property so that **We** can inspect it. When **We** make a payment for that property, it will then belong to **Us**.

## SECTION N3 - SKI PACK (LESSONS, HIRE, LIFT PASS)

**What is covered:**

If **You** fall ill or are injured during the **Period of Insurance**, **You** will be covered for the costs of the part of the ski pack that **You** cannot use.

**SPECIFIC EXCEPTIONS APPLYING TO SECTION N3**

**What is not covered:**

**You** are not covered for claims caused directly or indirectly by **Your** taking part in mountaineering, pot-holing, riding or driving in any kind of race, scuba diving, flying (except as a passenger in a fully-licensed passenger-carrying aircraft), or any other **Hazardous Pursuit**.

## SECTION N4 - PISTE CLOSURE - UP TO £300

**What is covered:**

This cover is only available for holidays starting after 1st January and ending before 1st April. If the weather prevents **You** from skiing at the resort **You** are booked into, **You** will be covered up to £30 per day for reasonable transport costs to take **You** to a different resort and for the cost of a lift pass there. If it is not possible to arrange transport to a different resort, **You** will receive £30 for each whole day's skiing lost.

**SPECIFIC EXCEPTIONS APPLYING TO SECTION N4**

**What is not covered:**

1. **You** will not be covered for any amount **You** can get back from someone somewhere else.
2. **You** will not be covered if **You** booked the trip within 14 days of departing for that trip.

**Conditions**

1. Cover will only apply for as long as there are poor snow conditions at **Your** resort.
2. Cover will only apply if **Your** resort area has ski facilities above 1600 metres.
3. **You** must get written confirmation from the appropriate authority to confirm that the piste was closed or that it was not possible to travel to another resort.

## SECTION N5 - AVALANCHE CLOSURE - UP TO £500

**What is covered:**

If **Your** arrival at, or departure from, **Your** resort is delayed due to avalanche, landslide or landslip, **You** will be covered for reasonable extra travel and accommodation expenses up to £25 for each 24 hours that **You** are delayed.

**SPECIFIC EXCEPTIONS APPLYING TO SECTION N5**

**What is not covered:**

1. **You** will not be covered if the tour operator pays for **Your** extra travel and accommodation costs.
2. If **You** receive compensation from someone or somewhere else, **We** will take this off **Your** claim.