cover4insurance

LONGSTAY & STUDY ABROAD

TRAVEL INSURANCE POLICY

Cover is for residents of the UK, the Channel Islands or the Isle of Man.

This ***policy*** does not cover claims relating to ***pre-existing medical conditions***.

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DEMANDS AND NEEDS STATEMENT

This insurance is typically suitable for travel customers who wish to insure themselves for medical emergencies, delayed or missed departures, cancellation, interruptions, lost, stolen or delayed possessions, their death or permanent disability and personal liability.

Travel insurance does not cover everything. ***You*** should read this ***policy*** wording document carefully to make sure it provides the cover ***you*** need.

You may already possess alternative travel insurance for some or all of the features and benefits provided by this Travel Insurance ***policy***. It is ***your*** responsibility to investigate this.

We have not provided ***you*** with any recommendation or advice about whether this product meets ***your*** specific insurance requirements.

ABOUT OUR INSURANCE SERVICES

This insurance is distributed by Cover4insurance, a trading name of UK & Ireland Insurance Services (Online) Limited and underwritten by AWP P&C S.A.

1 Whose insurance products are offered?
This insurance is underwritten by AWP P&C S.A., a French company authorised in France acting through its UK Branch.

2 What service will *you* receive?
You have chosen this ***policy*** without advice, based on ***your*** own assessment of ***your*** needs. ***You*** will not receive any personal advice or a recommendation for this product. ***You*** may be asked some questions to check ***your*** eligibility for the ***policy***.

3 What will *you* have to pay for this service?
You will only pay the premium for ***your policy***, and ***you*** will not pay a fee for arranging the ***policy***. AWP P&C S.A. pays for these services through a mixture of commission and other fees based on the costs for managing ***your policy***.

4 Who is regulated?
This insurance is distributed by Cover4insurance, a trading name of UK & Ireland Insurance Services (Online) Limited. Registered in England with company no. 04239415 whose registered office is The Stables, Old Co-Op Yard, Warwick Street, Prestwich, Manchester, M25 3HB. UK & Ireland Insurance Services (Online) Limited is authorised and regulated by the Financial Conduct Authority under FRN 312248.

This insurance is administered in the UK by Allianz Assistance, a trading name of AWP Assistance UK Ltd. Registered in England with company no. 1710361 whose registered office is 102 George Street, Croydon CR9 6HD. AWP Assistance UK Ltd is authorised and regulated by the Financial Conduct Authority under FRN 311909.

This insurance is underwritten by AWP P&C S.A. A company registered in France with ID No 519490080 RCS Bobigny. Registered Office 7 Rue Dora Maar, 93400 Saint-Ouen, France acting through its UK Branch AWP P&C S.A., Registered in England with company no. FC 030280 whose registered office is 102 George Street, Croydon CR9 6HD. AWP P&C S.A. is authorised and regulated by L'Autorite de Controle Prudentiel et de Resolution in France. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority under FRN 534384 and limited regulation by the Prudential Regulation Authority. Details about the extent of ***our*** regulation by the Prudential Regulation Authority are available from ***us*** on request.

You can check these details on the Financial Conduct Authority's website at www.fca.org.uk/register or by contacting the Financial Conduct Authority on **0800 111 6768**.

5 What to do if *you* have a complaint
For complaints relating to Sections A – L and sections N - O, please see page 38.

For complaints relating to Section M – Gadget Cover, please see page 29.

6 Protection under the Financial Services Compensation Scheme (FSCS)
For ***your*** added protection, ***you*** may be entitled to compensation up to 90% of ***your*** claim with no upper limit, from the FSCS if:

- AWP P&C S.A. cannot meet their obligations to ***you***, such as not being able to pay a claim.
- any claim is to do with the arranging of this insurance ***policy***.

Further information about the compensation scheme from the FSCS is available by phoning **0800 678 1100** or **020 7741 4100**, or by visiting their website at **www.fscs.org.uk**.

ABOUT THIS POLICY
This ***policy*** is ***our*** contract with ***you***. Please read it carefully. ***We*** have tried to make it simple and easy to understand while also clearly describing the terms and conditions of ***your*** cover. If ***you*** have any questions, just visit **www.cover4insurance.com** or call **0161 772 3390**. Further information is shown under 'Important contact details' at the end of this ***policy***. If ***your*** travel arrangements change, please be sure to let Cover4insurance know so they can make any necessary updates to ***your policy***.

This ***policy*** has been issued based on the information ***you*** provided at the time of purchase. ***We*** will provide the insurance described in this ***policy*** in return for payment of the premium and ***your*** compliance with all provisions of this ***policy***. ***You*** will also notice that some words are in bold italics. These words are defined in the 'Definitions' section. Words that are capitalised refer to the document and cover names found in this ***policy***. Headings are provided for convenience only and do not affect ***your*** cover in any way.

ELIGIBILITY
This ***policy*** is only available to ***you*** if:

- ***you*** have ***your primary residence*** in and ***you*** are registered with a ***doctor*** in the UK, the Channel Islands or the Isle of Man;
- ***you*** have not spent more than 6 months abroad during the 12 months before this ***policy*** was issued or ***your trip*** was booked (whichever is later) unless ***your policy*** includes the 'Optional Student Study Abroad Cover';
- ***you*** are in ***your country of residence*** at the time of purchasing this ***policy***. ***We*** will only cover ***you*** for the whole ***trip***. Any ***trip*** that has begun when ***you*** purchase this insurance will not be covered;
- ***you*** are aged between 18 and 45 years inclusive on the date ***your policy*** was issued;
- ***your trip*** starts and ends in ***your country of residence***, within the ***period of cover*** shown on ***your policy*** schedule;
- ***you*** are not travelling with the intention of receiving medical treatment;
- ***you*** are fit to travel on ***your trip*** and are not travelling against the advice of a ***doctor*** or where ***you*** would have been if ***you*** had sought their advice before commencing ***your trip***.

The 'Optional Student Study Abroad Cover' is only available to ***you*** if ***you*** are studying abroad as part of a College/University degree or similar qualification.

AGE ELIGIBILITY
The person buying this insurance must be 18 years of age or over at the date of purchase. ***You*** must not be older than 45 years of age on the date ***your policy*** was issued. For further details please refer to the Policy Features Table on page 7.

WHAT THIS POLICY INCLUDES AND WHOM IT COVERS
This travel insurance ***policy*** covers only the sudden and unexpected specific situations, events and losses included in this ***policy*** wording document, and only under the conditions described. Please review this ***policy*** wording carefully.

Your policy consists of two parts:
1. The ***policy*** schedule, which shows who is insured under ***your policy***.
2. This ***policy*** wording document, which shows the full terms and conditions of ***your policy*** as well as the cover provided.

NOTE:
Not every loss is covered, even if it is due to something sudden, unexpected or out of ***your*** control. Only those losses meeting the conditions described in this ***policy*** document may be covered. Please refer to the General Exclusions section of this document for exclusions applicable to all cover under ***your policy***.

GOVERNING LAW
Unless agreed otherwise, English law will apply and all communications and documentation in relation to this ***policy*** will be in English. In the event of a dispute concerning this ***policy*** the English courts shall have exclusive jurisdiction.

CANCELLATION RIGHTS
If ***your*** cover does not meet ***your*** requirements, please notify Cover4insurance within 14 days of receiving ***your policy*** schedule to request a refund of ***your*** premium.

You can contact Cover4insurance by calling **0161 772 3390**, emailing **customerservices@cover4insurance.com** or writing to Cover4insurance, The Stables, Old Co-Op Yard, Warwick Street, Prestwich, Manchester, M25 3HB.

If during this 14 day period ***you*** have travelled, made a claim or intend to make a claim then ***we*** will not refund ***your*** premium if ***you*** wish to cancel ***your policy***.

Your cancellation rights are no longer valid after this initial 14 day period.

CONTRACTS (RIGHTS OF THIRD PARTIES) ACT 1999
We, the insurer and ***you*** do not intend any term of this contract to be enforceable by any third party pursuant to the Contracts (Rights of Third Parties) Act 1999.

RECIPROCAL HEALTH ARRANGEMENTS

EUROPEAN / GLOBAL HEALTH INSURANCE CARD (EHIC AND GHIC)

- If ***you*** already have a valid EHIC, it will continue to entitle ***you*** to reduced-cost, sometimes free, medical treatment that becomes necessary while ***you*** are in a European Economic Area (EEA) country or Switzerland. The EEA consists of the European Union (EU) countries plus Iceland, Liechtenstein and Norway. Cover will end on the expiry date of ***your*** EHIC.

- If ***you*** do not have a valid EHIC or it is due to expire before ***you*** travel, ***you*** can apply for a GHIC. This entitles ***you*** to reduced-cost, sometimes free, medical treatment that becomes necessary while ***you*** are in a European Union (EU) country.

- These cards give access to state-provided medical treatment only. Remember, this might not cover all the things ***you*** would expect to get free of charge from the NHS in the UK. ***You*** may have to make a contribution to the cost of ***your*** care.

- ***You*** may apply for a GHIC online at **www.ghic.org.uk** or by calling **0300 330 1350**.

In the event of liability being accepted for a medical expenses claim, which has been reduced by the use of a GHIC or EHIC, ***we*** will not apply the deduction of the excess under Section E - Emergency Medical/Dental Cover Abroad.

NOTE:
The EHIC/GHIC does not cover the cost of medical treatment in a private ***hospital*** or clinic, the additional cost of returning to ***your country of residence*** or for a relative to stay or fly out to be with ***you***. In a medical emergency ***you*** may have no control over the ***hospital you*** are taken to and the closest ***hospital*** may be private.

AUSTRALIA

- If ***you*** are travelling to Australia ***you*** can enrol in Medicare which will entitle ***you*** to subsidised ***hospital*** treatments and medicines. ***You*** can do this by contacting a local Medicare office in Australia.

- All claims for refunds under the Medicare scheme must be made before ***you*** leave Australia. For more information on Medicare visit: **www.medicareaustralia.gov.au** or email: **medicare@medicareaustralia.gov.au**

LEVEL OF MEDICAL COVER PROVIDED
This is not a private medical insurance ***policy*** and it only gives cover for emergency medical treatment in the event of an ***accident*** or unexpected illness occurring during ***your trip***.

PREGNANCY

As is consistent with the treatment of all medical conditions under the ***policy***, the ***policy*** does not cover the costs or losses for any consultation or treatment associated with normal pregnancy (including multiple pregnancy) or childbirth. This includes, but is not limited to, delivery by caesarean section or any other medically or surgically assisted delivery which does not cause medical complications. The ***policy*** does, however, provide cover for ***your*** unexpected ***complications of pregnancy or childbirth*** which occurs while on ***your trip*** excluding costs incurred during the period between 12 weeks before and 12 weeks after the estimated date of delivery (or 16 weeks in the case of a multiple pregnancy).

COVER SUMMARY – (LIMITS ARE FOR EACH INSURED PERSON)

COVER SECTION	STANDARD	PREMIER	PREMIER PLUS	EXCESS
A - Trip Cancellation	**£1,500**	**£3,000**	**£5,000**	**£100**
B - Trip Interruption	**£1,500**	**£3,000**	**£5,000**	**£100**
C - Travel Delays, Missed Departures & Connections	**Not Available**			Nil
Travel Delays (For reimbursement of additional expenses you incur whilst delayed. A minimum delay of 12 full hours applies).		**£200** (But no more than £40 per day.)	**£400** (But no more than £80 per day.)	
Missed Departures & Connections		**£200**	**£400**	
D - Baggage	**£1,500** (But no more than £200 in total for all high value items)	**£2,000** (But no more than £300 in total for all high value items)	**£2,500** (But no more than £350 in total for all high value items)	**£100**
E - Emergency Medical/Dental Cover Abroad	**£5,000,000** (But no more than £300 in total for dental care)	**£10,000,000** (But no more than £500 in total for dental care)	**£10,000,000** (But no more than £500 in total for dental care)	**£100***
F - Emergency Transport	**No limit** (reasonable costs)	**No limit** (reasonable costs)	**No limit** (reasonable costs)	**£100**
Search and rescue costs	£750	£1,500	£2,000	
G - Personal Liability	**£1,000,000**	**£2,000,000**	**£2,000,000**	**£100**
H - Travel Accident	**£15,000** in the event of permanent disability or death	**£20,000** in the event of permanent disability or death	**£20,000** in the event of permanent disability or death	Nil
I - Travel Services During Your Trip	Included	Included	Included	Nil
J - Loss of Travel Documents				Nil
Emergency replacement costs	**£300**	**£300**	**£500**	
Remaining value of lost passport	**Actual costs**	**Actual costs**	**Actual costs**	
K - Personal Money	**£150**	**£200**	**£500**	**£100**
L - Legal Expenses	**£10,000**	**£15,000**	**£20,000**	Nil
M - Gadget Cover	**£1,000**	**£2,000**	**£3,000**	**£100**
Single article limit	**£1,000**	**£1,500**	**£1,500**	
Unauthorised calls/texts/data	**£2,000** (per claim)	**£2,000** (per claim)	**£2,000** (per claim)	
Accessories (following a gadget claim)	**£150**	**£150**	**£150**	
OPTIONAL COVER SECTIONS (ONLY COVERED IF SHOWN AS BEING INCLUDED ON YOUR POLICY SCHEDULE)				
N - Optional Student Study Abroad Cover	**£1,000**	**£2,000**	**£5,000**	**£100**
Course fees cover	**£1,500**	**£3,000**	**£5,000**	
Trip cancellation due to study course cancellation	**£1,500**	**£3,000**	**£5,000**	
Trip interruption due to study course cancellation				
O - Optional Sports Cover				
Missed activity	**£250**	**£400**	**£500**	Nil
Sporting equipment cover	**£500**	**£750**	**£1,000**	**£100**
Sporting equipment rental cover	**£250**	**£400**	**£500**	Nil
Search and rescue	**£1,000**	**£1,500**	**£1,500**	**£100**

Under most sections of the ***policy***, claims will be subject to an excess. This means that ***you*** will be responsible for paying the first part of each and every claim, per incident claimed for, under each section by each insured person.

*In the event of liability being accepted for a medical expenses claim, which has been reduced by the use of a GHIC or EHIC, ***we*** will not apply the deduction of the excess under Section E - Emergency Medical/Dental Cover Abroad.

POLICY FEATURES TABLE			
Policy Features			
	Standard	**Premier**	**Premier Plus**
Maximum age on the date ***your policy*** was issued	45	45	45
Maximum period per ***trip***	18 months	18 months	18 months
Winter sports (Activity Pack 3) - upon payment of an additional premium and shown on ***your policy*** schedule - up to a total maximum within the ***period of cover*** of	10 days	10 days	10 days
Return visits to ***your primary residence*** within the ***period of cover***: **<u>If your policy duration is up to 3 months:</u>** **<u>If your policy duration is 3 months or more:</u>** - Maximum number of ***return visits*** to ***your primary residence*** - Maximum duration of each ***return visit*** to ***your primary residence***	Not covered 2 ***return visits*** 14 days	Not covered 2 ***return visits*** 14 days	Not covered 4 ***return visits*** 14 days
Leisure excursion cover	Not covered	Not covered	Not covered
Optional Student Study Abroad Cover Features (only covered if shown as being included on your policy schedule)			
	Standard	**Premier**	**Premier Plus**
Return visits to ***your primary residence*** within the ***period of cover***: - Maximum number of ***return visits*** to ***your primary residence*** - Maximum duration of each ***return visit*** to ***your primary residence***	2 ***return visits*** 21 days	2 ***return visits*** 21 days	4 ***return visits*** 31 days
Leisure excursion cover: - Maximum number of return ***trips*** to ***your study abroad accommodation*** - Maximum duration of each ***return trip*** (from and to ***your study abroad accommodation***)	Unlimited ***trips*** 5 days	Unlimited ***trips*** 10 days	Unlimited ***trips*** 21 days

DEFINITIONS

Throughout this ***policy***, words and any form of the word appearing in bold italics are defined in this section. Cover section M - Gadget Cover also uses additional section-specific definitions that apply and, where used, replace these definitions for this section only.

Accident	An unexpected and unintended event that causes ***injury***, property damage or both.
Accommodation	A hotel or any other kind of lodging for which ***you*** make a reservation or where ***you*** stay and incur an expense.
Adoption proceeding	A mandatory formal proceeding or other meeting required by law to be attended by ***you*** as a prospective adoptive parent(s) in order to legally adopt a minor child.
Baggage	Personal property ***you*** take with ***you*** or buy on ***your trip***.
Climbing sports	An activity using harnesses, ropes, belays, crampons or ice axes. It does not include supervised climbing on artificial surfaces intended for recreational climbing.
Cohabitant	A person ***you*** currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old.
Complications of pregnancy or childbirth	The following complications of pregnancy as certified by a ***doctor***: toxaemia; gestational hypertension; pre-eclampsia; ectopic pregnancy; hydatidiform mole (molar pregnancy); hyperemesis gravidarum; ante partum haemorrhage; placental abruption; placenta praevia; postpartum haemorrhage; retained placenta membrane; miscarriage; stillbirths; medically necessary emergency caesarean sections/ medically necessary termination; and any premature births or threatened early labour more than 12 weeks (or 16 weeks in the case of a multiple pregnancy) prior to the expected delivery date.
Computer system	Any computer, hardware, software, communication system or electronic device (including but not limited to smart phone, laptop, tablet, wearable device), server, cloud, microcontroller or similar system, including any associated input, output, data storage device, networking equipment or backup facility.
Country of residence	The country where ***you*** have ***your primary residence***.
Covered reasons	The specifically named situations or events for which ***you*** are covered under this ***policy***.

Cyber risk	Any loss, damage, liability, claim, cost or expense of any nature directly or indirectly caused by, contributed to by, resulting from or arising out of or in connection with, any one or more instances of any of the following: **1.** Any unauthorised, malicious or ***illegal act***, or the threat of such act(s), involving access to or the processing, use or operation of any ***computer system***; **2.** Any error or omission involving access to or the processing, use or operation of any ***computer system***; **3.** Any partial or total unavailability or failure to access, process, use or operate any ***computer system***; or **4.** Any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any data, including any amount pertaining to the value of such data.
Departure date	The date on which ***you*** are originally scheduled to begin ***your*** travel, as shown on ***your*** travel itinerary.
Doctor	Someone who is legally authorised to practise medicine or dentistry and is licensed if required. This cannot be ***you***, a ***travelling companion***, ***your family member***, a ***travelling companion's family member***, the sick or ***injured*** person or that person's ***family member***.
Epidemic	A contagious disease recognised or referred to as an ***epidemic*** by a representative of the World Health Organization (WHO) or an official government authority.
Family member	***Your***: **1.** Spouse (by marriage, domestic partnership or civil union); **2.** ***Cohabitants***; **3.** Parents and stepparents; **4.** Children, stepchildren, foster children, adopted children or children currently in the adoption process; **5.** Siblings; **6.** Grandparents and grandchildren; **7.** The following in-laws: mother, father, son, daughter, brother, sister and grandparent; **8.** Aunts, uncles, nieces and nephews; **9.** Legal guardians and wards; and **10.** Paid, live-in caregivers.
First responder	Emergency personnel (such as a police officer, paramedic or firefighter) who are among those responsible for going immediately to the scene of an ***accident*** or emergency to provide aid and relief.
Gadget(s)	Portable electronic equipment owned by ***you***, including laptops, mobile phones, smart phones, iPhones, iPads, tablets, e-readers, MP3 Players, CD/DVD players, head/ear phones, satellite navigation devices, PDAs, handheld games, consoles, cameras, video cameras and wearable technology (e.g. smart watch or health and fitness tracker). There is no cover for drones.
High-altitude activity	An activity that includes or is intended to include, going above 4,500 metres above sea level, other than as a passenger in a commercial aircraft.
High value items	Collectibles, jewellery, watches, gems, pearls, furs, musical instruments, professional audio equipment, binoculars, telescopes, ***sporting equipment***, radios, robots and other electronics, including parts and accessories for the aforementioned items.
Hospital	An acute care facility that has a primary function of diagnosing and treating sick and ***injured*** people under the supervision of ***doctors***. It must: **1.** Be primarily engaged in providing inpatient diagnostic and therapeutic services; **2.** Have organised departments of medicine and major surgery; and **3.** Be licensed where required.
Illegal act	An act that violates law where it is committed.
Injury	Physical bodily harm.
Leisure Excursion	A journey starting and ending at ***your study abroad accommodation*** to another destination or country within the area of validity shown on ***your policy*** schedule.
Local public transportation	Local, commuter or other urban transit system carriers (such as commuter rail, city bus, subway, ferry, taxi, for-hire driver or other such carriers) that transport ***you*** or a ***travelling companion*** less than 90 miles.
Mechanical breakdown	A mechanical issue, which prevents the vehicle from being driven normally, including an electrical issue, flat tyre or running out of fluids (except fuel).
Medical escort	A professional person contracted by ***our*** medical team to accompany an ill or ***injured*** person while they are being transported. A ***medical escort*** is trained to provide medical care to the person being transported. This cannot be a friend, ***travelling companion*** or ***family member***.
Medically necessary	Treatment that is required for ***your*** illness, ***injury*** or medical condition, consistent with ***your*** symptoms and can safely be provided to ***you***. Such treatment must meet the standards of good medical practice and is not for ***your*** or the provider's convenience.
Natural disaster	A large-scale extreme weather or geological event that damages property, disrupts transportation or utilities, or endangers people, including without limitation: avalanche, earthquake, fire, flood, hurricane or volcanic eruption.

Pandemic	An ***epidemic*** that is recognised or referred to as a ***pandemic*** by a representative of the World Health Organization (WHO) or an official government authority.
Period of cover	The period of the ***trip,*** for which ***we*** have accepted the premium as stated in the ***policy*** schedule, and terminating upon its completion. Cover does not apply for any ***trip*** that is booked to last over 18 months. However any ***trip*** that had already begun when ***you*** purchased this insurance will not be covered. If ***you*** have purchased cover to take part in Activity Pack 3 activities (which includes skiing and snowboarding)**,** cover will only allow a maximum of 10 days participation in total within the ***period of cover***. ***Return visits* to your primary residence within the period of cover:** Where the ***period of cover*** is for a total duration of 3 months or more or the 'Optional Student Study Abroad Cover' has been purchased (in which case the 3 month minimum does not apply), ***your policy*** will include cover for temporary return visits to ***your primary residence*** before the intended ***return date***, for the number of trips and up to the maximum duration shown for your level of cover in the Policy Features Table on page 7. This excludes any return that is in any way related to a claim under this ***policy***. All cover under this ***policy*** will be suspended from the time ***you*** clear customs in ***your country of residence*** and starts again after the baggage check-in at the international departure point for the return flights, international train or ferry on ***your*** return to ***your*** overseas destination or ***study abroad accommodation***. During this period no cover is provided by the ***policy***. ***Leisure excursion* cover:** All policies where the 'Optional Student Study Abroad Cover' has been chosen include cover to travel to another country within the period of study abroad, providing each return leisure ***trip***: 1. starts and ends at ***your study abroad accommodation***, 2. is within the 'area of validity' shown on ***your policy*** schedule, 3. falls within the ***period of cover***, and 4. each ***trip*** does not exceed the maximum limit shown In the Policy Features Table on page 7.
Personal money	Any of the following that are held for personal and not business purposes: cash, postal or money orders, current postage stamps, traveller's cheques, admission tickets, travel tickets, coupons, gift cards or vouchers which have a monetary value.
Policy	The travel insurance cover purchased.
Political risk	Any kind of events, organised resistance or actions intending or implying the intention to overthrow, supplant or change the existing ruler or constitutional government, including but not limited to: • Nationalisation; • Confiscation; • Expropriation (including Compulsory Purchase Orders, Selective Discrimination and Forced Abandonment); • Deprivation; • Requisition; • Revolution; • Rebellion; • Insurrection; • Civil commotion assuming to proportion of or amounting to an uprising; • Military and usurped power.
Pre-existing medical condition	Any medical condition for which in the 12 months before purchasing this ***policy*** or booking a ***trip***, ***you*** have: 1. Had symptoms; 2. Consulted a ***doctor*** or other professional medical practitioner; or 3. Received treatment (including being prescribed regular medication). Please refer to the 'Health Declaration and Health Exclusions' section for further details.
Primary residence	***Your*** permanent home address for legal and tax purposes either in the UK, Isle of Man or Channel Islands.
Quarantine	Mandatory involuntary confinement by order or other official directive of a government, public or regulatory authority, or the captain of a commercial vessel on which ***you*** are booked to travel during ***your trip***, which is intended to stop the spread of a contagious disease to which ***you*** or a ***travelling companion*** have been exposed.
Reasonable and customary costs	The amount usually charged for a specific service in a particular geographic area. The charges must be appropriate to the availability and complexity of the service, the availability of needed parts/materials/supplies/equipment and the availability of appropriately-skilled and licensed service providers.

Refund	Cash, credit or a voucher for future travel that ***you*** are eligible to receive from a ***travel supplier***, or any credit, recovery or reimbursement ***you*** are eligible to receive from ***your*** employer, another insurance company, a credit card issuer or any other entity.
Return date	The earlier of the following: • The date on which ***you*** are intending to end ***your trip*** within the ***period of insurance***; or • The date on which ***you*** return to ***your primary residence*** except as part of a ***return visit***.
Return visit	A planned visit to ***your primary residence*** within ***your trip***. It does not include any instance where you are returned to ***your primary residence*** as a result of a claim on this ***policy***.
Service animal	Any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual or other mental disability. Examples of work or tasks include, but are not limited to guiding people who are blind, alerting people who are deaf and pulling a wheelchair. Guard dogs and emotional support animals as well as any other animal species (whether trained or untrained) are not included under this definition.
Severe weather	Hazardous weather conditions including, but not limited to: windstorms, hurricanes, tornados, fog, hailstorms, rainstorms, snow storms or ice storms.
Sporting equipment	Equipment or goods used to participate in a sport.
Study abroad accommodation	***Your*** temporary address in the place where ***you*** are participating in a course of study at a College or University abroad.
Terrorist event	An act carried out by an organised terrorist group, which has been recognised as terrorism by the government authority in ***your country of residence*** that injures people or damages property to achieve a political, ethnic or religious result. It does not include general civil protest, unrest, rioting or acts of war.
Traffic accident	An unexpected and unintended traffic-related event, other than ***mechanical breakdown***, that causes ***injury***, property damage or both.
Travel carrier	A company licensed to commercially transport passengers between destinations for a fee by land, air or water. It does not include: **1.** Rental vehicle companies; **2.** Private or non-commercial transportation carriers; **3.** Chartered transportation, except for group transportation chartered by ***your*** tour operator; or **4.** ***Local public transportation.***
Travel supplier	A travel agent, tour operator, airline, cruise line, accommodation provider, railway company or other travel service provider.
Travelling companion	A person or ***service animal*** travelling with ***you*** or travelling to accompany ***you*** on ***your trip***. A group or tour leader is not considered a ***travelling companion*** unless ***you*** are sharing the same room with the group or tour leader.
Trip	***Your*** travel originally scheduled to begin on ***your departure date*** and end on ***your return date*** to, within and/or from a location abroad. It cannot include travel with the intent to receive health care or medical treatment of any kind, or moving, or commuting to and from work. No ***trip*** can last longer than the maximum number of days allowed according to ***your policy*** type, age and destination. See definition ***'period of cover'*** for further information.
Uninhabitable	A ***natural disaster***, fire, flood, burglary or vandalism that has caused enough damage (including extended loss of power, gas or water) to make a reasonable person find their home or destination inaccessible or unfit for use.
We, Us or ***Our***	AWP P&C S.A.
You or ***Your***	All persons listed as being insured on the ***policy*** schedule.

HEALTH DECLARATION AND HEALTH EXCLUSIONS

It is very important that ***you*** read the following:

This ***policy*** does not provide cover for any ***pre-existing medical condition*** (or conditions) that ***you*** have at the time of purchase of this ***policy*** or have had prior to the purchase of this ***policy***.

Any claim made directly or indirectly as a result of a medical condition (or conditions) that ***you*** have at the time of purchase of this ***policy*** or have had prior to the purchase of this ***policy*** will not be covered. This includes known complications of a medical condition (or conditions) and/or side effects of any medications taken to treat any ***pre-existing medical condition*** (or conditions).

This also means that any other person insured by ***us*** will not be covered for any directly or indirectly related claims arising from the ***pre-existing medical condition*** (or conditions). This applies even if the person with the medical condition (or conditions) decides to buy cover from another provider.

Each person insured by ***us*** would still be covered for any unrelated medical condition (or conditions), subject to the terms and conditions of this policy.

NOTE: INDIRECTLY RELATED CLAIMS
An indirectly related claim means a medical problem that is more likely to happen because of another medical problem ***you*** already have. Sometimes these conditions can lead to other conditions. For example if ***you***:

- suffer from asthma, chronic obstructive pulmonary disease or other lung disease, ***you*** are more likely to get a chest infection;
- have high blood pressure, high cholesterol or diabetes, ***you*** are more likely to have a heart attack or a stroke;
- have osteoporosis, ***you*** are more likely to break or fracture a bone; and
- have or have had cancer, ***you*** are more likely to suffer a secondary cancer.

CHANGES IN HEALTH

If ***your*** health changes (such as ***you*** develop a new condition, or there is a change to an existing condition) after taking out this insurance and this means ***you*** have to:

- consult a ***doctor*** and be referred to a consultant or specialist; or
- be admitted to ***hospital*** for treatment (including surgery, tests or investigations); or
- await treatment or the results of tests and investigations; or
- consult a ***doctor*** about a change to ***your*** on-going medication (this includes new medication or a change in regular medication),

then ***you*** must tell Cover4insurance as soon as possible by calling **0161 772 3390**.

We will tell ***you*** whether or not ***your*** medical condition (or conditions) can be covered and if ***you*** need to pay an extra premium. If ***we*** cannot cover ***your*** medical condition (or conditions), or ***you*** do not want to pay the extra premium, ***we*** may choose to:

- consider a cancellation claim for any ***trips*** already booked; or
- continue cover on this ***policy***, but without cover for ***your*** medical conditions; or
- cancel this ***policy*** and provide a proportionate/partial refund (as long as ***you*** have not made a claim or intend to make a claim).

WHEN YOUR COVER BEGINS AND ENDS

Any ***trip*** that had already begun when ***you*** purchased this insurance will not be covered.

Your trip must begin and end at ***your primary residence***, unless described otherwise below.

Cover under section A (Trip Cancellation) commences at the time ***you*** book the ***trip*** or pay the insurance premium, whichever is later.
Cover under section A (Trip Cancellation) ends as soon as ***you*** leave ***your primary residence*** to start ***your trip***.

Cover under all other sections starts when ***you*** leave ***your primary residence*** or from the start date as shown on ***your policy*** schedule, whichever is the later.

Cover ends:
a. when ***you*** return to ***your primary residence*** except as part of a ***return visit***; or
b. when ***you*** arrive at a medical facility in ***your country of residence*** for further care if ***you*** end ***your trip*** due to a medical reason; or
c. at the end date as shown on ***your policy*** schedule;
whichever is earlier.

Cover cannot be provided to resume ***your trip*** or for further ***trips*** if ***your*** return is in any way related to a claim under this ***policy***. No refund of premium will be given.

TRIP EXTENSIONS

TRIP EXTENSIONS IF YOU ARE UNABLE TO RETURN HOME FROM YOUR TRIP AS PLANNED
If ***your*** return travel is delayed due to a covered reason, ***we*** will extend ***your period of cover*** until the earlier of when ***you*** are able to return to ***your primary residence***, or until the day ***you*** arrive at a medical facility in ***your country of residence*** for further care if ***you*** end ***your trip*** due to a medical reason.

TRIP EXTENSIONS IF YOU DECIDE YOU WISH TO EXTEND YOUR TRIP
Please contact Cover4insurance on **0161 772 3390** or by emailing **customerservices@cover4insurance.com** to discuss ***your*** requirements.

AREA OF VALIDITY

Provided ***you*** follow any travel advice issued by the government in ***your country of residence*** and in any country ***you*** are travelling from, to or through, ***you*** will be covered in the area or country shown on ***your policy*** schedule.

It is ***your*** responsibility to check the latest advice from the FCDO prior to commencing ***your trip***, which ***you*** can find at **www.gov.uk/foreign-travel-advice**.

You will not be covered if ***you*** travel outside the area ***you*** have selected, as shown in ***your policy*** schedule.

EUROPE - Aland Islands, Albania, Andorra, Austria, Belarus, Belgium, Bosnia-Herzegovina, Bulgaria, Corsica, Croatia, Cyprus, Czech Republic, Denmark (inc. Faroe Islands), Estonia, Finland, France, Germany, Gibraltar, Greece (including Greek Islands), Holland (Netherlands), Hungary, Iceland, Italy, Kosovo, Latvia, Liechtenstein, Lithuania, Luxembourg, Madeira, Malta, Moldova, Monaco, Montenegro, North Macedonia, Norway, Poland, Portugal (inc. Azores), Republic of Ireland, Romania, Russia (West of Urals), San Marino, Sardinia, Serbia, Slovakia, Slovenia, Spain (including Balearic and Canary Islands), Sweden, Switzerland, Turkey, Ukraine and Vatican City.

WORLDWIDE EXCLUDING - Anywhere in the world excluding the United States of America, Canada, the Caribbean and Mexico.

WORLDWIDE INCLUDING - Anywhere in the world.

NOTE:
- A stopover of up to a maximum of 10 hours is allowed in Worldwide Including if travelling to Worldwide Excluding.

SPORTS AND ACTIVITIES

ACTIVITY PACK 1 – INCLUDED

Your policy covers ***you*** under Sections A to L during ***your trip***, for the sports and activities listed in Activity pack 1 at no extra charge when ***you*** are participating on a recreational and amateur basis.

Please note:
Section G – Personal liability is excluded if marked with +.
Section H – Travel accident is excluded if ***you*** are operating motorcycles with 125cc or larger engine capacity *.

Any involvement in sports and activities is subject to ***your*** compliance with local laws and regulations and the use of recommended safety equipment (such as safety helmet, harness, goggles, knee and/or elbow pads, life jackets).

In any event no cover will be provided under any section of the ***policy*** if ***you*** are:
- participating in, or training for any professional or semi-professional sporting competition or event; or
- participating in, or training for any amateur sporting competition while on ***your trip*** (this exclusion also applies to sporting competitions related to scholarships, but does not include participating in informal recreational sporting competitions and tournaments organised by hotels, resorts, cruise lines or an educational establishment for leisure purposes).
- participating in, or training for any sport or activity with a company that (where required) is not regulated or licensed or where the sport or activity is otherwise prohibited by law.
- participating in, or training for any sport or activity not listed.

ACTIVITY PACK 1 – INCLUDED

If the sport or activity ***you*** wish to participate in is not listed or ***you*** wish to be covered for optional Section O – Optional Sports Cover whilst undertaking ***your*** activity listed below then please contact Cover4insurance on **0161 772 3390** or email **customerservices@cover4insurance.com** to enquire as to whether cover may be provided.

Aerobics	**D**ancing (including dance scholarships)	Model Sports+	Segway
Angling	Darts	Motorcycling (**EU ONLY** - on road and provided ***you*** hold an appropriate UK licence for the capacity of the motorcycle ***you*** are riding)+*	Shooting+ (target range-not hunting)
Animal Sanctuary/Refuge Work (excluding big cat)	Diving (indoor up to 5 metres)	Mountain Biking (not downhill or freeriding)	Snooker
Archery+	**E**lephant/Camel Riding	**N**etball	Snorkelling
Athletics (track & field) including athletics scholarships	**F**ell Walking	**O**rienteering	Softball
Badminton	Fencing	Outward-Bound Pursuits (ground level only)	Squash
Ballooning - Hot Air (as passenger only)	Flag Football	**P**addle Boarding	Stoolball
Banana Boating	Flying a kite	Paintballing (including Airsoft)+	Surfing
Baseball	Football (excluding football scholarships)	Parascending/Parasailing (over water) towed by boat	Swimming (not open water)
Basket Ride	Fresh Water/Sea Fishing (not Deep Sea Fishing)	Petanque	Swimming Scholarships (pool only)
Basketball (excluding basketball scholarships)	Frisbee (not Ultimate Frisbee)	Pigeon Racing	Swimming with Dolphins
Beach Games	**G**lass Bottom Boats	Pony Trekking	Sydney Harbour Bridge
Billiards	Golf (including golf scholarships)	Pool	**T**able Tennis
Bird Watching	Gymnastics (including cheerleading)	**Q**uoits	Ten Pin Bowling
BMX (excluding freestyle, stunts, obstacles & racing)	**H**andball (excluding handball scholarships)	**R**ackets	Tennis (including tennis scholarships)
Board Sailing	Helicopter (sightseeing as a passenger)	Racquet Ball	Trampolining
Body Boarding	Highland games	Rambling (up to 3,000m)	Tree Top Canopy Walking
Bowling	Hiking/Trekking/Walking up to 3,000m excluding the use of ropes or guides	Rifle Range+	Tug of War
Bowls	Horse Riding (no hunting, jumping or polo)	Ringos	**V**olleyball
Bungee Jumping (maximum of 2 jumps)	**I**ce Skating (ice rink only)	River Walking	**W**ake Boarding
Camel/Elephant Riding	Indoor Climbing (on climbing wall)	Roller Blading / Roller Skating	Water Polo
Camping	**J**et Boating/Power Boating (as a passenger, no racing)+	Rounders	Water Skiing (no jumping)
Canoeing/Kayaking/Rafting/Tubing (not white water) river only	Jet Skiing+	Rowing (not ocean rowing)	Whale Watching
Catamaran Sailing (In-shore)+	Jogging	Running Sprint/Long Distance (up to and including Marathon distance)	Windsurfing
Clay Pigeon Shooting+	**K**eepfit	**S**afari (animal) but not an aerial safari	Working (excluding manual labour but including bar & restaurant work, office & clerical work, music performance & singing and fruit picking (not involving the use of machinery))
Cricket+	Korfball	Sail Boarding	**Y**achting (in-shore)+
Croquet	**L**ow Ropes	Sailing including dinghy's (in-shore)+	Yoga
Curling	**M**arathons (Maximum of 2 and not extreme marathons)	Scuba Diving to 30m if qualified and not diving alone, or down to 18 metres if not qualified and must be accompanied by a qualified instructor	**Z**ip Lining
Cycling including e-cycles (excluding touring, BMX & mountain biking)	Model Flying+	Sea Kayaking as a beach activity (within sight of the shore)	Zorbing (including Hydro Zorbing)

ACTIVITY PACKS 2 & 3 – OPTIONAL

AVAILABLE SUBJECT TO AN ADDITIONAL PREMIUM AND ACTIVITY PACK BEING SHOWN AS COVERED ON YOUR POLICY SCHEDULE

Your policy will cover ***you*** under Sections A to L and Section O during ***your trip***, for the sports and activities listed under ***your*** chosen Activity pack 2 or 3 when ***you*** are participating on a recreational and amateur basis. This is subject to the payment of an additional premium and the activity pack being shown as covered on ***your policy*** schedule.

Please note:
Section G – Personal liability is excluded if marked with +.

Any involvement in sports and activities is subject to ***your*** compliance with local laws and regulations, and the use of recommended safety equipment (such as safety helmet, harness, goggles, knee and/or elbow pads, life jacket).

In any event no cover will be provided under any section of the ***policy*** if ***you*** are:

- participating in, or training for any professional or semi-professional sporting competition or event; or
- participating in, or training for any amateur sporting competition while on ***your trip*** (this exclusion also applies to sporting competitions related to scholarships, but does not include participating in informal recreational sporting competitions and tournaments organised by hotels, resorts, cruise lines or an educational establishment for leisure purposes).
- participating in, or training for any sport or activity with a company that (where required) is not regulated or licensed or where the sport or activity is otherwise prohibited by law.
- participating in, or training for any sport or activity not listed.
- participating in, or training for any sport or activity involving heli-skiing, ice climbing, ski acrobatics, ski flying, skiing against local authority or resort management warning or advice, ski-stunting, ski jumping, ski mountaineering, or the use of bobsleighs, luges or skeletons or any ***high-altitude activity***.

ACTIVITY PACK 2 – SUBJECT TO AN ADDITIONAL PREMIUM AS SHOWN ON YOUR POLICY SCHEDULE			
Abseiling	Dry Slope Skiing/Snowboarding (including indoor artificial snow slopes)	**H**andball Scholarship+	Summer Tobogganing
Aerial Safari (animal)	**F**alconry	Hockey (not Ice Hockey)+	Swim Trekking
Basketball Scholarship+	Fell Running	Hurling+	Swimming Open Water (organised and subject to boat escort e.g. swim trek. No cover for across channel etc...)
Breathing Observation Bubble (BOB)	Fives	**L**acrosse+	**T**riathlon (not extreme)
Cross Country Running	Football Scholarship+	**O**ctopush	**U**ltimate Frisbee
Cycle Touring including e-cycles	**G**o Karting (motorised)+	**R**oller Hockey+	**W**ar Games+
Deep Sea Fishing (inside territorial waters)	Gorge Walking	**S**hinty	
Dragon Boating	Gorilla Trekking	Street Hockey+	

ACTIVITY PACK 3 – MAXIMUM 10 DAYS - SUBJECT TO AN ADDITIONAL PREMIUM AS SHOWN ON YOUR POLICY SCHEDULE			
Airboarding	Ice Windsurfing	Skiing (Nordic)	Snowboarding (off-piste) except in areas considered to be unsafe by local resort management)
Biathlon	**K**ick Sledging	Skiing (off-piste) except in areas considered to be unsafe by local resort management)	Snow Mobiling (as driver + or passenger)
Big Foot Skiing	**L**anglauf	Skiing (Telemark)	Snow Parascending
Blade Skating	**S**ki Blading	Ski Randonee	Snow Shoe Walking
Cat Skiing (with a guide)	Ski Boarding	Ski Run Walking	Snow Surfing
Cross-Country Skiing	Ski-Dooing (as driver + or passenger)	Ski Touring	Snow Tubing
Glacier Skiing/Walking (up to 3,000m)	Skiing	Sledge/Sleigh Riding as a passenger (pulled by horse or reindeer)	
Husky Dog Sledding (as passenger, with experienced local driver)	Skiing (Alpine)	Sledging/Tobogganing (on snow)	
Ice Go Karting+	Skiing (Mono)	Snowboarding	

If the sport or activity ***you*** wish to participate in is not listed then please contact Cover4insurance on **0161 772 3390** or email **customerservices@cover4insurance.com** to enquire as to whether cover may be provided.

DESCRIPTION OF COVER

In this section, ***we*** will describe the many different types of cover which is included in ***your policy***. ***We*** explain each type of cover and the specific conditions that must be met for the cover to apply.
NOTE: Exclusions may apply.

A. TRIP CANCELLATION

If ***your trip*** is cancelled or rescheduled for a ***covered reason*** listed below, ***we*** will reimburse ***you*** for ***your*** non-refundable ***trip*** payments, deposits, cancellation fees and change fees (less any available ***refunds*** and excluding costs relating to educational, training or study course fees), up to the maximum benefit for 'Trip Cancellation' shown in the 'Cover Summary' less the excess.

NOTE: This benefit only applies before ***you*** have left for ***your trip.***

Also, if ***you*** prepaid for shared ***accommodation*** and ***your travelling companion*** cancels their ***trip*** due to one or more of the ***covered reasons*** listed below***, we*** will reimburse any additional ***accommodation*** fees ***you*** are required to pay.

IMPORTANT: ***You*** must notify all of ***your travel suppliers*** as soon as ***you*** know that ***you*** will need to cancel ***your trip*** (this includes being advised to cancel ***your trip*** by a ***doctor***). If ***you*** delay notifying any ***travel suppliers*** and get a smaller ***refund*** as a result, ***we*** will not cover the difference. If a serious illness, ***injury*** or medical condition prevents ***you*** from being able to notify ***your travel suppliers*** within that period, ***you*** must notify them as soon as ***you*** are able.

Covered reasons:

1. ***You*** or a ***travelling companion*** becomes ill or ***injured***, or develops a medical condition disabling enough to make ***you*** cancel ***your trip*** (including being diagnosed with an ***epidemic*** or ***pandemic*** disease such as COVID-19).

   The following condition applies:
   a. A ***doctor*** advises ***you*** or a ***travelling companion*** to cancel ***your trip*** before ***you*** cancel it.

2. A ***family member*** who is not travelling with ***you*** becomes ill or ***injured***, or develops a medical condition (including being diagnosed with an ***epidemic*** or ***pandemic*** disease such as COVID-19).

   The following condition applies:
   a. The illness, ***injury***, or medical condition must be considered life threatening by a ***doctor*** or require hospitalisation.

3. ***You,*** a ***travelling companion, family member*** or ***your service animal*** dies after ***your policy*** was issued***.***

4. ***You*** or a ***travelling companion*** is ***quarantined*** before ***your trip*** due to having been exposed to:
   a. A contagious disease other than an ***epidemic*** or ***pandemic***; or
   b. An ***epidemic*** or ***pandemic*** (such as COVID-19), but only when the following conditions are met:
      i. The ***quarantine*** is specific to ***you*** or a ***travelling companion***, meaning that ***you*** or a ***travelling companion*** must be specifically and individually designated by name in an order or directive to be placed in ***quarantine*** due to an ***epidemic*** or ***pandemic***; and

      ii. The ***quarantine*** does not apply generally or broadly (a) to some segment or all of a population, geographical area, building or vessel (including shelter-in-place, stay-at-home, safer-at-home or other similar restriction), or (b) based on to, from or through where the person is travelling. This condition (**ii**) applies even if the ***quarantine*** order or directive specifically designates ***you*** or a ***travelling companion*** by name to be ***quarantined.***

5. ***You*** or a ***travelling companion*** is in a ***traffic accident*** on the ***departure date***.

   The following condition must apply:
   a. ***Your*** or a ***travelling companion's*** vehicle needs to be repaired because it is not safe to operate.

6. ***You*** are legally required to attend a legal proceeding during ***your trip***.

   The following condition applies:
   a. The attendance is not in the course of ***your*** occupation (for example, if ***you*** are attending in ***your*** capacity as a solicitor, court clerk, expert witness, law enforcement officer or other such occupation, this would not be covered).

7. ***Your primary residence*** becomes ***uninhabitable***.

8. ***Your travel carrier*** cannot get ***you*** to ***your*** original itinerary's destination for at least 24 consecutive hours from the originally scheduled arrival time due to one of the following reasons:
   a. a ***natural disaster***;
   b. ***severe weather.***

   However, if ***you*** can get to ***your*** original destination another way, ***we*** will reimburse ***you*** for the following, up to maximum benefit for 'Trip Cancellation' shown in the 'Cover Summary':
   i. The necessary cost of the alternative transportation, less available ***refunds***; and
   ii. The cost of any lost prepaid ***accommodation*** caused by ***your*** delayed arrival, less available ***refunds***.

   The following condition applies:
   a. Alternative transportation arrangements must be in a similar or lower class of service as ***you*** were originally booked with ***your travel carrier***.

9. ***You*** or a ***travelling companion*** is involuntarily made redundant by a current employer after ***your trip*** booking date or after this ***policy*** was purchased, whichever is the later.

   The following conditions apply:
   a. ***Your*** or ***your travelling companion's*** redundancy is not voluntary.
   b. The employment must have been permanent (not temporary or contract).
   c. The employment must have been for at least 12 continuous months.

10. ***You*** or a ***travelling companion*** serving as a ***first responder*** is called in for duty due to an ***accident*** or emergency (including a ***natural disaster***) to provide aid or relief during the originally scheduled ***trip*** dates.

11. ***You***, a ***travelling companion*** or a ***family member*** serving in the armed forces is reassigned or has personal leave status changed, except because of war or disciplinary action.

12. ***Your*** or ***travel companion's*** travel documents required for the ***trip*** are stolen.

    The following conditions apply:
    a. ***You*** must make diligent efforts and provide documentation of ***your*** efforts to obtain replacement documents that would allow ***you*** to keep the originally scheduled ***trip*** dates.
    b. For theft of ***your*** travel documentation, ***you*** must provide a police report detailing the incident giving rise to ***your*** claim

The following cover exclusions apply:
1. ***We*** will not pay more than the lowest market value of equivalent accommodation, transport charges and other travel expenses, if ***you*** paid for them using frequent-flyer points, Avios, loyalty-card points vouchers or another similar scheme.

B. TRIP INTERRUPTION

If ***you*** have to interrupt ***your trip*** or end it early due to one or more of the ***covered reasons*** listed below, ***we*** will reimburse ***you*** (less available ***refunds*** and excluding costs relating to educational, training or study course fees), up to the maximum benefit for 'Trip Interruption' shown in the 'Cover Summary', for:

1. The pro-rata portion of ***your*** unused non-refundable ***trip*** payments and deposits.
2. Additional ***accommodation*** fees ***you*** are required to pay, if ***you*** prepaid for shared ***accommodation*** and ***your travelling companion*** has to interrupt their ***trip***.
3. Necessary transportation expenses ***you*** incur to continue ***your trip*** or return to ***your primary residence***.
   - ***We*** will reimburse ***you*** either for the return ***travel carrier*** ticket to ***your country of residence*** or for the non-refundable portion of ***your*** original return ticket, but not both.

   NOTE: ***We*** will only cover additional return travel expenses if ***you*** have already paid for a return ticket.
4. Necessary additional ***accommodation*** and transportation expenses if the interruption causes ***you*** to stay at ***your*** destination (or the location of the interruption) longer than originally planned. There is a maximum cover of £50 (Standard) or £100 (Premier and Premier Plus) for each person insured under this ***policy*** per day for 10 days.

IMPORTANT: ***You*** must notify all of ***your travel suppliers*** as soon as ***you*** know that ***you*** will need to interrupt ***your trip*** (this includes being advised to interrupt ***your trip*** by a ***doctor***). If ***you*** delay notifying any ***travel suppliers*** and get a smaller ***refund*** as a result, ***we*** will not cover the difference. If a serious illness, ***injury*** or medical condition prevents ***you*** from being able to notify ***your travel suppliers*** at the time ***you*** discover ***you*** need to interrupt ***your trip***, ***you*** must notify them as soon as ***you*** are able.

Covered reasons:

1. ***You*** or a ***travelling companion*** becomes ill or ***injured***, or develops a medical condition that is disabling enough to make ***you*** interrupt ***your trip*** (including being diagnosed with an ***epidemic*** or ***pandemic*** disease such as COVID-19).

   The following conditions apply:
   - **a.** A ***doctor*** must either examine or consult with ***you*** or the ***travelling companion*** before ***you*** make a decision to interrupt the ***trip***.
   - **b.** ***You*** must not have travelled against the advice of the government in ***your country of residence*** or against local authority advice at ***your trip*** destination.

2. A ***family member*** who is not travelling with ***you*** becomes ill or ***injured***, or develops a medical condition (including being diagnosed with an ***epidemic*** or a ***pandemic*** disease such as COVID-19).

   The following condition applies:
   - **a.** The illness, ***injury*** or medical condition must be considered life threatening by a ***doctor*** or require hospitalisation.

3. ***You***, a ***travelling companion***, ***family member*** or ***your service animal*** dies during ***your trip***.

4. ***You*** or a ***travelling companion*** is ***quarantined*** during ***your trip*** due to having been exposed to:
   - **a.** A contagious disease other than an ***epidemic*** or ***pandemic***; or
   - **b.** An ***epidemic*** or ***pandemic*** (such as COVID-19), but only when the following conditions are met:
     - **i.** The ***quarantine*** is specific to ***you*** or a ***travelling companion***, meaning that ***you*** or a ***travelling companion*** must be specifically and individually designated by name in an order or directive to be placed in ***quarantine*** due to an ***epidemic*** or ***pandemic***; and
     - **ii.** The ***quarantine*** does not apply generally or broadly (a) to some segment or all of a population, geographical area, building or vessel (including shelter-in-place, stay-at-home, safer-at-home or other similar restriction), or (b) based on to, from or through where the person is travelling. This condition (**ii**) applies even if the ***quarantine*** order or directive specifically designates ***you*** or a ***travelling companion*** by name to be ***quarantined.***

5. ***You*** or a ***travelling companion*** is in a ***traffic accident***.

   The following condition must apply:
   - **a.** The vehicle needs to be repaired because it is not safe to operate.

6. ***You*** are legally required to attend a legal proceeding during ***your trip***.

   The following condition applies:
   - **a.** The attendance is not in the course of ***your*** occupation (for example, if ***you*** are attending in ***your*** capacity as a solicitor, court clerk, expert witness, law enforcement officer or other such occupation, this would not be covered).

7. ***Your primary residence*** becomes ***uninhabitable***.

8. ***Your travel carrier*** cannot get ***you*** to ***your*** original itinerary's destination for at least 24 consecutive hours from the originally scheduled arrival time due to one of the following reasons:
   - **a.** A ***natural disaster***; or
   - **b.** ***Severe weather.***

   However, if ***you*** can get to ***your*** original destination another way, ***we*** will reimburse ***you*** for the following, up to maximum benefit for 'Trip Interruption' shown in the 'Cover Summary':
   - **i.** The necessary cost of alternative transportation, less available ***refunds***; and
   - **ii.** The cost of any lost prepaid ***accommodation*** caused by ***your*** delayed arrival, less available ***refunds***.

   The following condition applies:
   - **a.** Alternative transportation arrangements must be in a similar or lower class of service as ***you*** were originally booked with ***your travel carrier***.

9. ***You*** or a ***travelling companion*** serving as a ***first responder*** is called in for duty due to an ***accident*** or emergency (including a ***natural disaster***) to provide aid or relief during the originally scheduled ***trip*** dates.

10. ***You*** or a ***travelling companion*** is a traveller on a hijacked aircraft, train, vehicle, or vessel.

11. ***You***, a ***travelling companion*** or a ***family member*** serving in the armed forces is reassigned or has personal leave status changed, except because of war or disciplinary action.

12. ***You*** miss at least at least 24 hours of ***your trip*** due to one of the following:
    - **a.** a ***travel carrier*** delay (this does not include a ***travel carrier's*** cancellation prior to ***your departure date***);
    - **b.** a strike or industrial action, unless threatened or announced prior to the date ***your trip*** was booked or this ***policy*** was purchased, whichever is the later;
    - **c.** a ***natural disaster***;
    - **d.** roads are closed or impassable due to ***severe weather***;
    - **e.** lost or stolen travel documents that are required and cannot be replaced in time for continuation of ***your trip***
      NOTE: ***You*** must make diligent efforts and provide documentation of ***your*** efforts to obtain replacement documents;

f. Civil disorder, unless it rises to the level of ***political risk***.

13. A ***travel carrier*** denies ***you*** or a ***travelling companion*** boarding based on a suspicion that ***you*** or a ***travelling companion*** has a contagious medical condition (including an ***epidemic*** or ***pandemic*** disease such as COVID-19). This does not include being denied boarding due to ***your*** refusal or failure to comply with rules or requirements to travel or of entry to ***your*** destination.

The following cover exclusions apply:

1. ***We*** will not pay more than the lowest market value of equivalent accommodation, transport charges and other travel expenses, if ***you*** paid for them using frequent-flyer points, Avios, loyalty-card points vouchers or another similar scheme.

C. TRAVEL DELAYS, MISSED DEPARTURES & CONNECTIONS

Note:
This cover does not apply to delays caused as a result of a ***travel carrier*** or ***travel supplier's*** change of schedule or cancellation of a service prior to ***your departure date***.

TRAVEL DELAYS

If ***your*** travel during ***your trip*** is delayed for at least the minimum time shown in the 'Cover summary', for one of the ***covered reasons*** listed below, ***we*** will reimburse ***you*** for the following expenses, less available ***refunds***, up to the maximum benefit for 'Travel delays' shown in the 'Cover summary':

1. ***Your*** lost prepaid ***trip*** expenses and additional expenses ***you*** incur while and where ***you*** are delayed for meals, ***accommodation***, communication and ***local public transportation***, subject to a daily (24 hours) limit listed in ***your*** 'Cover summary'.

MISSED DEPARTURES & CONNECTIONS

If ***you*** miss the departure of ***your*** pre-booked transport (as shown on ***your*** original itinerary), including a tour or cruise, due to:

a. a ***local public transportation*** delay on ***your*** way to the departure point, or

b. a ***covered reason*** listed below

we will reimburse ***you***, less available ***refunds***, up to the maximum benefit for 'Missed Departures & Connections' cover listed in ***your*** 'Cover Summary', for necessary additional transportation and ***accommodation*** expenses for ***you*** to reach ***your*** destination or return home.

Covered reasons:

1. A ***travel carrier*** delay (this does not include a ***travel carrier's*** cancellation prior to ***your departure date***).
2. A strike, unless threatened or announced prior to date of booking ***your trip*** or this ***policy*** was purchased, whichever is the later.
3. ***You*** or a ***travelling companion*** are specifically and individually designated by name in an order or directive to be placed in ***quarantine*** due an exposure to a contagious disease (including an ***epidemic*** or ***pandemic*** disease such as COVID-19);

   Specific exclusion:
   This does not include a ***quarantine*** that applies generally or broadly:
   a. to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction); or
   b. based on to, from, or through where ***you*** or the ***travelling companion*** is travelling, even if ***you*** or the ***travelling companion*** is specifically named in such general or broad ***quarantine*** order or directive.

4. A ***natural disaster***.
5. Lost or stolen travel documents.
6. Hijacking, except when it is a ***terrorist event***.
7. Civil disorder, unless it rises to the level of ***political risk***.
8. A ***traffic accident***.
9. A ***travel carrier*** denies ***you*** or a ***travelling companion*** boarding based on a suspicion that ***you*** or a ***travelling companion*** has a contagious medical condition (including an ***epidemic*** or ***pandemic*** disease such as COVID-19). This does not include being denied boarding due to ***your*** refusal or failure to comply with rules or requirements to travel or of entry to ***your*** destination.
10. ***Your travelling companion's trip*** being delayed due to one of the ***covered reasons*** listed above.

D. BAGGAGE

If ***your baggage*** is lost, damaged or stolen while ***you*** are on ***your trip***, ***we*** will pay ***you***, less available ***refunds***, the lesser of the following, up to the maximum benefit for 'Baggage' as shown in the 'Cover Summary' (***high value items*** are subject to the maximum sub limit listed for '***high value items'***):

1. Cost to repair the damaged ***baggage***; or
2. Cost to replace the lost, damaged or stolen ***baggage*** with the same or similar item, reduced by 10% for each full year since the original purchase date, up to the maximum of 50% reduction.

The following conditions apply:

a. ***You*** have taken necessary steps to keep ***your baggage*** safe and intact and to recover it.
b. ***You*** have filed and retained a copy of a report giving a description of the property and its value with the appropriate local authorities, ***travel carrier***, hotel or tour operator within 24 hours of discovery of the loss.
c. ***You*** must file and retain a copy of a police report in the case of theft of any items.
d. ***You*** must provide original receipts or another proof of purchase for each lost, damaged, or stolen item. For items without an original receipt or a proof of purchase, ***we*** will only cover 50% of the cost to replace the lost, damaged, or stolen item with the same or similar item.

The following items are not covered:

1. Animals, including remains of animals.
2. Cars, motorcycles, motors, aircraft, drones, watercraft and other vehicles and related accessories and equipment.
3. ***Gadgets*** and related accessories and equipment.
4. Bicycles, skis and snowboards (except while they are checked with a ***travel carrier***).
5. Hearing aids, prescription eyewear and contact lenses.
6. Artificial teeth, prosthetics and orthopaedic devices.
7. Wheelchairs and other mobility devices.
8. Consumables, medicines, medical equipment/supplies and perishables.
9. Tickets, passports, deeds, blueprints, stamps and other documents.
10. Money, currency, credit cards, notes or evidences of debt, negotiable instruments, travellers' cheques, securities, bullion and keys.
11. Rugs and carpets.
12. Antiques and art objects.
13. Fragile or brittle items.
14. Firearms and other weapons, including ammunition.
15. Intangible property, including software and electronic data.
16. Property for business or trade.
17. Property ***you*** do not own.
18. ***High value items*** stolen from a vehicle, locked or unlocked.
19. ***Baggage*** while it is:
    a. Shipped, unless with ***your travel carrier***;
    b. In or on a car trailer;
    c. Unattended in an unlocked motor vehicle; or
    d. Unattended in a locked motor vehicle, unless ***baggage*** cannot be seen from the outside.

E. EMERGENCY MEDICAL/DENTAL COVER ABROAD

If ***you*** receive emergency medical or dental care while ***you*** are on ***your trip*** abroad for one of the following ***covered reasons***, ***we*** will reimburse the ***reasonable and customary costs*** of that care for which ***you*** are responsible, up to the maximum benefit for 'Emergency medical/dental cover abroad' shown in the 'Cover Summary' (dental care is subject to the maximum sub limit listed for 'Dental Care'):

1. While on ***your trip*** abroad, ***you*** have a sudden, unexpected illness (including unexpected ***complications of pregnancy or childbirth***), ***injury*** or medical condition that could cause serious harm if it is not treated before ***your*** return home (including being diagnosed with an ***epidemic*** or ***pandemic*** disease such as COVID-19).
2. While on ***your trip*** abroad, ***you*** have a dental ***injury*** or infection, a lost filling or a broken tooth that requires immediate treatment.

If ***you*** need to be admitted to a ***hospital*** as an inpatient, ***we*** may be able to guarantee or advance payments, where accepted, up to the limit of the Emergency medical/dental cover abroad section.

The following conditions and additional exclusions apply:

a. The care must be ***medically necessary*** to treat an emergency condition and such care must be provided by a ***doctor***, dentist, ***hospital*** or other provider authorised to practice medicine or dentistry.
b. ***We*** will not pay for any care provided after ***your trip*** ends.
c. ***We*** will not pay for any care for any illness, ***injury*** or medical condition that did not originate during ***your trip*** abroad.
d. ***We*** will not pay for any non-emergency care or services in general and the following care and services in particular:
    1. Elective cosmetic surgery or care;
    2. Annual or routine examinations or consultations;
    3. Long-term care;
    4. Allergy treatments (unless life threatening);
    5. Examinations, consultations or care related to or loss of/damage to hearing aids, dentures, eyeglasses and contact lenses;

6. Physiotherapy, rehabilitation or palliative care (except as necessary to stabilise ***you***);
7. Experimental treatment; and
8. Any other non-emergency medical or dental care.

e. ***You*** must not have travelled against the orders or advice of any government or other public authority at any location to, from or through which ***you*** are travelling on ***your trip***.

f. ***You*** must be fit to travel on ***your trip*** and not travel against the advice of a ***doctor*** or where ***you*** would have been if ***you*** had sought their advice before commencing ***your trip***.

F. EMERGENCY TRANSPORT

IMPORTANT:

- If ***your*** emergency is immediate or life threatening, seek local emergency care at once.
- ***We*** are not and shall not be deemed to be a provider of medical or emergency services.
- ***We*** act in compliance with all national and international laws and regulations. ***Our*** services are subject to approval by appropriate local authorities as well as active travel and regulatory restrictions.

Emergency Evacuation (Transporting *you* to the nearest appropriate medical facility)
If ***you*** become seriously ill or ***injured*** or develop a medical condition (including being diagnosed with an ***epidemic*** or ***pandemic*** disease such as COVID-19) while on ***your trip, we*** will pay for local emergency transportation from the location of the initial incident to a local ***doctor*** or local medical facility. If ***we*** determine that the local medical facilities are unable to provide appropriate medical treatment:

1. ***our*** medical team will consult with the local ***doctor*** to obtain information necessary to make appropriate decisions regarding ***your*** overall medical condition;
2. ***we*** will identify the closest appropriate available ***hospital*** or other appropriate available facility, make arrangements to transport ***you*** there and pay for that transport; and
3. ***we*** will arrange and pay for a ***medical escort*** if ***we*** determine one is necessary.

The following conditions apply to items 1 and 2 above:

a. ***You*** or someone on ***your*** behalf must contact ***us*** and ***we*** must make all transportation arrangements in advance. If ***we*** did not authorise and arrange the transportation, ***we*** will only pay up to what ***we*** would have paid if ***we*** had made the arrangements. ***We*** will not assume any responsibility for any transport arrangements that ***we*** did not authorise or arrange.

b. All decisions about ***your*** evacuation must be made by medical professionals licensed in the countries where they practice.

c. ***You*** must comply with the decisions made by ***our*** assistance and medical teams. If ***you*** do not comply, ***you*** effectively relieve ***us*** from any responsibility and liability for the consequences of ***your*** decisions and ***we*** reserve the right to not provide cover.

d. One or more emergency transportation providers must be willing and able to transport ***you*** from ***your*** current location to the identified ***hospital*** or facility.

e. ***You*** must not have travelled against the orders or advice of any government or other public authority at any location to, from or through which ***you*** are travelling on ***your trip***.

f. ***You*** must be fit to travel on ***your trip*** and not travel against the advice of a ***doctor*** or where ***you*** would have been advised not to travel if ***you*** had sought their advice before commencing ***your trip***.

Medical Repatriation (Getting *you* home after *you* receive care)
If ***you*** become seriously ill or ***injured*** or develop a medical condition (including being diagnosed with an ***epidemic*** or ***pandemic*** disease such as COVID-19) while on ***your trip*** and ***our*** medical team confirms with the treating ***doctor*** that ***you*** are medically stable to travel, ***we*** will:

1. Arrange and pay for ***you*** to be transported via regularly scheduled service on a common carrier in the same class of service that ***you*** originally booked (unless otherwise ***medically necessary***), for the return leg of ***your trip***, less available ***refunds*** for unused tickets. The transport will be to one of the following:
   a. ***Your primary residence***;
   b. A location of ***your*** choice in ***your country of residence***; or
   c. A medical facility near ***your primary residence*** or in a location of ***your*** choice ***in your country of residence***. In either case, the medical facility must be willing and able to accept ***you*** as a patient and must be approved by ***our*** medical team as medically appropriate for ***your*** continued care.
2. Arrange and pay for a ***medical escort*** if ***our*** medical team determines that one is necessary.

The following conditions apply:

a. Special requirements must be ***medically necessary*** for ***your*** transport (for example, if more than one seat is ***medically necessary*** for ***you*** to travel).

b. ***You*** or someone on ***your*** behalf must contact ***us*** and ***we*** must make all transport arrangements in advance. If ***we*** did not authorise and arrange the transport, ***we*** will only pay up to what ***we*** would have paid if ***we*** had made the arrangements. ***We*** will not assume any responsibility for any transport arrangements that ***we*** did not authorise or arrange.

c. All decisions about ***your*** repatriation must be made by medical professionals licensed in the countries where they practice.

d. ***You*** must comply with the decisions made by ***our*** assistance and medical teams. If ***you*** do not comply, ***you*** effectively relieve ***us*** from any responsibility and liability for the consequences of ***your*** decisions and ***we*** reserve the right to not provide cover.

e. One or more emergency transportation providers must be willing and able to transport ***you*** from ***your*** current location to ***your*** chosen destination.

f. ***You*** must not have travelled against the orders or advice of any government or other public authority at any location to, from or through which ***you*** are travelling on ***your trip***.

g. ***You*** must be fit to travel on ***your trip*** and not travel against the advice of a ***doctor*** or where ***you*** would have been advised not to travel if ***you*** had sought their advice before commencing ***your trip***.

Transport to Bedside (Bringing a friend or *family member* to *you*)
If ***you*** are told by the treating ***doctor*** that ***you*** will be hospitalised for more than 72 hours during ***your trip*** or that ***your*** condition is immediately life-threatening, ***we*** will arrange and pay for round-***trip*** transport in economy class on a ***travel carrier*** and necessary additional accommodation for one friend or ***family member*** to stay with ***you***.

The following conditions apply:
a. ***You*** or someone on ***your*** behalf must contact ***us*** and ***we*** must make all transportation arrangements in advance. If ***we*** did not authorise and arrange the transport, ***we*** will only pay up to what ***we*** would have paid if ***we*** had made the arrangements.
b. ***You*** must not have travelled against the orders or advice of any government or other public authority at any location to, from or through which ***you*** are travelling on ***your trip***.

Return of Dependents (Getting minors and dependents home)
If ***you*** die or are told by the treating ***doctor you*** will be hospitalised for more than 24 hours during ***your trip***, ***we*** will arrange and pay to transport ***your travelling companions*** who are under the age of 18 or are dependents requiring ***your*** full-time supervision and care to one of the following:
1. ***Your primary residence***; or
2. A location of ***your*** choice in ***your country of residence***.

We will arrange and pay for an adult ***family member*** to accompany ***your travelling companions*** who are under the age of 18 or are dependents requiring ***your*** full-time supervision and care, if ***we*** determine that it is necessary.

Transport will be on a ***travel carrier*** in the same class of service that was originally booked. Available ***refunds*** for unused tickets will be deducted from the total amount payable.

The following conditions apply:
a. This benefit is only available while ***you*** are hospitalised or if ***you*** die and if ***you*** do not have an adult ***family member*** travelling with ***you*** that is capable of caring for the ***travelling companions*** under the age of 18 or dependents.
b. ***You*** or someone on ***your*** behalf must contact ***us*** and ***we*** must make all transport arrangements in advance. If ***we*** did not authorise and arrange the transport, ***we*** will only pay up to what ***we*** would have paid if ***we*** had made the arrangements.
c. ***You*** must not have travelled against the orders or advice of any government or other public authority at any location to, from or through which ***you*** are travelling on ***your trip***.
d. ***You*** must be fit to travel on ***your trip*** and not travel against the advice of a ***doctor*** or where ***you*** would have been advised not to travel if ***you*** had sought their advice before commencing ***your trip***.

Repatriation of Remains (Getting *your* remains home)
We will arrange and pay for the reasonable and necessary services and supplies to transport ***your*** remains to one of the following:
1. A funeral home near ***your primary residence***; or
2. A funeral home located in ***your country of residence.***

The following conditions apply:
a. Someone on ***your*** behalf must contact ***us*** and ***we*** must make all transportation arrangements in advance. If ***we*** did not authorise and arrange the transport, ***we*** will only pay up to what ***we*** would have paid if ***we*** had made the arrangements; and
b. The death must occur while on ***your trip***.

If a ***family member*** decides to make funeral, burial or cremation arrangements for ***you*** at the location of ***your*** death, ***we*** will reimburse the necessary expenses up to the amount it would have cost ***us*** to transport ***your*** remains to a funeral home near ***your primary residence.***

Search and Rescue
We will pay the cost of search and rescue activities by a professional rescue team, up to the maximum benefit for 'Search and rescue' shown in the 'Cover Summary', if ***you*** are reported missing during ***your trip*** or have to be rescued from a physical emergency.

G. PERSONAL LIABILITY

IMPORTANT:
If ***you*** are hiring or using a motorised or mechanical vehicle or machinery while on ***your trip***, ***you*** must make sure that ***you*** get the necessary insurance from the hire company or owner. ***We*** do not cover this under ***our policy***.

If ***you*** are legally liable for something ***you*** do that results in one of the following, ***we*** will pay up to the maximum benefit for 'Personal Liability' shown in the 'Cover Summary', plus any other costs ***we*** agree to in writing:

1. Bodily ***injury*** to any person, except ***you***, a ***family member*** or a ***travelling companion***.
2. Loss of or damage to property which ***you*** do not own and which ***you*** or a ***family member*** have not hired, loaned or borrowed.
3. Loss of or damage to the ***accommodation you*** are using on ***your trip*** that does not belong to ***you*** or a ***family member***.

The following cover exclusions apply:

1. Any liability for something which:
   - **a.** is suffered by anyone employed by ***you*** or a family member and is caused by the work they are employed to do;
   - **b.** is caused by something ***you*** deliberately did;
   - **c.** is caused by something ***you*** deliberately did not do, but should have;
   - **d.** is caused by ***your*** employment or the employment of a ***family member***;
   - **e.** is caused by ***you*** using any firearm or weapon;
   - **f.** is caused by any animal ***you*** own, look after or control; or
   - **g.** ***you*** agree to take responsibility for, if ***you*** would not have otherwise been held responsible for it.
2. Any contractual liabilities.
3. Any liability for bodily ***injury*** suffered by ***you***, a ***family member*** or a ***travelling companion***.
4. Compensation or other costs caused by accidents arising from ***you*** owning, hiring or using:
   - **a.** any land or building (except for ***you*** staying in the ***accommodation you*** are using on ***your trip***);
   - **b.** motorised or mechanical vehicles and any trailers attached to them; or
   - **c.** aircraft, motorised watercraft or sailing vessels.

The following conditions apply:

1. ***You*** must give ***us*** a detailed account of the circumstances surrounding the claim, including photographs and video evidence (if appropriate).
2. ***You*** must give ***us*** any writ, summons or other correspondence ***you*** receive from a third party.
   NOTE: ***You*** must not admit liability, offer to make any payment or correspond with any third party without ***our*** permission in writing.
3. ***You*** must give ***us*** full details of any witnesses and any written statements, if possible.

H. TRAVEL ACCIDENT

If ***you*** have an ***accident*** during ***your trip*** that causes physical bodily ***injury*** to ***you***, ***we*** will pay ***you*** or ***your*** personal representatives up to the amount for 'Travel Accident' shown in the 'Cover Summary' if the ***accident*** results in one of the following:

1. ***your*** death within a year of the ***accident***; or
2. ***your*** permanent disability (including permanent loss of ***your*** sight or loss of use of a hand or foot) within three months of the ***accident***.

IMPORTANT: Compensation under this cover will not be paid to a personal representative who either caused the ***accident*** or is convicted in court for ***your*** murder, manslaughter or for causing ***your*** permanent disability.

The following conditions apply.

Cover will be provided for a permanent physical disability which:
- prevents ***you*** from doing any paid work;
- results in total and permanent loss of sight in one or both eyes; or
- results in total and permanent loss of use of one or both hands or one or both feet.

The following cover exclusions apply:
In addition to the general exclusions that apply to all cover, this ***policy*** will not provide cover for accidents directly or indirectly caused by the following:

1. operating motorcycles with 125cc or larger engine capacity;
2. performing manual labour as a part of ***your*** occupation; or
3. participation in military exercises.

I. TRAVEL SERVICES DURING YOUR TRIP

If ***you*** need medical information services during ***your trip***, ***our*** Emergency Assistance team is available. With ***our*** global reach and multi-lingual staff, ***we*** are here to help ***you***.

Finding a Doctor or Medical Facility
If ***you*** need care from a ***doctor*** or medical facility while ***you*** are travelling, ***we*** can assist ***you*** in finding one.

IMPORTANT: Assistance is provided on a strictly non-advised basis using public information available for ***your*** location. ***We*** will not provide recommendations for specific providers and it remains ***your*** choice whether or not to use the information provided.

J. LOSS OF TRAVEL DOCUMENTS

If ***your*** passport or visa is lost, stolen or destroyed while ***you*** are on ***your trip***, ***we*** will reimburse ***you***, up to the maximum benefit for 'Loss of Travel Documents' shown in the 'Cover Summary' for the following:

1. the cost of ***your*** necessary extra travel and ***accommodation*** expenses as well as administration costs for the issuing of the emergency passport and/or visa ***you*** need to continue ***your trip*** or return to ***your primary residence***; and
2. the equivalent cost (based on the current standard replacement costs) of the period remaining on ***your*** passport that is lost or has been stolen or destroyed.

The following conditions apply:
You must:
- **a.** have taken necessary steps to keep ***your*** passport and/or visa safe and to recover it, where possible;
- **b.** file and retain a copy of a police report in the case of theft;
- **c.** have filed and retained a copy of a loss report from the consulate or embassy ***you*** reported it to; and
- **d.** provide receipts for all expenses, including from the consulate or embassy confirming the cost of the replacement or emergency passport or visa.

The following exclusions apply:
1. Reimbursement, unless ***you*** can provide receipts for the expenses claimed.
2. Losses caused by differences in exchange rates.
3. Passports or visas left unattended in a motor vehicle or a public area.
4. Foreign currency transaction fees imposed by ***your*** bank or credit card issuer.
5. The cost of any upgrades, pre-checking services or postage fees.

K. PERSONAL MONEY

If ***your personal money*** is lost or stolen while ***you*** are on ***your trip, we*** will reimburse ***you***, up to the maximum benefit for 'Personal Money' shown in the 'Cover Summary'.

The following conditions apply:
You must:
- **a.** have taken necessary steps to keep ***your personal money*** safe and to recover it;
- **b.** file and retain a copy of a police report in the case of theft;
- **c.** have filed and retained a copy of a report giving the details of the ***personal money*** and its value with the appropriate local authorities, ***travel carrier***, hotel or tour operator within 24 hours of discovery of a loss; and
- **d.** provide documentary evidence of the value of the lost or stolen ***personal money*** as well as the original source for cash.

The following exclusions apply:
1. This ***policy*** will not pay for ***personal money*** if one of the following apply:
   - **a.** it is not being carried by ***you***;
   - **b.** it is not locked in the secure private ***accommodation you*** are using on ***your trip***; or
   - **c.** it is not locked in a safe or security deposit box.
2. Reimbursement, unless ***you*** can provide evidence of the amount of currency ***you*** had, from the place where ***you*** got the currency.
3. Losses caused by a drop in exchange rates or any shortage caused by mistakes made when exchanging currency.
4. ***Personal money*** left in a motor vehicle.
5. Loss or theft of traveller's cheques or other payment means if the issuing agent provides replacements or reimburses ***you***.
6. More than the lowest market value of equivalent ***personal money*** (except cash), if paid for using frequent-flyer points, loyalty-card points, vouchers or another similar scheme.

L. LEGAL EXPENSES

If ***you*** die, fall ill or are ***injured*** during ***your trip*** and ***you*** (or ***your*** personal representative) take legal action against a third party to claim damages or compensation for negligence, ***we*** will do the following:

1. Nominate an appointed adviser to act for ***you***. This could be a solicitor or a suitably qualified person or company (including ***us***). If ***you*** and ***we*** cannot agree on an appointed adviser, the matter can be referred to an alternative resolution facility.

2. Pay legal costs of up to the amount shown in the Cover Summary for ***you*** (but not more than twice this amount in total for all people insured under this ***policy***) for each event giving rise to a claim.

The following conditions apply:
- **a.** ***You*** must:
  - **i.** conduct ***your*** claim in the way specified by the appointed adviser.
  - **ii.** keep ***us*** and the appointed adviser fully aware of all facts and correspondence, including any offers ***you*** receive to settle the claim.

b. ***We*** will not be bound by any promises ***you*** give to the appointed adviser, or which ***you*** give to any person about payment of fees or expenses, unless ***we*** have given ***our*** permission.
c. ***We*** can withdraw cover, after ***we*** have agreed to the claim, if ***we*** think a reasonable settlement is unlikely or that the cost of the legal action could be more than the settlement.
d. If ***we***, ***you*** or the appointed adviser cannot recover ***our*** legal costs after a successful claim for compensation, ***we*** can take the costs from the compensation ***you*** receive. The amount ***we*** take is limited to the actual legal costs and will not be more than half of the compensation ***you*** receive.
e. If ***you*** do not accept a reasonable settlement, ***we*** will not cover ***your*** claim. In this situation ***you*** should use alternative resolution facilities such as mediation.
f. If ***you*** withdraw from a claim without ***our*** agreement, ***you*** must pay ***our*** legal costs. ***You*** will become responsible for all legal costs.

The following exclusions apply:

1. Any claim:
   a. not reported to ***us*** within 90 days of the event giving rise to the claim;
   b. if ***we*** think ***we*** are unlikely to get a reasonable settlement;
   c. if ***we*** think the cost of the legal action could be more than the settlement ***we*** could get;
   d. involving a dispute between ***you*** and someone else living at ***your*** **primary residence**, a ***family member***, a ***travelling companion***, or one of ***your*** employees;
   e. if another insurer or service provider has refused ***your*** claim, or there is a shortfall in the cover they provide; or
   f. against Cover4insurance, a ***travel supplier, travel carrier***, ***us***, another person insured under this ***policy*** or ***our*** agents.
2. Costs for legal action that ***we*** have not agreed to.
3. Costs awarded as a penalty against ***you*** or the appointed adviser personally (for example, for not following court rules and protocols).
4. Costs for legal action taken in more than one country for the same event.

M. GADGET COVER

This section of cover is underwritten by Collinson Insurance. Collinson Insurance (a trading name of Astrenska Insurance Limited) is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority in the United Kingdom, under Firm Reference Number 202846.

Bastion Insurance Services Ltd are authorised and regulated by the Financial Conduct Authority in the UK under the registration number 650727. This can be checked on the Financial Services Register at register.fca.org.uk/s/.

Important Information
We have not provided ***you*** with a personal recommendation as to whether this product is suitable for ***your*** needs so ***you*** must decide yourself whether it is or not. ***You*** have made a decision based on the information made available to ***you***.

This ***policy*** meets the demands and needs of those who wish to insure their *gadgets* during their ***trip*** against theft, *accidental damage*, *breakdown* and *accidental loss*.

Your *gadget* must be in good condition and full working order before taking out this ***policy***. If there is evidence that the damage, theft or loss happened before the ***policy*** start date, ***your*** claim will be refused and no premium refund will be due.

Introduction
It's important that ***you*** read this wording and ***your policy*** schedule to make sure that everything ***you've*** told *us* is correct. Please read this ***policy*** carefully so that ***you*** understand the cover *we* are giving ***you***. ***You*** must follow the terms and conditions set out in this ***policy*** wording. It's important that ***you*** keep this ***policy*** wording and ***your policy*** schedule in a safe place in case ***you*** need to look at them later. In return for the payment of ***your*** premium *we* will provide insurance for ***your*** *gadgets* during ***your trip***, as stated in ***your policy*** schedule. This policy only covers ***your*** *gadgets* when in the care of ***you*** or a member of ***your*** *immediate family*.

Cover under this insurance is subject to the terms, conditions, and limitations shown below or as amended in writing by *us*.

Consumer Insurance Act
You are required by the provisions of the Consumer Insurance (Disclosure and Representations) Act to take care to:

a. Supply accurate and complete answers to all the questions *we* may ask as part of ***your*** application for cover under the ***policy***.
b. To make sure that all information supplied as part of ***your*** application for cover is true and correct.
c. Tell *us* of any changes to the answers ***you*** have given as soon as possible.

Failure to provide answers in-line with the requirement of the Act may mean that ***your policy*** is invalid and that it does not operate in the event of a claim.

Special definitions relating to this section (which are shown in *italics*)

Accessories - means additional items, purchased in the UK and valued at £150 or below, that come with ***your*** *gadget*, such as chargers, carrying cases, headphones, hands-free mounting kits and USB cables. SIM cards and wearables are not covered. Cover is only in place for *accessories* purchased in the UK. *Evidence of ownership* for *accessories* will need to be provided at the point of claim.

Accidental damage/accidentally damaged – means unintentional and unexpected damage that happens to ***your*** *gadget*.

Accidental loss/accidentally lost - means that the *gadget* has been accidentally left by ***you*** in a location and ***you*** are permanently deprived of its use.

Accommodation - means ***your*** hotel, resort or other main residence where ***you*** are staying during ***your trip***.

Breakdown – means a sudden mechanical or electrical failure of ***your*** *gadget*, resulting in it stopping working as it should.

Claims administrators - means The Oxford Claims Company.

Evidence of ownership - means a document to evidence that the *gadget* ***you*** are claiming for belongs to ***you***. This can be a copy of the till receipt, delivery note, UK gift receipt or, if the *gadget* is a mobile phone, confirmation from ***your*** Network Provider that the mobile phone has been used by ***you***.

The *evidence of ownership* should include the make, model and IMEI / serial number of the *gadget* and must be in ***your*** name, unless ***you*** are in possession of a UK gift receipt.

Gadget - means the portable electronic equipment owned by ***you***, the replacement value of which must not exceed the maximum benefit for 'Gadget Cover' shown in the 'Cover Summary' with the relevant proof of purchase, that is in good condition and in full working order at the time of ***your trip***, including laptops, mobile phones, smart phones, iPhones, iPads, tablets, e-readers, MP3 Players, CD/DVD players, head/ear phones, satellite navigation devices, PDAs, handheld games, consoles, cameras, video cameras and wearable technology (e.g. smart watch or health and fitness tracker) but excluding drones.

All *gadgets* must be less than 6 years old at the start date of the insurance (18 months for laptops) and must have been manufactured to a UK Specification, with valid proof of purchase.
All *gadgets* must have been:

a. purchased as new and must be in full working order at the start date of this ***policy***, or
b. purchased by ***you*** as refurbished in the UK, as long as, the refurbished *gadget* was sold with a minimum 12-month warranty and this stated on ***your*** *evidence of ownership* (which ***you*** will be required to provide evidence of), or
c. gifted to ***you***, as long it meets the criteria in points **a)** or **b)** above, and ***you*** are able to provide a UK gift receipt.

In addition, all *gadgets*:

a. cannot have been purchased during the ***trip***,
b. cannot have been purchased outside the UK, Isle of Man or the Channel Islands,
c. must be in ***your*** possession and in good working condition (not *accidentally damaged*),
d. must not have not previously been repaired using non-manufacturer parts.

Immediate family - means ***your*** mother, father, son, daughter, spouse, domestic partner or other family member, who resides with ***you*** at ***your*** home.

Limit of liability - means the maximum *we* will pay in respect of any one claim in relation to **your** *gadget*. This will be limited to the replacement cost of each *gadget* being claimed for and, in any event, shall not exceed the maximum benefit for 'Gadget Cover' shown in the 'Cover Summary'.

Precautions - means all measures that would be deemed appropriate to expect a person to take in circumstances to prevent *accidental loss*, *accidental damage* or theft of ***your*** *gadgets*, such as keeping the *gadget* concealed when ***you*** are in a public place and the *gadget* is not in use.

Proof of usage - means evidence that the *gadget* has been in use since the ***policy*** commenced. Where the *gadget* is a mobile phone, this information can be obtained from ***your*** Network Provider. For other *gadgets*, in the event of an *accidental damage* claim, this can be verified when the *gadget* is sent to *our* repairers for inspection.

Single article limit – means the maximum amount that ***we*** will pay out for a single *gadget* that is *accidentally damaged*, *accidentally lost*, or stolen.

Unattended- means not within ***your*** sight at all times or out of ***your*** arms-length reach when away from ***your*** *accommodation*.

We/Us/Our - means Collinson Insurance.

What is covered

1. Accidental damage / Malicious damage

We will pay ***you*** up to the maximum benefit for 'Gadget Cover' shown in the 'Cover Summary', for the cost of repairing ***your*** *gadget* if it is damaged as the result of an accident or malicious damage whilst on ***your trip***. If ***your*** *gadget* cannot be economically repaired, it will be replaced.

2. Theft

We will pay ***you*** up to the maximum benefit for 'Gadget Cover' shown in the 'Cover Summary' to replace ***your*** *gadget* with a replacement item if it is stolen during ***your trip***. Where only part or parts of ***your*** *gadget* have been stolen, *we* will only replace that part or those specific parts.

3. Accidental loss

We will pay ***you*** up to the maximum benefit for 'Gadget Cover' shown in the 'Cover Summary' for the cost of a replacement item, if ***you*** accidentally or unintentionally lose ***your*** *gadget* whilst on ***your trip***.

4. Breakdown

We will pay ***you*** up to the maximum benefit for 'Gadget Cover' shown in the 'Cover Summary' for the cost of repairing ***your*** *gadget* if it suffers electrical *breakdown* whilst on ***your trip***, which occurs outside of the manufacturers guarantee period. If ***your*** *gadget* cannot be economically repaired, it will be replaced.

Please note: this cover is not available on laptops.

5. Unauthorised call / texts / data use

If ***your*** mobile phone is lost or stolen whilst on ***your trip*** and is used fraudulently and ***your*** claim is covered under Section 2 (Theft) or Section 3 (Accidental Loss), *we* will reimburse ***you*** for the costs of the unauthorised call/ text/ data use from the time it was *accidentally lost* or stolen up to a maximum of 24 hours from discovery of the incident, up to the maximum benefit for 'Gadget Cover' shown in the 'Cover Summary'. This is subject to ***you*** providing an itemised bill.

6. Liquid damage

We will pay ***you*** up to the maximum benefit for 'Gadget Cover' shown in the 'Cover Summary' to repair or provide a replacement item for ***your*** *gadget* if it is damaged as a result of accidentally coming into contact with any liquid whilst on ***your trip***.

7. Accessories

If ***your*** claim for ***your*** *gadget* is approved, *we* will replace any *accessories* that were *accidentally lost*, stolen or *accidentally damaged* at the same time as ***your*** *gadget* up to the maximum benefit for 'Gadget Cover' shown in the 'Cover Summary'.

If ***we*** replace ***your*** *gadget* with a different make or model and this means that ***you*** can no longer use ***your*** existing *accessories*, *we* will replace them too, up to the maximum benefit for 'Gadget Cover' shown in the 'Cover Summary'.

What is not covered

1. The amount of the excess shown in the 'Cover Summary'.
2. Any claim for a *gadget* over the *single article limit* shown in the 'Cover Summary'.
3. Any claims for theft:
   - **a.** from any motor vehicle where ***you*** or someone acting on ***your*** behalf is not in the vehicle, unless the *gadget* has been concealed in a locked boot, closed glove compartment or other closed internal compartment and all the vehicle's windows and doors have been closed and locked and all security systems have been activated. A copy of the receipt for any repairs made following the damage caused in gaining entry to the locked vehicle must be supplied with any claim.
   - **b.** from any *unattended* building or premises (including ***your*** *accommodation*) unless the theft involves force in gaining entry to or exit from the building or premises, resulting in damage to the building or premises. A copy of the receipt for any repairs made for such damage must be supplied with any claim.
   - **c.** when away from ***your*** *accommodation*, or when in ***your*** *accommodation* with invited guests or other people; unless the *gadget* is concealed on or about ***your*** person when not in use, or it is stored in a locked room or secured receptacle (such as a locked safe, locked locker or closed desk drawer).
   - **d.** where ***your*** *gadget* was in the possession of a third party (other than a member of ***your*** *immediate family* at the time of the event giving rise to a claim under this insurance.
   - **e.** where the *gadget* has been left *unattended* when it is away from ***your*** *accommodation* (including being in luggage during transit).
   - **f.** where all available *precautions* have not been taken to prevent theft.

4. Any claims for loss or damage:
   a. caused by:
      i) ***you*** deliberately damaging the *gadget*
      ii) ***you*** not following the manufacturer's instructions.
      iii) the use of non-manufacturer approved *accessories*.
   b. where all available *precautions* have not been taken to prevent loss or damage.
5. Any claims for:
   a. routine servicing, inspection, maintenance or cleaning.
   b. loss caused by a manufacturer's defect or recall of the *gadget*.
   c. repairs carried out by persons not authorised by *us*.
   d. liquid damage to ***your*** *gadget* where the event causing the need to claim involved ***you*** taking ***your*** *gadgets* on a boat, other water vessels, or whilst taking part in water activities.
   e. wear and tear or gradual deterioration of performance.
   f. cosmetic damage of any kind, including scratches, dents and other visible defects that do not affect safety or performance;
6. Any kind of damage whatsoever unless the damaged *gadget* is provided for repair.
7. Any loss of a SIM (subscriber identity module) card.
8. Any expense incurred as a result of not being able to use the *gadget*, or any loss other than the repair or replacement costs of the *gadget*, unless relating to unauthorised call/text/data use for ***your*** mobile phone.
9. Loss of or damage to *accessories* that were not *accidentally lost*, stolen or *accidentally damaged* at the same time as an incident happening to ***your*** *gadget*.
10. Any claim for a *gadget* where *evidence of ownership* and *proof of usage* cannot be provided or evidenced.
11. Any claim for *accidental loss* where the circumstances of the loss cannot be clearly identified, i.e. where ***you*** are unable to confirm the time and place ***you*** last had ***your*** *gadget*.
12. Any claim for any *gadget* that was purchased as second hand or used, that is not a refurbished *gadget*, sold with a minimum 12-month warranty.
13. Reconnection costs or subscription fees of any kind.
14. Any loss of or damage to information or data or software contained in or stored on the *gadget* whether arising as a result of a claim paid by this insurance or otherwise.
15. Any costs or expenses that are recoverable from any party; under the terms of any other contract, guarantee, warranty or insurance.
16. Any indirect loss or damage resulting from the event which caused the claim under this ***policy***.
17. Any liability of whatsoever nature arising from ownership or use of the *gadget*, including any illness or ***injury*** resulting from such ownership or use.
18. Value Added Tax (VAT) where ***you*** are registered with HM Revenue and Customs for VAT.
19. Any claim over and above the *limit of liability*.
20. Any claims for loss or damage to ***your*** *gadget* whilst in transit with a third party, such as a courier or the postal service.
21. Any claim for any *gadget* which does not meet the criteria (definition of a gadget).
22. *We* will not provide cover, pay any claim or provide any benefit if doing so would expose *us* to any sanction, prohibition or restriction.

How to make a claim

Who to contact

To make a claim, please call the *claims administrators* on **01865 745566**.
Lines are open between 9am and 5pm Monday to Friday.

To log ***your*** claim online, please visit *our* portal at **theoxfordclaimscompany.co.uk/make-a-claim/**

Alternatively, please send an email to: **claims@theoxfordclaimscompany.co.uk**

Or write to:
The Oxford Claims Company, Temple Court Mews, 109 Oxford Road, Oxford, OX4 2ER

Calls may be recorded for training, compliance and fraud prevention purposes.

Claims conditions

1. ***You*** must notify the *claim administrators* as soon as possible, but ideally within 48 hours of ***your*** return to the UK.
2. ***You*** must report the theft or *accidental loss* of any *gadget*, within 24 hours of discovery to ***your*** airtime provider and blacklist ***your*** handset.
3. ***You*** must report the theft or loss of any *gadgets* to the police within 48 hours of discovery and obtain a crime reference number in support of a theft claim and a lost property number in support of an *accidental loss* claim.

Please note: Any delay in reporting an incident to the *claim administrators*, ***your*** airtime provider or the police may invalidate ***your*** right to claim under the ***policy***.

4. ***You*** must provide *us* with details of the claim and any other contract, guarantee, warranty or insurance that may apply to the loss, including but not limited to household insurance. Where appropriate a rateable proportion of the claim may be recovered direct from these Insurers.
5. If *we* replace ***your*** *gadget(s)* the damaged or lost item becomes ***our*** property. If it is returned or found ***you*** must notify *us* and send it to *us* if *we* ask ***you*** to.

Claims settlement

1. The intention of this ***policy*** is to put ***you*** back in the same position as immediately prior to the loss or damage. It is not a replacement as new ***policy***. If the *gadget* cannot be replaced with an identical *gadget* of the same age and condition, *we* will replace it with one of comparable specification or the equivalent value taking into account the age and condition of the original *gadget*. *We* cannot guarantee that the replacement *gadget* will be the same colour as the original item.
2. Repairs will take place on ***your*** return to the UK and will be carried out using readily available parts. Where possible *we* will use original parts, but in some cases, unbranded parts may be used. In the event that any repairs authorised by *us* under this ***policy*** invalidate ***your*** manufacturer's warranty, *we* will repair or replace ***your*** *gadget* for the remaining period of ***your*** manufacturer's warranty in line with ***your*** manufacturer's warranty terms and conditions. Please note that for mobile phones or other small *gadgets*, the cost of posting ***your*** *gadget* will be borne by ***you***.
3. In the event of a valid claim resulting in the replacement of the *gadget*, this ***policy*** will automatically cover the replacement *gadget*.
4. All blocks must be removed from ***your*** *gadget* before being sent for repair. This includes any personal pin locks or operator specific security blocks, including Find My iPhone. Failure to do so will result in ***your*** claim being delayed, and/or, ***your*** *gadget* being returned to ***you***.

Warning

You must not act in a fraudulent way. If **you** or anyone acting for **you**:

- Fails to reveal or hides a fact likely to influence whether *we* accept **your** proposal or any adjustment to ***your policy***.
- Fails to reveal or hides a fact likely to influence the cover *we* provide.
- Makes a statement to *us* or anyone acting on *our* behalf, knowing the statement to be false.
- Sends *us* or anyone acting on *our* behalf a document, knowing the document to be forged or false.
- Makes a claim under the ***policy***, knowing the claim to be false or fraudulent in any way.
- Makes a claim for any loss or damage **you** caused deliberately or with **your** knowledge.

If ***your*** claim is in any way dishonest or exaggerated, *we* will not pay any benefit under this ***policy*** or return any premium to ***you***, and *we* may cancel ***your policy*** immediately and backdate the cancellation to the date of the fraudulent claim. *We* may also take legal action against ***you*** and inform the appropriate authorities.

Data protection

How we use the information about you

As ***your*** insurer and a data controller, *we* collect and process information about ***you*** so that *we* can provide ***you*** with the products and services ***you*** have requested. *We* also receive personal information from ***your*** agent on a regular basis while ***your policy*** is still live. This will include ***your*** name, address, risk details and other information which is necessary for *us* to:

- meet *our* contractual obligations to ***you***;
- issue ***you*** this insurance ***policy***;
- deal with any claims or requests for assistance that ***you*** may have;
- service ***your policy*** (including claims and ***policy*** administration, payments and other transactions); and, detect, investigate and prevent activities which may be illegal or could result in ***your policy*** being cancelled or treated as if it never existed;
- protect *our* legitimate interests.

In order to administer ***your policy*** and deal with any claims, ***your*** information may be shared with trusted third parties. This will include members of The Collinson Group, Bastion Insurance Services Ltd, The Oxford Claims Company, contractors, investigators, crime prevention organisations and claims management organisations where they provide administration and management support on *our* behalf.

Some of these companies are based outside of the European Union where different data privacy laws apply. Wherever possible, *we* will have strict contractual terms in place to make sure that ***your*** information remains safe and secure.

We will not share ***your*** information with anyone else unless ***you*** agree to this, or *we* are required to do this by *our* regulators (e.g. the Financial Conduct Authority) or other authorities.

The personal information *we* have collected from ***you*** will be shared with fraud prevention agencies and databases who will use it to prevent fraud and money-laundering and to verify ***your*** identity. If fraud is detected, ***you*** could be refused certain services, finance, or employment.

Further details of how ***your*** information will be used by **us** and these fraud prevention agencies and databases, and ***your*** data protection rights, can be found by visiting **www.cifas.org.uk/fpn** and **www.insurancefraudbureau.org/privacy-policy**

Privacy policy
If ***you*** require details of Bastion Insurance Services Limited's privacy policy, please refer to **https://bastioninsurance.co.uk**. Other formats are available on request.

Processing your data

Your data will generally be processed on the basis that it is:

- necessary for the performance of the contract that ***you*** have with *us*;
- is in the public or ***your*** vital interest: or
- for *our* legitimate business interests.

If *we* are not able to rely on the above, *we* will ask for ***your*** consent to process ***your*** data.

How we store and protect your information

All personal information collected by *us* is stored on secure servers which are either in the United Kingdom or European Union.

We will need to keep and process ***your*** personal information during the ***period of cover*** and after this time so that *we* can meet *our* regulatory obligations or to deal with any reasonable requests from *our* regulators and other authorities. *We* also have security measures in place in *our* offices to protect the information that ***you*** have given *us*.

How you can access your information and correct anything which is wrong

You have the right to request a copy of the information that *we* hold about ***you***. If ***you*** would like a copy of some or all of ***your*** personal information please contact *us* by email or letter as shown below:

Email address: **data.protection@collinsongroup.com**

Postal Address: 5th floor, 3 More London Riverside, London, SE1 2AQ

This will normally be provided free of charge, but in some circumstances, *we* may either make a reasonable charge for this service, or refuse to give ***you*** this information if ***your*** request is clearly unjustified or excessive.

We want to make sure that ***your*** personal information is accurate and up to date. ***You*** may ask *us* to correct or remove information ***you*** think is inaccurate.

If ***you*** wish to make a complaint about the use of ***your*** personal information, please contact *our* Complaints manager using the details above. ***You*** can also complain directly to the Information Commissioner's Office (ICO).

Further information can be found at **https://ico.org.uk**

How to make a complaint (relating to this section of cover only)

a) In the first instance, please contact:
The Oxford Claims Company
Temple Court Mews
109 Oxford Road
Oxford
OX4 2ER

Email: complaints@theoxfordclaimscompany.co.uk

Telephone: **01865 745566**

When ***you*** make contact please provide the following information:

- ***Your*** name, address and postcode, telephone number and e-mail address (if ***you*** have one)
- ***Your policy*** and/or claim number, and the type of ***policy you*** hold
- The reason for ***your*** complaint

We will respond to ***your*** complaint within four weeks of receiving it. *Our* response will be *our* final decision based on the information provided. If there's a delay in *our* investigations, *we'll* explain the reason and give ***you*** an estimated timeframe for reaching a decision.

b) If, for any reason, ***you*** are still dissatisfied or ***you*** have not received *our* final response letter within eight weeks, ***you*** have the right to escalate ***your*** complaint to an independent authority called the Financial Ombudsman Service (FOS). ***You*** can contact them using the details below:

The Financial Ombudsman Service
Exchange Tower
1 Harbour Exchange Square
London E14 9SR

Tel: **0800 023 4567** - from UK landline
Tel: **0300 123 9123** - from UK mobile

Email: **complaint.info@financial-ombudsman.org.uk**
Website: **www.financial-ombudsman.org.uk**

N. OPTIONAL STUDENT STUDY ABROAD COVER

The cover under this section only applies when the appropriate 'Optional Student Study Abroad Cover' premium has been paid and this is shown in ***your policy*** schedule. The cover provided under sections A-M still applies for trips involving study abroad, even if the premium for cover under this section has not been paid. ***Your*** College/University/Establishment of Further Education must either be officially recognised and registered (where legally required) by the government; or the qualification that ***you*** are studying for must be awarded by an institution on the list of recognised bodies/awards, of the country in which it is located.

Course Fees
If ***your trip*** is cancelled or ***you*** have to end it early due to for a ***covered reason*** listed below, ***we*** will reimburse ***you*** for ***your*** irrecoverable College/University Course Fees that ***you*** have pre-paid or have contracted to pay, up to the maximum benefit for 'Course Fees' shown in the 'Cover Summary' less the excess.

IMPORTANT: ***You*** must notify ***your*** College/University as soon as ***you*** know that ***you*** will need to cancel or cut short ***your trip*** (this includes being advised to cancel or cut short ***your trip*** by a ***doctor***). If ***you*** delay notifying ***your*** College/University and get a smaller ***refund*** as a result, ***we*** will not cover the difference. If a ***serious illness***, ***injury*** or medical condition prevents ***you*** from being able to notify ***your*** College/University at the time ***you*** discover ***you*** need to cancel or cut short ***your trip***, ***you*** must notify them as soon as ***you*** are able.

Covered reasons:

1. ***You*** become ill or ***injured***, or develop a medical condition disabling enough to make ***you*** cancel or cut short ***your trip*** (including being diagnosed with an ***epidemic*** or ***pandemic*** disease such as COVID-19).

   The following conditions apply:

   Cancellation of your trip:
   a. A ***doctor*** advises ***you*** to cancel ***your trip*** before ***you*** cancel it.

   Cut short your trip:
   a. A ***doctor*** must either examine or consult with ***you*** before ***you*** make a decision to cut short the ***trip***.
   b. ***You*** must not have travelled against the advice of the government in ***your country of residence*** or against local authority advice at ***your trip*** destination.

2. A ***family member*** who is not travelling with ***you*** becomes ill or ***injured***, or develops a medical condition (including being diagnosed with an ***epidemic*** or ***pandemic*** disease such as COVID-19).

   The following condition applies:
   a. The illness, ***injury***, or medical condition must be considered life threatening by a ***doctor*** or require hospitalisation.

Trip Cancellation Due To Study Course Cancellation
If ***your trip*** is cancelled or rescheduled for a ***covered reason*** listed below, ***we*** will reimburse ***you*** for ***your*** non-refundable ***trip*** payments, deposits, cancellation fees and change fees (less any available ***refunds*** and excluding costs relating to educational, training or study course fees), up to the maximum benefit for 'Trip Cancellation Due To Study Course Cancellation' shown in the 'Cover Summary' less the excess.

NOTE: This benefit only applies before ***you*** have left for ***your trip.***

IMPORTANT: ***You*** must notify all of ***your travel suppliers*** as soon as ***you*** know that ***you*** will need to cancel ***your trip***. If ***you*** delay notifying any ***travel suppliers*** and get a smaller ***refund*** as a result, ***we*** will not cover the difference.

1. ***Your*** study course is cancelled by the College/University.

   The following condition applies:
   a. ***You*** must provide a letter from ***your*** College/University detailing the reasons for ***your*** course being cancelled, the date that this takes effect from and the date this information was announced to the public.

The following exclusions apply:
1. This ***policy*** will not pay for cancellation due to the withdrawal or cancellation of ***your*** individual placement on a study course for any reason.

Trip Interruption Due To Study Course Cancellation
If ***you*** have to interrupt ***your trip*** or end it early due to the ***covered reason*** listed below, ***we*** will reimburse ***you***, less available ***refunds*** and excluding costs relating to educational, training or study course fees, up to the maximum benefit for 'Trip Interruption Due To Study Course Cancellation' shown in the 'Cover Summary', for:

1. The pro-rata portion of ***your*** unused non-refundable ***trip*** payments and deposits.
2. Necessary transportation expenses ***you*** incur to return to ***your primary residence***.
   - ***We*** will reimburse ***you*** either for the return ***travel carrier*** ticket to ***your country of residence*** or for the non-refundable portion of ***your*** original return ticket, but not both.

   NOTE: ***We*** will only cover additional return travel expenses if ***you*** have already paid for a return ticket.

IMPORTANT: ***You*** must notify all of ***your travel suppliers*** as soon as ***you*** know that ***you*** will need to interrupt ***your trip***. If ***you*** delay notifying any ***travel suppliers*** and get a smaller ***refund*** as a result, ***we*** will not cover the difference.

Covered reasons:
1. ***Your*** study course is cancelled by the College/University.

   The following condition applies:
   a. ***You*** must provide a letter from ***your*** College/University detailing the reasons for ***your*** course being cancelled, the date that this takes effect from and the date this information was announced to the public.

The following exclusions apply:
1. This ***policy*** will not pay for interruption due to study course cancellation due to the withdrawal or cancellation of ***your*** individual placement on a study course for any reason.

***Return visit*s to your primary residence within the period of cover**
This ***policy*** allows temporary ***return visits*** to ***your primary residence*** before the intended ***return date***, up to the maximum duration shown in the Policy Features Table on page 7. This ***policy*** will not cover anything (including costs) related to temporary ***return visits*** and the ***policy*** cover is suspended whilst ***you*** are in ***your country of residence***.

Leisure excursion cover
Cover allows travel to another country within the period of study abroad, providing each return leisure ***trip***:
1. starts and ends at ***your study abroad accommodation***,
2. is within the 'area of validity' shown on ***your policy*** schedule,
3. falls within the ***period of cover***, and
4. each ***trip*** does not exceed the maximum limit shown In the Policy Features Table on page 7.

O. OPTIONAL SPORTS COVER

The cover under this section only applies when the appropriate 'Optional Sports Cover' premium has been paid for Activity packs 2-3 and this is shown in ***your policy*** schedule. Cover for taking part in Activity pack 1 activities, automatically applies under sections A-L, but there is no cover under section O, unless ***you*** have paid the additional premium to have this included, and it is shown in ***your policy*** schedule.

Missed activity
If ***you*** cannot participate in one or more of ***your*** prepaid activities during ***your trip*** for a covered reason listed below, ***we*** will reimburse ***you*** for ***your*** non-refundable costs that ***you*** paid for the activities, less available ***refunds***, up to the maximum benefit for Missed Activity shown in ***your*** Cover Summary. Please note that this cover only applies before the start of the activity.

Covered reasons:

1. ***You***, a ***travelling companion*** or a ***family member*** who is participating in the activity becomes ill or ***injured***, or develops a medical condition (including being diagnosed with an ***epidemic*** or ***pandemic*** disease such as COVID-19).

   The following conditions apply:

   a. The illness, ***injury*** or medical condition must be disabling enough to make a reasonable person not participate in the activity; and

   b. A ***doctor*** advises ***you*** or a ***travelling companion*** not to participate in the activity before the activity takes place. If that isn't possible, a ***doctor*** must either examine or consult with ***you*** or the ***travelling companion*** within 48 hours of the activity or as soon as reasonably possible, to confirm the decision not to attend.

2. ***Your family member*** who is not participating in the activity becomes ill or ***injured***, or develops a medical condition.

   The following condition applies:

   a. The illness, ***injury*** or medical condition must be considered life threatening by a ***doctor***, require ***hospitalisation*** or require ***your*** care.

3. ***Your*** or a ***travelling companion***'s death.

4. The death of ***your family member*** or ***your service animal*** on or within 30 days prior to the scheduled start date of the activity.

5. ***Your*** prepaid activity is cancelled by the supplier of the activity due to ***severe weather***.

6. ***Your*** ski resort closes 75% or more of its ski trails due to lack or excess of snow.

   The following condition applies:

   a. The closure is for at least 50% of the normal operating hours on the calendar day ***you*** intend to use the lift tickets.

Sporting Equipment Cover

If ***your sporting equipment*** is lost or damaged by a ***travel supplier*** or is stolen while ***you*** are on ***your trip***, ***we*** will pay ***you***, less available ***refunds***, the lowest of the following, up to the maximum benefit listed for Sporting Equipment Damage, Loss, or Theft in ***your*** Cover Summary:

i. The cost to repair the damaged ***sporting equipment***; or
ii. The cost to replace the lost, damaged or stolen ***sporting equipment*** with the same or similar item, reduced by 10% for each full year of use since the original purchase date, up to the maximum of 50% reduction.

The following conditions apply:

a. ***You*** must have taken all necessary steps to keep ***your sporting equipment*** safe and intact and to recover it;
b. ***You*** must have reported the incident and have a copy of a written report giving a description of the property and its value from the appropriate local authorities, ***travel carrier***, hotel or tour operator within 24 hours of discovery of the loss; and
c. ***You*** must provide original receipts or another proof of purchase for the lost items**.**

For items without an original receipt or a proof of purchase, ***we*** will provide cover based on up to 50% of the cost to replace the lost, damaged or stolen item with the same or similar item.

The following are not covered:

1. Items other than ***sporting equipment***;
2. Animals, including remains of animals;
3. Cars, motorcycles, motors, drones, aircraft, watercraft and other vehicles as well as related accessories and equipment;
4. ***Gadgets*** and related accessories and equipment;
5. Hearing aids, prescription eyewear and contact lenses, unless specifically designed for use in a particular sport;
6. Prosthetics and orthopaedic devices, unless specifically designed for use in a particular sport;
7. Wheelchairs and other mobility devices, unless specifically designed for use in a particular sport;
8. Non-physical property, including software and electronic data;
9. Property used for business or trade;
10. Property ***you*** do not own;
11. Gross negligence or malicious conduct leading to loss, theft or damage of ***your sporting equipment***; and
12. ***Sporting equipment*** while it is:
    a. being shipped, unless with ***your*** *travel carrier*;
    b. in or on a car trailer; or
    c. unattended in an unlocked motor vehicle.

Sporting Equipment Rental cover
If ***your sporting equipment*** is lost or delayed by a ***travel supplier*** during ***your*** outbound travel for more than 24 hours or is damaged or stolen while on ***your trip***, ***we*** will reimburse the necessary costs for renting replacement ***sporting equipment*** to use during ***your trip***, up to the maximum benefit listed for Sporting Equipment Rental Cover in ***your*** Cover Summary. This cover does not include motorised equipment or vehicles.

The following condition applies:

a. ***You*** must have made a report giving a description of the property with the appropriate local authorities, ***travel supplier***, hotel or tour operator within 24 hours of discovery of the loss.

Search and Rescue
We will pay the cost of search and rescue activities by a professional rescue team, up to the maximum benefit listed for search and rescue cover in ***your*** Cover Summary, if ***you*** are reported missing during ***your trip*** or have to be rescued from a physical emergency. The maximum benefit listed for this cover is in addition to any other search and rescue benefit that this ***policy*** provides.

GENERAL EXCLUSIONS

This section describes the general exclusions applicable to all cover under this ***policy***. An 'exclusion' is something that is not covered and therefore no payment or service would be available.

This ***policy*** does not provide cover for any loss that results directly or indirectly from any of the following general exclusions if they affect ***you***, **a** ***travelling companion*** or a ***family member***:

1. Any loss, condition or event that was known, foreseeable, intended or expected when ***your trip*** was booked or this ***policy*** was purchased, whichever is later.
2. ***Pre-existing medical conditions***.
3. ***Your*** intentional self-harm or if ***you*** attempt or commit suicide.
4. Normal, complication-free pregnancy or childbirth.
5. Fertility treatments.
6. The use or abuse of alcohol or drugs, or any related physical symptoms. This does not apply to drugs prescribed by a ***doctor*** and used as prescribed.
7. Acts committed with the intent to cause loss or damage.
8. Operating or working as a crew member (including as a trainee or learner/student) aboard any aircraft or commercial vehicle or commercial watercraft.
9. Participating in or training for any professional or semi-professional sporting competition or event.
10. Participating in or training for any amateur sporting competition while on ***your trip*** (this exclusion also applies to sporting competitions related to scholarships, but does not include participating in informal recreational sporting competitions and tournaments by hotels, resorts, cruise lines or an educational establishment for leisure purposes).
11. Participating in, or training for any sport or activity, unless ***you*** have paid the necessary premium (if applicable) and this is shown on ***your policy*** schedule. Please see the Sports and activities section on pages 12, 13 and 14 of this ***policy*** for further details.

In all cases, for ***your*** sports and activities to be covered, they must:
- take place within the duration of ***your trip***;
- be provided by a company that is regulated or licensed where required; and
- not be prohibited by law.

You must wear all recommended safety equipment while participating in ***your*** sports and activities in order to be eligible for cover.

12. Participating in any sport or activity involving heli-skiing, ice climbing, ski acrobatics, ski flying, skiing against local authority or resort management warning or advice, ski-stunting, ski jumping, ski mountaineering, or the use of bobsleighs, luges or skeletons or any ***high-altitude activity***.
13. As a result of ***your*** use of a two-wheeled motor vehicle (including a motorcycle or moped) unless:
a. as a passenger ***you*** wear a crash helmet and it is reasonable for ***you*** to believe that the driver holds a licence to drive the two-wheeled motor vehicle under the laws of the country in which the ***accident*** occurs; or
b. ***you*** are in the EU and as a rider ***you*** wear a crash helmet and ***you*** hold an appropriate UK licence which permits ***you*** to drive the capacity of the two-wheeled motor vehicle and ***you*** comply with the licencing laws of the country in which the ***accident*** occurs.
14. Racing or practising to race any motorised vehicle or watercraft.
15. There is no cover for rallying or off-roading.
16. As a result of ***your*** use of a quad bike.
17. Where ***you*** are not wearing a seatbelt when travelling in a motor vehicle, where a seatbelt is available.
18. Involving ***you*** taking part in manual labour (excluding office and clerical work, bar and restaurant work, music performance and singing, fruit picking (not involving the use of machinery)).
19. An ***illegal act***, except when ***you***, a ***travelling companion***, a ***family member*** or ***your service animal*** is the victim of such an act.
20. An ***epidemic*** or ***pandemic***, except when an ***epidemic*** or ***pandemic*** is expressly referenced in and covered under Trip Cancellation, Trip Interruption, Travel Delay & Missed Departure, Emergency Medical/Dental Cover Abroad, Emergency Transport, Optional Student Study Abroad or Optional Sports Cover.
21. ***Natural disaster***, except when and to the extent that a ***natural disaster*** is expressly referenced in and covered under Trip Cancellation, Trip Interruption or Travel Delay & Missed Departure.
22. Air, water or other pollution, or the threat of a pollutant release, including thermal, biological and chemical pollution or contamination.
23. Nuclear reaction, radiation or radioactive contamination.
24. War (declared or undeclared) or acts of war.

25. Military duty, except when expressly referenced and covered under Trip Cancellation or Trip Interruption.
26. ***Political risk***.
27. ***Cyber risk***.
28. Civil disorder or unrest, except when expressly referenced in and covered under Trip Interruption or Travel Delay & Missed Departure.
29. ***Terrorist events***, except under Emergency Medical/Dental Cover Abroad or Emergency Transport.
30. Acts, travel alerts/bulletins or prohibitions by any government or public authority, except when expressly referenced in and covered under Trip Cancellation or Trip Interruption.
31. Any ***travel supplier's*** complete cessation of operations due to financial reasons, with or without involving insolvency or bankruptcy.
32. *A* ***travel supplier's*** restrictions on any ***baggage***, including medical supplies or equipment.
33. Ordinary wear and tear or defective materials or workmanship.
34. An act of gross negligence by ***you*** or a ***travelling companion***.
35. Travel against the orders or advice of any government or other public authority.

This ***policy*** does not provide any cover, benefit or services for any activity that would violate any applicable law or regulation, including without limitation any economic/trade sanction or embargo.

IMPORTANT: ***You*** are not eligible for reimbursement under this ***policy*** if:
1. ***Your travel carrier*** tickets do not show travel date(s); or
2. ***You*** intend to receive health care or medical treatment of any kind while on ***your trip***.

GENERAL CONDITIONS

The following conditions apply to the whole of ***your policy***. Please read these conditions carefully as ***we*** can only pay ***your*** claim if ***you*** meet them.

1. The person buying this insurance must be 18 years of age or over at the date of purchase.
2. ***You*** must:
  a. have ***your primary residence*** in and be registered with a ***doctor*** in the UK, the Channel Islands or the Isle of Man;
  b. not have spent more than 6 months abroad during the 12 months before this ***policy*** was issued or ***your trip*** was booked (whichever is later) unless ***your policy*** includes the 'Optional Student Study Abroad Cover';
  c. be in ***your country of residence*** at the time of purchasing this ***policy***. ***We*** will only cover ***you*** for the whole ***trip***. Any ***trip*** that has begun when ***you*** purchase this insurance will not be covered;
  d. be fit to travel on ***your trip*** and not be travelling against the advice of a ***doctor*** or where ***you*** would have been if ***you*** had sought their advice before commencing ***your trip***; and
  e. not be travelling with the intention of receiving medical treatment.
3. If ***you*** have purchased the 'Optional Student Study Abroad Cover' ***you*** must be studying abroad as part of a College/University degree or similar qualification.
4. ***You*** must take reasonable care to protect yourself and ***your*** property against ***accident***, ***injury***, loss and damage, as if ***you*** were not insured, and to keep any potential claim to a minimum.
5. ***You*** must have a valid ***policy*** schedule.
6. ***You*** must contact ***us*** as soon as possible with full details of anything which may result in a claim, and give ***us*** all the information and documentation ***we*** ask for throughout the claims process. Please see 'Claims Information' below for more information.
7. ***You*** accept that the terms and conditions of the ***policy*** cannot be changed by ***you*** unless ***we*** agree to the change in writing.
8. This ***policy*** is not transferable.
9. ***You*** must not exceed the age limit, as shown in the Policy Features Table on page 7, on the date ***your policy*** was issued.

We have the right to do the following:
10. Cancel the ***policy*** if ***you*** tell ***us*** something that is not true and this influences ***our*** decision to provide cover.
11. Cancel the ***policy*** and make no payment if ***you*** or anyone acting for ***you***:
  a. make a claim that is dishonest, intentionally exaggerated or fraudulent in any way; or
  b. provide any false or misleading information when supporting a claim.
  In these circumstances ***we*** may report the matter to the police.
12. Only provide cover if ***your trip*** starts and ends in ***your country of residence***.
13. Take over and deal with, in ***your*** name, any claim ***you*** make under this ***policy***.
14. Take legal action in ***your*** name (but at ***our*** expense) and ask ***you*** to give ***us*** any details ***we*** need, and to fill in any necessary forms, which will help ***us*** to recover any payment ***we*** have made under this ***policy.***
15. With ***your*** or ***your*** personal representative's permission, get information from ***your*** medical records to help ***us*** or ***our*** representatives deal with any claim. This could involve ***you*** being medically examined or having a post-mortem after ***your*** death. ***We*** will not give personal information about ***you*** to any other organisation without ***your*** permission.
16. Return ***you*** to ***your country of residence*** at any time during ***your trip*** if ***you*** are taken ill or injured. ***We*** will only do this if the ***doctor*** treating ***you*** and ***our*** medical advisers agree. If there is a dispute, ***we*** will ask for an independent medical opinion.
17. Not accept liability for the costs of repatriation or treatment if ***you*** refuse to follow advice from the ***doctor*** treating ***you*** and ***our*** medical advisers.
18. Refuse to pay any claim under this ***policy*** for any amounts covered by another insurance or by anyone or anywhere else (for example, any amounts ***you*** can get back from private health insurance, any reciprocal health agreement, ***travel suppliers***, home contents insurers or any other claim amount that can be recovered by ***you***). In these circumstances ***we*** will only pay ***our*** share of the claim.
19. Ask ***you*** to pay ***us*** back any amounts that ***we*** have paid which are not covered under this ***policy***.
  If ***you*** cancel ***your trip*** or cut it short for any reason other than those specified as being covered in section A - Trip Cancellation or section B - Trip Interruption, ***we*** will cancel all cover provided by ***your policy*** for that ***trip***, without ***refunding your*** premium.

24-HOUR EMERGENCY MEDICAL ASSISTANCE INFORMATION

This is not a private medical insurance ***policy*** and it only gives cover for emergency medical treatment in the event of an ***accident*** or unexpected illness occurring during ***your trip***.

Please tell the Medical Emergency Assistance Company immediately about any serious illness or ***accident abroad*** where ***you*** have to go into ***hospital*** or ***you*** may have to return home early or extend ***your*** stay because of any illness or ***injury***. If ***you*** are unable to do this because the condition is life, limb, sight or organ threatening, ***you*** (or someone on ***your*** behalf) should contact them as soon as ***you*** can. ***You*** can call 24 hours a day 365 days a year or email.

Medical Emergency Assistance Company
Phone: UK +44 (0)1444 465553
Email: 247assistance@imglobal.com

In a life or death situation call the emergency services in the country ***you*** are visiting for example 112 within the European Union or 911 in the USA.

Please have the following information available when ***you*** (or someone on ***your*** behalf) contact the Medical Emergency Assistance Company so that ***your*** case can be dealt with swiftly and efficiently:

1. ***Your*** name, home address and email;
2. ***Your*** mobile phone number and contact phone number abroad;
3. The ***hospital*** and treating ***doctor's*** details;
4. ***Your*** policy number shown on ***your policy*** schedule; and
5. The name, address and contact phone number of ***your*** G.P.

Please quote the scheme name which is Cover4insurance.

Failure to contact the Medical Emergency Assistance Company and obtain authorisation may prejudice the claim and could mean that some or all of the costs involved may not be paid. ***You*** should not attempt to find ***your*** own solution and then expect full reimbursement from ***us*** without prior approval having been obtained from the Medical Emergency Assistance Company.

If **you** have to return to ***your primary residence*** or to a medical facility in ***your country of residence*** for further care under Section B – Trip Interruption or Section F - Emergency Transport, the Medical Emergency Assistance Company must authorise this. If they do not, ***we*** may not provide cover or ***we*** may reduce the amount ***we*** pay.

If ***you*** have to return to ***your primary residence*** for medical reasons, or to a medical facility in ***your country of residence*** for further care the cover for ***your trip*** will cease when ***you*** arrive in ***your country of residence***. Cover cannot be provided to resume ***your trip***, or for further ***trips***.

CLAIMS INFORMATION

For claims relating to Section M – Gadget Cover, please see page 27.

For all other sections, the fastest and easiest way to make a claim is online at www.rpclaims.com/cover4insurance.

The process should take approximately 10-15 minutes to complete (depending on the type of claim). Please quote scheme code: **A35545** when prompted and ensure ***you*** have ***your policy*** schedule, ***trip*** dates, supporting documentation and details of the incident available.

You can also obtain a claim form by:
- sending an email to **claim@rpclaims.com**; or
- phoning: **020 8667 2461**
- writing to: Rightpath Claims, PO Box 6430, Basildon, SS14 0QT

You should fill in the claim form and send it to ***us*** as soon as possible with all the information and documents ***we*** ask for. ***You*** must give ***us*** as much detail as possible so ***we*** can handle ***your*** claim quickly. Please keep copies of all the information ***you*** send ***us***.

You will need to obtain some information to support ***your*** claim. Below is a list of actions ***you*** will need to take and documents ***we*** will need in order to deal with ***your*** claim. Further information and/or evidence may be required by ***us*** after ***your*** claim has been submitted. If this is the case, ***we*** will inform ***you*** as quickly as possible.

For all claims
- ***Your*** original ***trip*** booking invoice(s) and travel documents showing the dates and times of travel.
- Original receipts and accounts for all out-of-pocket expenses ***you*** have to pay.
- Original bills or invoices ***you*** are asked to pay.
- Details of any other insurance ***you*** may have that may cover the same loss, such as household or private medical.
- As much evidence as possible to support ***your*** claim.

Trip Cancellation
- Original cancellation invoice(s) detailing all cancellation charges incurred.
- For claims relating to illness or ***injury*** a medical certificate will need to be completed by the treating ***doctor***. A certified copy of the death certificate is required in the event of death.
- If ***your*** claim results from any other circumstances, please provide independent evidence of these circumstances.

Trip Interruption
- If ***you*** need to cut short ***your*** journey, please call **UK +44 (0)1444 465553** as soon as possible to get the Medical Emergency Assistance Company's prior agreement.
- ***Your*** original booking invoice(s) showing ***your*** revised time and ***date of departure*** and detailing whether any ***refunds*** can be provided.
- For claims relating to illness or ***injury*** a medical certificate will need to be completed by the treating ***doctor***. A copy of the death certificate is required in the event of death.
- If ***your*** claim results from any other circumstances, please provide independent evidence of these circumstances.

Travel Delay & Missed Departure
- Written confirmation from the airline, rail company, shipping line or their handling agent of the scheduled and actual departure times and why the departure was delayed.
- Detailed account of the circumstances causing ***you*** to miss ***your*** departure together with supporting evidence from the public transport provider or ***accident*** / breakdown authority attending the private vehicle ***you*** were travelling in.
- If ***your*** claim results from any other circumstances, please provide independent evidence of these circumstances.

Baggage and Personal Money
- Report the theft, damage or loss to the police within 24 hours of discovery and ask them for a written police report.
- If applicable, ***you*** should also report the theft, damage or loss to ***your travel carrier***, tour operator, handling agent or *accommodation* manager and ask for a written report.
- For delays losses and damage whilst in the care of a ***travel carrier,*** report this as soon as possible and obtain a written report from them. For airlines specifically, ***you*** must obtain a Property Irregularity Report (PIR) from the airline or their handling agent. This should be done within 7 days of any delay, loss or damage. ***You*** then have 21 days to write to the airline confirming the details of any essential replacement items purchased.
- Original receipts, vouchers or other suitable evidence of purchase / ownership / value for lost, stolen or damaged ***baggage***.
- Keep any damaged items as ***we*** may need to inspect them. If ***we*** make a payment or ***we*** replace an item, the item will then belong to ***us***.
- Obtain an estimate for repair for all damaged items.
- Documentary evidence of the value of the lost or stolen ***personal money*** as well as the original source for cash.

Emergency Medical/Dental Benefits Abroad and Emergency Transport
- Always contact the Emergency Medical Assistance Company when ***you*** are ***hospitalised***, require repatriation or where medical fees are likely to exceed £500.
- Medical evidence from the treating ***doctor*** to confirm the illness or ***injury*** and treatment given, including ***hospital*** admission and discharge dates, if this applies.

Personal Liability
- A detailed account of the circumstances surrounding the claim(s), including photographs and video evidence (if this applies).
- Any writ, summons or other correspondence received from any third party.
  NOTE: ***You*** should not admit liability, offer to make any payment or correspond with any third party without ***our*** written consent.
- Full details of any witnesses, providing written statements where available.

Travel Accident
- A detailed account of the circumstances surrounding the event, including photographs and video evidence (if this applies).
- Medical evidence from the treating ***doctor*** to confirm the extent of the ***injury*** and treatment given including ***hospital*** admission / discharge.
- Full details of any witnesses, providing written statements where available.
- A certified copy of the death certificate, if this applies.

Loss of Travel Documents
- A receipt from the consulate or embassy confirming the cost of the emergency replacement passport or visa and a written report from the police if ***your*** passport or visa is stolen.

Legal Expenses
- A detailed account of the circumstances surrounding the event, including photographs and video evidence (if this applies).
- Any writ, summons or other correspondence ***you*** receive from any third party in connection with ***your*** claim. ***You*** should not reply to any correspondence without ***our*** permission in writing.
- The full details of any witnesses and any available written statements from them.

Optional Student Study Abroad Cover
Course Fees
Trip Cancellation
- Original cancellation invoice(s) from ***your*** College/University detailing all the course fee cancellation charges incurred.
- For claims relating to illness or ***injury*** a medical certificate will need to be completed by the treating ***doctor***. A certified copy of the death certificate is required in the event of death.
- If ***your*** claim results from any other circumstances, please provide independent evidence of these circumstances.

Cutting short your trip
- Original invoice(s) from ***your*** College/University detailing all unused course fee charges incurred.
- For claims relating to illness or ***injury*** a medical certificate will need to be completed by the treating ***doctor***. A certified copy of the death certificate is required in the event of death.
- If ***your*** claim results from any other circumstances, please provide independent evidence of these circumstances.

Trip Cancellation Due To Study Course Cancellation
- Original cancellation invoice(s) detailing all cancellation charges incurred.

Trip Interruption Due To Study Course Cancellation
- ***Your*** original booking invoice(s) showing ***your*** revised time and ***date of departure*** and detailing whether any ***refunds*** can be provided.

Optional Sports Cover
Missed Activity
- For claims relating to illness or ***injury***, ***we*** will need:
  - medical evidence from the treating ***doctor*** to confirm the illness or ***injury*** and treatment given including ***hospital*** admission / discharge, if this applies.
  - a copy of the death certificate in the event of a death.
  - a medical certificate from a ***doctor*** at ***your*** resort confirming that ***you*** cannot take part in ***your*** pre-booked sports activities because of medical reasons
- Written confirmation from ***your travel supplier***, the local piste authority or ski lift operator confirming the reason for the closure and the duration.

Sports Equipment
- All appropriate evidence requested under the heading ‘Baggage and Personal Money’ or ‘Baggage Delay’ in this section.
- All hire receipts and luggage labels / tags.
- A written report from ***your travel carrier*** if ***your sports equipment*** is delayed or misdirected.
- If ***your*** claim results from any other circumstances, please provide independent evidence of these circumstances.

COMPLAINTS INFORMATION

For complaints relating to Section M – Gadget Cover, please see page 29.

FOR ALL OTHER COMPLAINTS:

We aim to provide ***you*** with a first class ***policy*** and service. However, there may be times when ***you*** feel ***we*** have not done so. If this is the case, please tell ***us*** about it so that ***we*** can do ***our*** best to solve the problem. If ***you*** make a complaint ***your*** legal rights will not be affected.

1. Does *your* complaint relate to *your* policy?

For complaints relating to sections A to L and sections N to O inclusive:

a) In the first instance, please contact:

The Managing Director, Cover4insurance, The Stables, Old Co-Op Yard, Warwick Street, Prestwich, Manchester, M25 3HB.
Tel: **0161 772 3390** Email: **customerservices@cover4insurance.com.**

When ***you*** make contact please provide the following information:

- ***Your*** name, address and postcode, telephone number and e-mail address (if ***you*** have one).
- ***Your policy*** and/or claim number, and the type of ***policy you*** hold.
- The reason for ***your*** complaint.

Any written correspondence should be headed 'COMPLAINT' and ***you*** may include copies of supporting material.

If Cover4insurance are unable to resolve ***your*** complaint immediately, they will send ***you*** a written acknowledgement within 5 business days of receipt. Cover4insurance will then investigate ***your*** complaint and, in most cases, send ***you*** a full response in writing within 4 weeks of receipt. In exceptional cases, where Cover4insurance are unable to complete their investigations within 4 weeks, they will send ***you*** a full written response as soon as they can, and in any event within 8 weeks of receipt of ***your*** complaint.

b) If ***you*** are dissatisfied with Cover4insurance's response, then ***you*** can raise the matter with the Financial Ombudsman Service, an independent body that adjudicates on complaints, at the following:

Visit: **www.financial-ombudsman.org.uk**
Write to: Financial Ombudsman Service, Exchange Tower, London E14 9SR
Phone: **0800 023 4567** or **0300 123 9 123** or
Email: **complaint.info@financial-ombudsman.org.uk**

2. Does *your* complaint relate to a claim?

For complaints relating to sections A to L and sections N to O inclusive:

a) In the first instance, please contact:

The Complaints Department, Rightpath Claims, PO Box 6430, Basildon, SS14 0QT.
Tel: **020 8667 2461** Email: **complaint@rpclaims.com**

When ***you*** make contact please provide the following information:

- ***Your*** name, address and postcode, telephone number and e-mail address (if ***you*** have one).
- ***Your policy*** and/or claim number, and the type of ***policy you*** hold.
- The reason for ***your*** complaint.

Any written correspondence should be headed 'COMPLAINT' and ***you*** may include copies of supporting material.

If Rightpath are unable to resolve ***your*** complaint immediately, they will send ***you*** a written acknowledgement within 5 business days of receipt. Rightpath will then investigate ***your*** complaint and, in most cases, send ***you*** a full response in writing within 4 weeks of receipt. In exceptional cases, where they are unable to complete their investigations within 4 weeks, Rightpath will send ***you*** a full written response as soon as they can, and in any event within 8 weeks of receipt of ***your*** complaint.

b) If ***you*** are dissatisfied with Rightpath's response, then ***you*** can raise the matter with the Financial Ombudsman Service, an independent body that adjudicates on complaints, at the following:

Visit: **www.financial-ombudsman.org.uk**
Write to: Financial Ombudsman Service, Exchange Tower, London E14 9SR
Phone: **0800 023 4567** or **0300 123 9 123** or
Email: **complaint.info@financial-ombudsman.org.uk**

PRIVACY NOTICE

We care about ***your*** personal data.

This summary and ***our*** full privacy notice explain how AWP P&C S.A. protects ***your*** privacy and uses ***your*** personal data. ***Our*** full privacy notice is available at **www.allianz-assistance.co.uk/privacy-notice/**. Cover4insurance's privacy policy is available at **www.cover4insurance.com/privacy-policy**.

If a printed version is required, please write to Customer Service (Data Protection), Allianz Assistance, 102 George Street, Croydon CR9 6HD.

How will *we* obtain and use *your* personal data?
We will collect ***your*** personal data from a variety of sources including:
- Data that ***you*** or other people named on the ***policy*** or ***your*** representative(s) provide to ***us***;
- Data from ***your*** insurance arranger or partners, such as brokers, other insurers or other companies who act as insurance distributors including the provider of goods and services associated with this insurance;
- Data that may be provided about ***you*** from certain third parties, such as ***your doctor*** in the event of a claim; and
- Data collected through initial voice tool (Voicebot or equivalent) and call recordings (such as phone conversations with ***us***) may be recorded. Additional information may be relayed to ***you*** as to how data is processed when ***you*** phone ***us***.

We will collect and process ***your*** personal data to comply with ***our*** contractual obligations and/or for the purposes of ***our*** legitimate interests including:
- Entering into or administering contracts with ***you***;
- Informing ***you*** of products and services which may be of interest to ***you***.

Who will have access to *your* personal data?
We may share ***your*** personal data:
- With public authorities, other Allianz Group companies, industry governing bodies, regulators, fraud prevention agencies and claims databases, for underwriting, fraud prevention purposes and to comply with our legal and contractual obligations;
- With ***your*** insurance arranger or partners such as brokers, other insurers or other companies who act as insurance distributors including the provider of goods and services associated with the insurance for contractual, regulatory and legal obligations including for the performance of ***our*** services
- With other service providers who perform business operations on ***our*** behalf;
- Organisations who ***we*** deal with which provide part of the service to ***you*** such as in the event of a claim;
- To meet ***our*** legal and regulatory obligations including providing information to the relevant ombudsman if ***you*** make a complaint about the product or service that ***we*** have provided to ***you***.

We will not share information about ***you*** with third parties for marketing purposes unless ***you*** have specifically given ***us your*** consent to do so.

How long do *we* keep *your* personal data?
We will retain ***your*** voice recordings for a minimum of two years (up to a maximum retention period of ten years) and ***your*** other personal data for a maximum of ten years from the date the insurance relationship between ***us*** ends. If ***we*** can do so, ***we*** will delete or anonymise certain areas of ***your*** personal data as soon as that information is no longer required for the purposes for which it was obtained.

Where will *your* personal data be processed?
Your personal data may be processed both inside and outside the United Kingdom (UK) and the European Economic Area (EEA). Whenever ***we*** transfer ***your*** personal data outside the UK and the EEA to other Allianz Group companies, ***we*** will do so on the basis of Allianz's approved binding corporate rules (BCR). Where Allianz's BCR do not apply, ***we*** take steps to ensure that personal data transfers outside the UK and the EEA receive an adequate level of protection.

What are *your* rights in respect of *your* personal data?
You have certain rights in respect of ***your*** personal data. ***You*** can:
- Request access to it and learn more about how it is processed and shared;
- Request that ***we*** restrict any processing concerning ***you***, or withdraw ***your*** consent where ***you*** previously provided this;
- Request that ***we*** stop processing it, including for direct marketing purposes;
- Request that ***we*** update it or delete it from ***our*** records;
- Request that ***we*** provide it to ***you*** or a new insurer; and
- File a complaint.

Automated decision making, including profiling
We carry out automated decision making and/or profiling when necessary.

How can *you* contact *us*?
If ***you*** would like a copy of the information that ***we*** hold about ***you*** or if ***you*** have any queries about how ***we*** use ***your*** personal data, ***you*** can contact ***us*** as follows:

By post: Customer Service (Data Protection), Allianz Assistance, 102 George Street, Croydon CR9 6HD

By telephone: **020 8603 9853**

By email: **AzPUKDP@allianz.com**

IMPORTANT CONTACT DETAILS

Sales & Customer Service: (Monday to Friday – 9am to 5pm)	0161 772 3390
24-hr Emergency medical assistance: (for medical emergency or ***trip*** interruption requests) See page 35 for full details	UK +44 (0)1444 465553
Non Emergency Claims: (Monday to Friday – 9am to 5pm)	020 8667 2461
Gadget Claims: (Monday to Friday – 9am to 5pm)	01865 745566

This insurance is distributed by Cover4insurance a trading name of UK & Ireland Insurance Services (Online) Limited. Registered in England with company no. 04239415 whose registered office is The Stables, Old Co-Op Yard, Warwick Street, Prestwich, Manchester, M25 3HB. UK & Ireland Insurance Services (Online) Limited is authorised and regulated by the Financial Conduct Authority under FRN 312248.

This insurance is administered in the UK by Allianz Assistance, a trading name of AWP Assistance UK Ltd Registered in England with company no. 1710361. Registered Office: 102 George Street, Croydon CR9 6HD. AWP Assistance UK Ltd is authorised and regulated by the Financial Conduct Author under FRN 311909.

Sections A to L and sections N to O of this insurance is underwritten by AWP P&C S.A., a company registered in France with ID No 519490080 RCS Bobigny. Registered Office 7 Rue Dora Maar, 93400 Saint-Ouen, France acting through its UK Branch, AWP P&C, registered in the United Kingdom with company number FC030280. Registered Office: 102 George Street, Croydon CR9 6HD. Authorised and regulated by L'Autorite de Controle Prudentiel et de Resolution in France. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority under FRN 534384 and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request.

Cover4insurance acts as an Agent for AWP P&C S.A. for the receipt of customer money and handling premium refunds.

Section M of this insurance is arranged and administered by Bastion Insurance Services Ltd, Temple Court Mews, 109 Oxford Road, Cowley, Oxford OX4 2ER. Bastion Insurance Services Ltd are authorised and regulated by the Financial Conduct Authority in the UK under the registration number 650727. The cover under this section is underwritten by Collinson Insurance (a trading name of Astrenka Insurance Limited) which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority in the United Kingdom, under Firm Reference Number 202846.