



Travel Class Limited Group Policy Travel Insurance Youth Group

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Introduction

This **Group Policy** travel insurance has been arranged by Howden on behalf of the **Group Policyholder** for the benefit of the **Group Policyholder** and the **Beneficiaries**. It contains details of the cover, conditions and exclusions applicable and is the basis on which all claims will be settled. In return for having accepted the premium, **We** will provide cover to the **Group Policyholder** and **Beneficiaries** in accordance with the operative sections of this **Group Policy** as referred to in the **Statement of Insurance**.

The **Statement of Insurance** issued together with this **Group Policy** wording and any endorsements, shows which benefits the **Group Policyholder** has chosen, who is covered under this **Group Policy** and when and where cover applies. The **Group Policyholder** and the **Beneficiaries** should take the time to read this **Group Policy** carefully to ensure that it meets their needs.

This **Group Policy** wording, **Statement of Insurance** and any endorsements all form part of the **Group Policy**. This is a contract between the **Group Policy Policy and all** communications before and during the **Policy Term** will be provided in English.

Residency

This **Group Policy** is only available to the **Beneficiary** if they are registered under the health care system in their **Home Country**.

Age eligibility

Cover under this **Group Policy** is not available to any **Beneficiary** aged 86 or over at the time of departure. Some benefits and **Excess** may be subject to age limitations as stated in the **Statement of Insurance**.

The Law applicable to this Group Policy

We and the Group Policyholder are free to choose the laws applicable to this Group Policy. We propose to apply the laws of England and Wales and by purchasing this Group Policy the Group Policyholder has agreed to this.

Group Policy Excess

Under most sections of this **Group Policy**, claims will be subject to an **Excess**. This means that each **Beneficiary** will be responsible for paying the first part of each and every claim under each section for which an **Excess** applies.

Group Policy information or advice

The **Group Policyholder** must give a copy of this **Group Policy** wording, **Statement of Insurance** and any endorsements to each **Beneficiary** at the time they are accepted for cover under this **Group Policy**.

If the **Group Policyholder** would like more information or feel that this insurance may not meet their needs, please contact your Howden representative.

If you are a traveller covered under this **Group Policy** (a **Beneficiary**), and would like more information or feel that this insurance may not meet your needs, contact the **Group Policyholder** at the address shown in the **Statement of Insurance**

The Insurer

This **Group Policy** is underwritten by Zurich Insurance Company Ltd. A public limited company incorporated in Switzerland. Registered in the Canton of Zurich, No. CHE-105.833.114, registered offices at Mythenquai 2, 8002 Zurich. UK Branch registered in England and Wales no BR000105. UK Branch Head Office: The Zurich Centre, 3000 Parkway, Whiteley, Fareham, Hampshire PO15 7JZ. Zurich Insurance Company Ltd is authorised and regulated in Switzerland by the Swiss Financial Market Supervisory Authority FINMA. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority 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. Our firm reference number is 959113.

Data Protection

Howden is committed to being transparent about how we handle your data and protect your privacy. Full details can be found within our privacy policy at www.howdenbroking.com/uk-en/privacy-data-protection-policy.

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Definitions

Any word or expression to which a specific meaning has been attached will bear the same meaning throughout this **Group Policy**. For ease of reading the definitions are highlighted by the use of bold print and will start with a capital letter.

Baggage – means luggage, clothing, personal effects, **Valuables** and other articles which belong to the **Beneficiary** (or for which the **Beneficiary** is legally responsible) which are worn, used or carried by the **Beneficiary** during any **Trip** but excluding **Personal Money**, **Group Money** and documents of any kind.

Beneficiary/Beneficiaries – means each person travelling on a **Trip** arranged by the **Group Policyholder** who is eligible to be covered under this **Group Policy** and for which details have been provided to **Us** by the **Group Policyholder**. A **Beneficiary** is not party to this contract which is solely between the **Group Policyholder** and **Us**.

Bodily Injury – means an identifiable physical injury sustained by the **Beneficiary** caused by sudden, unexpected, external and visible means. Injury as a result of the **Beneficiary**'s unavoidable exposure to the elements shall be deemed to have been caused by **Bodily Injury**.

Close Business Associate – means any person whose absence from business for one or more complete days at the same time as the Beneficiary's absence prevents the proper continuation of that business.

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

Curtailment/Curtail - means either:

- a) abandoning or cutting short the **Trip** by immediate and direct return to the **Beneficiary's Home Country**, in which case claims will be calculated from the day the **Beneficiary** returned to their **Home Country** and based on the number of complete days of the **Beneficiary's Trip** they have not used, or
- b) by attending a hospital abroad as an in-patient or being confined to the **Beneficiary's** accommodation abroad on the orders of their treating **Medical Practitioner** whether due to unforeseen **Bodily Injury** or illness and/or compulsory quarantine, in either case for a period in excess of 48 hours. Claims will be calculated from the day the **Beneficiary** was admitted to hospital or confined to their accommodation and based on the number of complete days for which the **Beneficiary** was hospitalised or confined to their accommodation

Emergency Assistance Service - means the emergency assistance service provider, appointed by Zurich Insurance Company Ltd.

Europe – means Republic of Ireland, The Continent of Europe west of the Ural Mountains including all countries with a Mediterranean coastline (except Algeria, Israel, Lebanon and Libya), Iceland, The Mediterranean Islands, Madeira, Azores and the Canary Islands.

Excess – means the first amount stated in the Statement of Insurance of each and every claim that each Beneficiary will be responsible for paying under each section for which an excess applies.

Group Equipment – means equipment which is accompanying the group (or for which the group is legally responsible) which are worn, used or carried by the **Beneficiary** during any **Trip**.

Group Money – means bank notes currency notes and coins in current use, travellers' and other cheques, postal or money orders, pre-paid coupons or vouchers, travel tickets, event and entertainment tickets, phonecards and credit/debit or charge cards all held for private purposes by a group leader.

Group Policy - means the documents consisting of the Group Policy wording, the Statement of Insurance and any applicable endorsements.

Group Policyholder – means the person, firm, company or organisation stated in the **Statement of Insurance** as being the **Group Policyholder**, that is resident or incorporated within the **United Kingdom** and which has entered into this **Group Policy** for the benefit of itself and the **Beneficiaries**.

Home – means the Beneficiary's normal place of residence in their Home Country or the Beneficiary's place of residence in the country in which they are a full time Student.

Home Country – means the **Beneficiary**'s normal country of residence or the country in which the **Beneficiary** is a full time **Student** studying a recognised course of further education.

Medical Condition - means any disease or illness (including undiagnosed symptoms) or injury not otherwise excluded under this Group Policy..

Medical Practitioner – means a registered practising member of the medical profession who is not related to the **Beneficiary** or any person with whom they are travelling.

Period of Cover – Section 1- Cancellation cover shall be operative from the time the Beneficiary is accepted for cover and shall terminate when the Beneficiary leaves their Home or in respect of a business Trip the Beneficiary's place of business in their Home Country (whichever is the later) to commence their Trip. For all other sections of this Group Policy, the insurance commences when the Beneficiary leaves their Home or in respect of a business Trip the Beneficiary's place of business in their Home Country (whichever is the later) to commence their Trip and terminates at the time of the Beneficiary's return to their Home or place of business in their Home Country (whichever is the earlier) on completion of their Trip.

Any Trip that had already begun at the time of the Beneficiary being accepted for cover will not be covered.

The **Period of Cover** is automatically extended for the period of the delay (but not exceeding 30 days in total unless otherwise agreed in writing by **The Insurer**) in the event that the **Beneficiary's** return to their **Home Country** is unavoidably delayed due to an event insured by this **Group Policy**.

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

Policy Term - means the period shown in the Statement of Insurance for which the Group Policyholder has taken out this Group Policy and for which the premium has been paid. The Policy Term may, at Our discretion, be extended subject to payment of any additional premium required

Pre-existing Medical Condition – means any past or current **Medical Condition** that has given rise to symptoms or for which any form of diagnosis, treatment, operation, new or changed prescribed medication, test or investigation has been required or received during the 12 months prior to being accepted for cover.

Public Transport – means any publicly licensed aircraft, sea vessel, train or coach on which the Beneficiary is booked or had planned to travel.

Statement of Insurance – means the document detailing the Insurer, the policy number, the **Policy Term**, the sections which are operative, benefits for each section of cover and any special terms and conditions which may apply to the **Group Policy**.

Ski Equipment – means skis (including bindings), ski boots, ski poles and snowboards.

Student - means any person studying for a degree or other recognised qualification at a college or university.

Terrorism – means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting

alone or on behalf of or in connection with any organisations(s) or governments, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

Trip – means any holiday, business or pleasure trip or journey as shown in the **Statement of Insurance** made by the **Beneficiary** within the cover area shown in the **Statement of Insurance** which begins and ends in the **Beneficiary's Home Country** but excluding one way trips or journeys.

Unattended – means when the Beneficiary is not in full view of and not in a position to prevent unauthorised interference with their property or vehicle.

United Kingdom/UK - means England, Scotland, Wales and Northern Ireland.

Valuables – means jewellery, watches, furs, precious and semi-precious stones and articles made of or containing gold, silver or other precious metals; mobile phones, smartphones and other telecommunications equipment; cameras and other photographic equipment, telescopes and binoculars; audio/video equipment and/ or hand held audio/ visual equipment (including radios, cassette/compact disc players, MP3 and MP4 players, camcorders, DVD, video, televisions, Go-Pro and other similar audio and video equipment and headphones); satellite navigation equipment; computer equipment (such as but not limited to: laptops, tablets, notebooks, netbooks, personal digital assistants (PDAs), MP3/4 players, e-readers, smart watches, wearable activity trackers, storage media) including their games, headphones, discs and accessories.; computer games equipment (including consoles, games and peripherals); CDs, DVDs and recordable media including USB sticks, SD cards, tapes, films, cassettes, cartridges and the like.

We/Us/Our - means the Insurer shown on the Statement of Insurance, Howden UK Brokers Limited, or another agent acting on behalf of the Insurer.

General conditions applicable to the Group Policy

Both the Group Policyholder and the Beneficiaries must comply with the following conditions to have the full protection of this Group Policy.

If the **Group Policyholder** or the **Beneficiaries** do not comply with such conditions **We** may at **Our** option cancel this **Group Policy** refuse to deal with any claim or reduce the amount of any claim payment.

1. Dual insurance

If at the time of any incident which results in a claim under this **Group Policy**, there is another insurance covering the same loss, damage, expense or liability

We will not pay more than **Our** proportional share (not applicable to section 4 – Personal accident).

2. Reasonable precautions

Both the **Group Policyholder** and the **Beneficiary** must take and cause to be taken all reasonable precautions to avoid injury, illness, disease, loss, theft or damage and also take and cause to be taken all practicable steps to safeguard property from loss or damage and to recover property lost or stolen.

3. Cancellation of the Group Policy

14 Day Cooling Off Period

The **Group Policyholder** may cancel this **Group Policy** and all associated cover sections within 14 days starting from the day the **Group Policyholder** received the **Group Policy** by writing to the address shown in the **Statement of Insurance**. **We** will refund the premium less a charge for any period for which cover applied. We also reserve the right to charge a cancellation fee of £20.00. In the event any **Beneficiaries** have travelled or a claim or an incident likely to give rise to a claim has occurred during the period for which cover applied, no refund of premium will be given.

Cancellation Outside the 14 Day Cooling Off Period

This **Group Policy** may be cancelled:

- a) by the **Group Policyholder** sending **Us** notice to the address shown on the **Statement of Insurance**. **We** will return a proportionate refund of the premium paid in respect of the unexpired term of this **Group Policy**. We also reserve the right to charge a cancellation fee of £20.00. In the event any **Beneficiary** has travelled or a claim or an incident likely to give rise to a claim has occurred during the current **Policy Term** no refund of premium will be given.
- b) by **Us** or **Our** authorised underwriting agents where there is a valid reason for doing so by giving the **Group Policyholder** 21 days' notice in writing to their last known address. **We** will refund any premium which may be due to the **Group Policyholder** in accordance with the terms of this condition. Valid reasons for cancellation may include but are not limited to:
 - If the **Group Policyholder** advises **Us** of a change of risk under this **Group Policy** which **We** are unable to insure, or unable to insure at the same terms and conditions on which cover was originally underwritten:
 - Where the Group Policyholder fails to respond to requests from Us for further information or documentation;
 - Where the Group Policyholder has given incorrect information and fails to provide clarification when requested;
 - Where the Group Policyholder is in breach of any of the terms and conditions which apply to this Group Policy;
 - · Where We reasonably suspect fraud;

- Where there is a change in law or regulation that materially changes the risk insured; or
- The use of threatening or abusive behaviour or language, or intimidation or bullying of **Our** staff or suppliers, by the **Group Policyholder** or any person acting on their behalf
- c) by **Us** or **Our** authorised underwriting agents if **We** have been unable to collect a premium payment. In this case the **Group Policyholder** will be notified in writing requesting payment by a specific date. If payment is not received by this date the **Group Policyholder** will be written to again notifying them that payment has not been received and giving them seven days' notice for a final payment. If payment is not received by that date **We** will cancel this **Group Policy** with immediate effect and notify the **Group Policyholder** in writing that such cancellation has taken place. In the event of cancellation of this group policy by us in accordance with this condition, the **Group Policyholder** must notify the **Beneficiaries** and/or their legal representatives of such cancellation.

4. Withdrawal of Participation by a Beneficiary

A Beneficiary's participation in the Group Policy may be withdrawn:

- a) by a **Beneficiary** and/or their legal representatives by giving written notice of that intention to the **Group Policyholder** specified in the **Statement of Insurance**.
- b) by **Us** or **Our** authorised underwriting agents where there is a valid reason for doing so by giving the **Beneficiary** and **Group Policyholder** 21 days' notice in writing to their last known address. **We** will refund any premium which may be due to the **Group Policyholder** in accordance with the terms of this condition. Valid reasons for cancellation may include but are not limited to:
 - If the **Beneficiary** and/or their legal representatives advises **Us** of a change of risk under this **Group Policy** which **We** are unable to insure, or unable to insure at the same terms and conditions on which cover was originally underwritten;
 - Where the **Beneficiary** and/or their legal representatives fails to respond to requests from **Us** for further information or documentation;
 - Where the Beneficiary and/or their legal representatives has given incorrect information and fails to provide clarification when requested;
 - Where the Beneficiary is in breach of any of the terms and conditions which apply to this Group Policy;
 - Where **We** reasonably suspect fraud;
 - Where there is a change in law or regulation that materially changes the risk insured;
 - Where the **Beneficiary** suffers a change in state of health for example they develop a long term or chronic medical condition that requires treatment for more than 12 months; or
 - The use of threatening or abusive behaviour or language, or intimidation or bullying of **Our** staff or suppliers, by the **Beneficiary** or any person acting on their behalf.

Any return of premium due to the **Group Policyholder** as a result of a **Beneficiary's** withdrawal from participation in the **Group Policy** will be calculated from the date such participation ceases or the date **We** have received written notice whichever is the later. No return of premium will be paid or allowed where such **Beneficiary** has travelled on a **Trip** covered under this **Group Policy** or been the subject of a claim during any period for which cover was provided. If a **Beneficiary** cannot travel due to a change of FCDO advice and they are not intending to make a claim under the **Group Policy**, their participation can be withdrawn and they will receive a full refund of premium. **We** also reserve the right to charge a reasonable administration fee.

5. Sanctions

We will not be held liable to provide cover or make any payments or provide any service or benefit to any Group Policyholder, Beneficiary or other party to the extent that such cover, payment, service, benefit and/or business or activity of the Group Policyholder or Beneficiary would violate any applicable trade or economic sanctions law or regulation.

Claims conditions

In the event of the **Group Policyholder** or any **Beneficiary** wanting to make a claim against the **Group Policy** they must comply with the following conditions to have the full protection of the **Group Policy**. To make a claim, phone the telephone number detailed below.

If the **Group Policyholder** or any **Beneficiary** does not comply with the claims conditions **We** may at **Our** option cancel the **Group** Policy, refuse to deal with any **claim** or reduce the amount of any claim payment.

1. Claims

Depending on the type of claim **We** should be notified preferably via **Our** website www.howdengroup.com/endsleigh-claims. Alternatively notify **Us** by email, phone or write to **Us** at the address given below:

All claims except legal expenses

CEGA Travel Claims, PO Box 127, Cheesemans Lane, Funtington Park, Chichester, West Sussex, PO18 8WQ

Tel: +44(0) 1202 038 946 Email: claims@cegagroup.com

Legal expenses only

Lyons Davidson Limited, 51 Victoria Street, Bristol, BS1 6AD

Tel: +44(0) 117 904 5831

Email: zurichtravelclaims@lyonsdavidson.co.uk

The notification must be made within 31 days or as soon as possible thereafter following any **Bodily Injury**, illness, disease, incident, event, redundancy or the discovery of any loss, theft or damage which may give rise to a claim under this **Group Policy**.

The **Group Policyholder** and/or the **Beneficiary** must also inform **Us** if they are aware of any writ, summons or impending prosecution. Every communication relating to a claim must be sent to **Us** without delay. The **Group Policyholder**, the **Beneficiary** and/or anyone acting on their behalf must not negotiate admit or repudiate any claim without **Our** written consent.

The **Group Policyholder**, the **Beneficiary** and/or their legal representatives must supply at their own expense all information, evidence, details of household insurance and medical certificates as required by **Us**. **We** reserve the right to require the **Beneficiary** to undergo an independent medical examination at **Our** expense. **We** may also request and will pay for a post-mortem examination where necessary.

All claimants under this **Group Policy** must retain any property which is damaged, and, if requested, send it to **Us** at their own expense. If **We** pay a claim for the full value of the property and it is subsequently recovered or there is any salvage then it will become **Our** property. **We** may refuse to reimburse a claimant for any expenses for which they cannot provide receipts or bills or proof of ownership such as an original receipt, a valuation, original user manual or bank credit card statements.

2. Subrogation

We are entitled to take over any rights in the defence or settlement of any claim and to take proceedings in the **Group Policyholder** or the **Beneficiary's** name for **Our** benefit against any other party.

3. Fraud

The Group Policyholder and the Beneficiaries must_not act in a fraudulent manner. If the Group Policyholder, a Beneficiary or anyone acting for them

- a) Makes a claim under the **Group Policy** knowing the claim to be false or fraudulently exaggerated in any respect or
- b) Makes a statement in support of a claim knowing the statement to be false in any respect or
- c) Submit a document in support of a claim knowing the document to be forged or false in any respect or
- d) Makes a claim in respect of any loss or damage caused by the **Group Policyholder** or a **Beneficiary's** wilful act or with their connivance

Then

- a) We shall not pay the claim
- b) **We** shall reserve the right not pay any other claim which has been or will be made under the **Group Policy.**
- c) We may at Our option declare the Group Policy void
- d) We shall be entitled to recover from the Group Policyholder and/or the Beneficiary the amount of any claim already paid under the Group Policy
- e) We shall not make any return of premium
- f) We may inform the Police of the circumstances.

4. Paying Claims

- 1. Death
 - a) If a **Beneficiary** is 18 years old or over, **We** will pay the claim to the **Beneficiary**'s estate and the receipt given to **Us** by the **Beneficiary**'s personal representatives shall be a full discharge of all liability by **Us** in respect of the claim.
 - b) If a **Beneficiary** is aged under 18 years **We** will pay any claim for death to the **Beneficiary**'s parent or legal guardian. The **Beneficiary**'s parent or legal guardian's receipt shall be a full discharge of all liability by **Us** in respect of the claim.
- 2. All other claims
 - a) If a **Beneficiary** is 18 years or over, **We** will pay the claim to the **Beneficiary** and the **Beneficiary**'s receipt shall be a full discharge of all liability by **Us** in respect of the claim.
 - b) If a **Beneficiary** is aged under 18 **We** will pay the appropriate benefit amount to the **Beneficiary**'s parent or legal guardian for the **Beneficiary**'s benefit. The **Beneficiary**'s parent or legal guardian's receipt shall be a full discharge of all liability by **Us** in respect of the claim.

Important conditions relating to health

This **Group Policy** contains health restrictions that apply to the cover provided under the following sections:

Section 1 - Cancellation or curtailment charges

Section 2 - Emergency medical and other expenses

Section 3 - Hospital benefit

Section 4 – Personal accident

A) At the time of being accepted for cover:

It is a condition of this **Group Policy** that the **Beneficiary** will not be covered for any claims arising directly or indirectly from:

- any Pre-existing Medical Condition the Beneficiary has or has had.
- any Medical Condition (pre-existing or otherwise) for which the Beneficiary, their Close Relative or a Close Business Associate:
 - is on a waiting list for or has knowledge of the need for surgery, hospital consultation (other than for regular check-ups), hospital treatment or investigation.
 - has been seen by a specialist (other than for regular check-ups), had an operation or other hospital treatment or investigation within the last 6 months.
 - has received a terminal prognosis.
 - has not had a diagnosis.

B) At any time:

It is a condition of this **Group Policy** that the **Beneficiary** will not be covered for any claims arising directly or indirectly from:

- any Medical Condition (pre-existing or otherwise) for which the Beneficiary:
 - has been advised by a Medical Practitioner not to travel (or would have been had they sought his/her advice).
 - is travelling with the intention of obtaining medical treatment (including surgery or investigation) or advice.
 - is not taking the recommended treatment or prescribed medication as directed by a Medical Practitioner.
 - is travelling against any health requirements stipulated by the carrier, their handling agents or other **Public Transport** provider.

Beneficiaries must comply with these conditions to have full protection of the Group Policy. If a Beneficiary does not comply with these conditions, We reserve the right to refuse any claim made or reduce the amount of a claim payment. Under these circumstances, We may not be able to continue providing cover for the Beneficiary under this policy and reserve the right to withdraw their participation in the Group Policy.

The Group Policyholder and Beneficiaries should also refer to the general exclusions on page 10.

General exclusions applicable to all sections of the Group Policy

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

- 1. a) War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil unrest or similar event.
 - b) **Terrorism**, but this exclusion shall not apply to losses under section 2 Emergency medical and other expenses, section 3 Hospital benefit and section 4 Personal accident unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any **Trip**.
- 2. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
- 3. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
- 4. The **Beneficiary's** pursuit of winter sports unless sections 12, 13, 14, 15 and 16 are shown as operative in the **Statement of Insurance**, in which case cover will apply to:
 - a) the winter sports shown in the list on page 13 and
 - b) any other winter sports shown as covered in the Statement of Insurance.
- 5. The **Beneficiary's** participation in or practice of any professional entertaining or professional sports.
- 6. The Beneficiary's participation in or practice of any other sport or activity, manual work or racing unless:
 - a) shown as covered without charge in the list on page 13 or
 - b) shown as covered in the Statement of Insurance.
- 7. The **Beneficiary's** wilfully, self-inflicted injury or illness, suicide or attempted suicide, sexually transmitted diseases, solvent abuse, the use of drugs (other than drugs taken in accordance with treatment prescribed and directed by a **Medical Practitioner**, but not for the treatment of drug addiction), self-exposure to needless peril (except in an attempt to save human life).
- 8. The **Beneficiary's** drinking too much alcohol which is evidenced by:
 - a) a Medical Practitioner stating that the Beneficiary's alcohol consumption has caused or actively contributed to their injury or illness.
 - b) the results of a blood test which shows that the **Beneficiary's** blood alcohol level exceeds 0.19% which is approximately four pints of beer or four 175ml glasses of wine.
 - c) the witness report of a 3rd party which has advised that the Beneficiary has notably impaired their faculties and/or judgement.
 - d) the **Beneficiary's** own admission and/or by the description of events they have described on the claim form.
- 9. Alcohol abuse or alcohol dependency which is evidenced by:
 - a) the Beneficiary's medical records or the opinion of the Beneficiary's Medical Practitioner
 - b) the opinion of an independent Medical Practitioner
- 10. The Beneficiary's own unlawful action or any criminal proceedings against them.
- 11. Unless specifically covered under this insurance, any other loss, damage or additional expense following on from the event for which the **Beneficiary** is claiming unless **We** provide cover under this insurance. Examples of such loss, damage or additional expense would be the cost

- of replacing locks after losing keys, costs incurred in preparing a claim or loss of earnings following Bodily Injury illness or disease.
- 12. Operational duties of a member of the Armed Forces (other than claims arising from authorised leave being cancelled due to operational reasons, as provided for under sub section 4. of section 1 Cancellation or curtailment charges).
- 13. The **Beneficiary's** use of a motorised vehicle on a **Trip** covered under this **Group Policy** unless a full driving licence is held permitting the use of such vehicles in the country concerned.
- 14. The **Beneficiary's** travel to a country or area where the Foreign, Commonwealth and Development Office (FCDO) or equivalent government or national authority, or the World Health Organisation have advised against all travel or all but essential travel.
- 15. Any circumstances the **Group Policyholder** or **Beneficiary** is aware of at the time of taking out this **Group Policy** that could reasonably be expected to give rise to a claim.
- 16. A medical epidemic or pandemic. Note that this exclusion shall not apply to losses under section 2 Emergency medical and other expenses.

Sports and activities covered

The following lists detail the sports and activities that this **Group Policy** will cover. If a **Beneficiary** is participating in any other sports or activities not mentioned, please telephone the Group Policyholder shown in the Statement of Insurance as they may be able to offer cover for an additional premium. Details of those sports and activities for which additional cover has been purchased will be added to the Statement of Insurance

Please note that cover under section 8 – Personal liability is excluded where a **Beneficiary** is participating in any sport or activity marked with *.

Covered as standard administrative or clerical

occupations aerobics

archery badminton banana boating baseball basketball

bmx biking (wearing a helmet no stunting) body boarding (boogie boarding) bowls

bungee jumping (1 jump only within professional

organiser's guidelines and wearing appropriate safety equipment)

*camel riding

canoeing (up to grade 2 rivers)

*catamaran sailing (if qualified)

*clay pigeon shooting

climbing (on indoor climbing wall only)

cricket croquet curling

cycling / mountain biking (wearing a helmet - casual or offroad only and not endurance, downhill or racing)

deep sea fishing

*dinghy sailing

*driving any motorised vehicle for which the Beneficiary is licensed to drive in their Home Country (other than in

motor rallies or competitions)

elephant riding fell walking/running

fencina fishing

flying as a fare paying passenger in a fully licensed

passenger carrying aircraft

football (amateur only and not main purpose of Trip)

glacier walking

*go karting (within organisers guidelines)

aolf hikina

horse riding (wearing a helmet and excluding competitions, jumping and hunting)

hot air ballooning (organised pleasure rides only)

hydro zorbing *jet boating

*jet skiing jogging

kayaking (up to grade 2 rivers)

netball octopush

open water swimming (professionally escorted tours

only)

orienteering overlanding

*paint balling (wearing eve protection)

pony trekkina

*quad biking (wearing a helmet) racket ball

rambling

*rifle range shooting

roller skating and blading (wearing pads

& helmets) rounders rowing

running (non-competitive and not marathon)

safari trekking in a vehicle (must be organised tour) safari trekking on foot (must be organised tour)

*sailing (if qualified or accompanied by a qualified person)

sandboarding

sand dune surfing/skiing

*sand vachting

scuba diving to max depth 18 metres below sea level (if qualified scuba diver and not diving alone, or accompanied by qualified instructor)

* shooting/small bore target shooting (within organisers auidelines)

skateboarding (wearing pads & helmets)

snorkelling softball

sauash

students working as counsellors or university exchanges

for practical course work (non manual) superintendence of manual work surfing

swimming

swimming with dolphins Sydney harbour bridge walk

table tennis

ten pin bowling tennis track and field athletics

trampolining

trekking up to 2.500 metres altitude tug of war vollevball

wake boarding walking

*war games (wearing eye protection)

water polo

water skiing whale watching

wind surfing

working farm visits (organised school visit supervised by teachers and farm staff)

*yachting (if qualified)

*No cover under section 8 - Personal liability for

these sports or activities

Covered if the appropriate winter sports premium has been paid

dry slope skiing ice skating
kick sledging
ski – blading
skiing / snowboarding - on piste skiing –
mono
skiing / snowboarding - off piste with a
guide
* sledging pulled by dog, horse or reindeer
as a passenger
snow shoe walking

Emergency and medical service

In the event of a serious illness or accident which may lead to in-patient hospital treatment or before any arrangements are made for repatriation or in the event of **Curtailment** necessitating the **Beneficiary's** early return **Home** the **Beneficiary** (or someone on their behalf) must contact the **Emergency Assistance Service**. The service is available to the **Beneficiary** and operates 24 hours a day, 365 days a year for advice, assistance, making arrangements for hospital admission, repatriation and authorisation of medical expenses. If this is not possible because the condition requires immediate emergency treatment the **Beneficiary** (or someone on their behalf) must contact the **Emergency Assistance Service** as soon as possible. Private medical treatment is not covered unless authorised specifically by the **Emergency Assistance Service**.

Medical assistance abroad

The Emergency Assistance Service has the medical expertise, contacts and facilities to help should the Beneficiary be injured in an accident or fall ill. The Emergency Assistance Service will also arrange transport Home when this is considered to be medically necessary or when the Beneficiary has notice of serious illness or death of a Close Relative at Home.

Payment for medical treatment abroad

If the **Beneficiary** is admitted to a hospital/clinic while abroad, the **Emergency Assistance Service** will arrange for medical expenses covered by the **Group Policy** to be paid direct to the hospital/clinic. To take advantage of this benefit someone must contact the **Emergency Assistance Service** for the **Beneficiary** as soon as possible.

For simple out-patient treatment, the **Beneficiary** should pay the hospital/clinic and submit a claim for reimbursement under this **Group Policy**. The **Beneficiary** should beware of requests to sign for excessive treatment or charges. If in doubt regarding any such requests, please call the **Emergency Assistance Service** for guidance.

Reciprocal health agreements

EU, EEA or Switzerland

If the **Beneficiary** is travelling to countries within the European Union (EU), the European Economic Area (EEA) or Switzerland they are strongly advised to check if they are entitled to benefit from the reciprocal health care arrangements which exist between countries within the EU/EEA or Switzerland.

In the event of liability being accepted for a medical expense which has been reduced by the use of either a reciprocal health care arrangement or private health insurance, **We** will not apply the deduction of **Excess** under section 2 - Emergency medical and other expenses.

Australia

If the **Beneficiary** requires medical treatment in Australia they must enrol with a local MEDICARE office. The **Beneficiary** does not need to enrol on arrival but they must do this after the first occasion they receive treatment. In-patient and out-patient treatment at a public hospital is then available free of charge. Details of how to enrol and the free treatment available can be found by visiting the MEDICARE website on http://www.humanservices.gov.au. Alternatively please call the **Emergency Assistance Service** for guidance.

If the **Beneficiary** is admitted to hospital contact must_be made with the **Emergency Assistance Service** as soon as possible and their authority obtained in respect of any treatment NOT available under MEDICARE

Contact the Emergency Assistance Service on telephone number: +44 (0)1243 621058

Section 1 - Cancellation or curtailment charges

What is covered

We will reimburse the **Beneficiary** up to the amount stated in the **Statement of Insurance** for any irrecoverable unused travel and accommodation costs and other pre-paid charges which the **Beneficiary** has paid or is contracted to pay together with any reasonable additional travel expenses incurred if

 a) cancellation of the **Trip** is necessary and unavoidable or b) the **Trip** is **Curtailed** before completion

as a result of any of the following events occurring during the **Period of Cover**:

- 1. The death, **Bodily Injury** or illness of:
 - a) the Beneficiary
 - b) any person with whom the **Beneficiary** is travelling or has arranged to travel with
 - c) any person with whom the **Beneficiary** has arranged to reside temporarily
 - d) the Beneficiary's Close Relative
 - e) the Beneficiary's Close Business Associate.
- Compulsory quarantine on the order of a treating Medical Practitioner, jury service attendance or being called as a witness at a Court of Law of the Beneficiary or any person with whom they are travelling or have arranged to travel with.
- 3. Redundancy (which qualifies for payment under current redundancy payment legislation of the Beneficiary's Home Country and at the time of booking the Trip there was no reason to believe anyone would be made redundant) of the Beneficiary or a parent of a Beneficiary aged under 18 years of age or any person with whom they are travelling or have arranged to travel with.

What is not covered

- 1. The Excess amount as stated in the Statement of Insurance.
- 2. The cost of Airport Departure Duty.
- 3. Any claims arising directly or indirectly from:
 - a) Redundancy caused by or resulting from misconduct leading to dismissal or from resignation or voluntary redundancy or where a warning or notification of redundancy was given prior to the date this insurance is purchased by the **Beneficiary** or the time of booking any **Trip**.
 - b) Circumstances known to the Group Policyholder or the Beneficiary prior to the date any such Beneficiary is accepted for cover or the time of booking any Trip which could reasonably have been expected to give rise to cancellation or Curtailment of the Trip.
 - c) Normal pregnancy, without accompanying **Bodily Injury**, illness, disease or complication. This section is designed to provide cover for unforeseen events, accidents, illnesses and diseases and normal childbirth would not constitute an unforeseen event.
- Travel tickets paid for using any airline mileage reward scheme, for example Air Miles.
- 5. Anything mentioned in the general exclusions on page 11.

The **Group Policyholder** and the **Beneficiaries** should also refer to the important conditions relating to health on page 10.

What is covered

- 4. The Beneficiary or a parent of a Beneficiary aged under 18 years of age or any person with whom they are travelling or have arranged to travel with if such person is a member of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and has their authorised leave cancelled for operational reasons, provided that such cancellation or Curtailment could not reasonably have been expected at the time when the Beneficiary purchased this insurance or at the time of booking any Trip.
- The Police requesting the **Beneficiary** to remain at or return to their **Home** due to serious damage to their **Home** caused by fire, aircraft, explosion, storm, flood, subsidence, malicious persons or theft.

- The Beneficiary must obtain (at their own expense) a medical certificate from a Medical Practitioner in attendance and prior approval of the Emergency Assistance Service to confirm the necessity to return Home prior to Curtailment of the Trip due to death, Bodily Injury or illness.
- 2. If the **Beneficiary** fails to notify the travel agent, tour operator or provider of transport/accommodation immediately it is found necessary to cancel the **Trip Our** liability shall be restricted to the cancellation charges that would have applied had failure not occurred.
- 3. If the Beneficiary cancels the Trip due to
 - a) Stress, anxiety, depression or any other mental or nervous disorder that they are suffering from they must provide a medical certificate from a consultant specialising in the relevant field
 - b) Any other illness or a **Bodily Injury** they must provide a medical certificate from a **Medical Practitioner** stating that this necessarily and reasonably prevented them from travelling.

Section 2 – Emergency medical and other expenses

What is covered

We will pay up to the amount stated in the **Statement of Insurance** for the following expenses which are necessarily incurred within 12 months of the incident as a result of them suffering unforeseen **Bodily Injury** or illness and/or being compulsorily quarantined on the orders of a treating **Medical Practitioner** whilst on a **Trip** during the **Period of Cover**:

- Emergency medical, surgical, hospital, ambulance and nursing fees and charges incurred outside the Beneficiary's Home Country.
- Emergency dental treatment for the immediate relief of pain (to natural teeth only) up to the amount stated in the Statement of Insurance incurredoutside the Beneficiary's Home Country.
- 3. In the event of the Beneficiary's death outside their Home Country the reasonable additional cost of funeral expenses abroad plus the reasonable cost of conveying their ashes to their Home, or the additional costs of returning their body to their Home. This includes, with the prior authorisation of the Emergency Assistance Service, reasonable transport and accommodation expenses for Close Relatives to travel to the Beneficiary plus the reasonable cost of their return Home.
- Reasonable additional transport (economy class) or accommodation expenses incurred, up to the standard of the Beneficiary's original booking, if it is medically necessary for the Beneficiary to stay beyond their scheduled return date.

This includes, with the prior authorisation of the **Emergency Assistance Service**, reasonable additional transport and/or accommodation expenses for a friend or **Close Relative** to remain with the **Beneficiary** or travel to them from the their **Home Country** or escort them and additional travel expenses to return the **Beneficiary** to their **Home** if they are unable to use the return ticket.

What is not covered

- 1. The Excess amount as stated in the Statement of Insurance.
- 2. Any claims arising directly or indirectly in respect of:
 - a) Costs of telephone calls, other than:
 - calls to the Emergency Assistance Service notifying them of the problem for which the Beneficiary is able to provide a receipt or other evidence to show the cost of the call and the number telephoned.
 - ii) any costs incurred by the **Beneficiary** when the **Beneficiary** receive calls on their mobile telephone from the **Emergency Assistance Service** for which they are able to provide receipts or other reasonable evidence to show the cost of the calls.
 - b) The cost of taxi fares, other than those for the **Beneficiary's** travel to or from hospital relating to their admission, discharge or attendance for outpatient treatment or appointments or for collection of medication prescribed for the **Beneficiary** by the hospital. However any costs incurred by the **Beneficiary** to visit another person in hospital are not covered.
 - c) Any expenses incurred after 12 months from the date of the incident which gave rise to a claim including any expenses incurred in respect of any related **Medical Conditions** that may have subsequently arisen.
 - d) The cost of treatment or surgery, including exploratory tests, which are not directly related to the **Bodily Injury** or illness which necessitated the **Beneficiary's** admittance into hospital.
 - e) Any expenses which are not usual, reasonable or customary to treat the **Beneficiary's Bodily Injury** or illness.
 - f) Any form of treatment or surgery which in the opinion of the Medical Practitioner in attendance and the Emergency Assistance Service can be delayed reasonably until the Beneficiary's return to their Home Country.
 - g) Expenses incurred in obtaining or replacing medication or obtaining treatment or ongoing regular therapy, which at the time of departure is known to be required or to be continued outside the **Beneficiary's Home Country**.

What is covered

- 5. With the prior authorisation of the Emergency Assistance Service, the additional costs incurred in the use of air transport or other suitable means, including qualified attendants, to repatriate the Beneficiary to their Home if it is medically necessary. Repatriation expenses will be in respect only of the identical class of travel utilised on the outward journey unless the Emergency Assistance Service agree otherwise.
- 6. We will pay up to the amount stated in the Statement of Insurance for reasonable additional travel and accommodation expenses incurred if the Beneficiary has a replacement group leader sent out to their party following a valid Curtailment claim being made under Section 1 Cancellation or curtailment charges, by the official group leader.

What is not covered

- h) Additional costs arising from single or private room accommodation.
- i) Treatment or services provided by a health spa, convalescent or nursing home or any rehabilitation centre unless agreed by the Emergency Assistance Service.
- j) Any expenses incurred after the **Beneficiary** has returned to their Home Country.
- k) Expenses incurred as a result of a tropical disease where the Beneficiary has not had the recommended inoculations and/or taken the recommended medication.
- The Beneficiary's decision not to be repatriated after the date when in the opinion of the Emergency Assistance Service it is safe to do so.
- m) Normal pregnancy, without any accompanying **Bodily Injury**, illness, disease or complication. This section is designed to provide cover for unforeseen events, accidents, illnesses and diseases and normal childbirth would not constitute an unforeseen event.
- Any claim for search and rescue not supported by a written statement from the appropriate authority involved in the search and/or rescue.
- 4. Anything mentioned in the general exclusions on page 11.

The **Group Policyholder** and the **Beneficiaries** should also refer to the important conditions relating to health on page 10

- 1. The Beneficiary (or someone on their behalf) must give notice as soon as possible to the Emergency Assistance Service of any Bodily Injury or illness which necessitates the Beneficiary's admittance to hospital as an in-patient or before any arrangements are made for the Beneficiary's repatriation.
- 2. In the event of the Beneficiary's Bodily Injury or illness We reserve the right to relocate them from one hospital to another and arrange for their repatriation to their Home Country at any time during the Trip. We will do this if in the opinion of the Medical Practitioner in attendance or the Emergency Assistance Service the Beneficiary can be moved safely and/or travel safely to their Home Country to continue treatment

Section 3 – Hospital Benefit

What is covered

We will pay up to the amount stated in the **Statement of Insurance** for every complete 24 hours the **Beneficiary** has to stay in hospital as an in-patient outside their **Home Country** up to a maximum stated in the **Statement of Insurance** as a result of **Bodily Injury** or illness they sustain whilst on a **Trip** during the **Period of Cover**:

We will pay the amount stated in the **Statement of Insurance** in addition to any amount payable under section 2 – Emergency medical and other expenses.

This payment is meant to help the **Beneficiary** pay for additional expenses such as taxi fares and phone calls incurred by their visitors during their stay in hospital.

What is not covered

- 1. Any claims arising directly or indirectly from:
 - a) Any additional period of hospitalisation relating to treatment or surgery, including exploratory tests, which are not directly related to the **Bodily Injury** or illness which necessitated the **Beneficiary's** admittance into hospital.
 - b) Hospitalisation relating to any form of treatment or surgery which in the opinion of the Medical Practitioner in attendance and the Emergency Assistance Service can be delayed reasonably until the Beneficiary's return to their Home Country.
 - c) Any additional period of hospitalisation relating to treatment or services provided by a convalescent or nursing home or any rehabilitation centre.
 - d) Hospitalisation as a result of a tropical disease where the Beneficiary has not had the recommended inoculations and/or taken the recommended medication.
 - e) Any additional period of hospitalisation following the Beneficiary's decision not to be repatriated after the date when in the opinion of the Emergency Assistance Service it is safe to do so.
- 2. Anything mentioned in the general exclusions on page 11.

Special conditions relating to claims

1. The Beneficiary (or someone on their behalf) must give notice as soon as possible to the Emergency Assistance Service or Us of any Bodily Injury or illness which necessitates their admittance to hospital as an in-patient

Section 4 – Personal accident

Special Definitions relating to this section (which are shown in bold italics)

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

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

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

What is covered

- 1. We will pay one of the benefits stated in the Statement of Insurance if the Beneficiary sustains Bodily Injury whilst on a Trip during the Period of Cover which shall solely and independently of any other cause, result within two years in the Beneficiary's death, Loss of limb, Loss of sight or permanent total disablement.
- 2. We will pay the benefit stated in the Statement of Insurance if the Beneficiary contracts an illness whilst on a Trip during the Period of Cover which shall solely and independently of any other cause, result in the Beneficiary's death during the Period of Cover

What is not covered

- Any claim for death from illness as a result of a tropical disease where the **Beneficiary** has not had the recommended inoculations and/or taken the recommended medication.
- 2. Anything mentioned in the general exclusions on page 11.

The **Group Policyholder** and the **Beneficiaries** should also refer to the Important conditions relating to health on page 10.

Special conditions relating to claims

1. Our Medical Practitioner may examine the Beneficiary as often as they deem necessary in the event of a claim.

Provisions

- 1. Benefit is not payable to the **Beneficiary**:
 - a) Under more than one of items i., ii. or iii as stated in the Statement of Insurance. .
 - b) Under item iii. as stated in the Statement of Insurance. until one year after the date they sustain Bodily Injury
 - c) Under item iii. as stated in the **Statement of Insurance** if they are able or may be able to carry out any relevant employment or relevant occupation.

Section 5 – Baggage

What is covered

- 1. We will pay the **Beneficiary** up to the amount stated in the **Statement of Insurance** for the accidental loss, theft of or damage to:
- a) the Beneficiary's Baggage whilst on a Trip during the Period of Cover.
- b) Group Equipment

The amount payable will be the value at today's prices less a deduction for wear tear and depreciation, (or **We** may at **Our** option replace, reinstate or repair the lost or damaged **Baggage/Group Equipment**).

The maximum **We** will pay for the following is stated in the **Statement of Insurance** under 1 a) above:

- a) for any one article, pair or set of articles
- b) the total for all Valuables:

What is not covered

- 1. The **Excess** amount as stated in the **Statement of Insurance**. (except claims under subsection 2.
- Loss, theft of or damage to Valuables left Unattended at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe, safety deposit box or left in the Beneficiary's locked accommodation
- 3. Loss, theft of or damage to **Baggage/Group Equipment** contained in an **Unattended** vehicle:
 - a) overnight between 9 p.m. and 9 a.m. (local time) or
 - b) at any time between 9 a.m. and 9 p.m. (local time) unless it is in the locked boot which is separate from the passenger compartment for
 - those vehicles with a boot, or for those vehicles without a separate boot locked in the vehicle and covered from view
- Loss or damage due to delay, confiscation or detention by customs or any other authority.
- 5. Loss, theft of or damage to unset precious stones, contact or corneal lenses, hearing aids, dental or medical fittings, antiques, musical instruments, documents of any kind, bonds, securities, perishable goods, bicycles, **Ski Equipment** and damage to suitcases (unless the suitcases are entirely unusable as a result of one single incidence of damage).
- 6. Loss or damage due to cracking, scratching, breakage of or damage to china, glass (other than glass in watch faces, cameras, binoculars or telescopes), porcelain or other brittle or fragile articles unless caused by fire, theft, or accident to the aircraft, sea vessel, train or vehicle in which they are being carried.
- Loss or damage due to breakage of sports equipment or damage to sports clothing whilst in use.

What is covered

2. We will also pay the Beneficiary up to the amount stated in the Statement of Insurance for the emergency replacement of clothing, medication and toiletries if the Baggage is temporarily lost in transit during the outward journey and not returned to them within 12 hours, provided written confirmation is obtained and sent to Us from the carrier, confirming the number of hours the Baggage was delayed.

If the loss is permanent the amount paid will be deducted from the final amount to be paid under this section.

What is not covered

- Loss, theft of or damage to business goods (other than Group Equipment), samples, tools of trade, motor accessories and other items used in connection with the Beneficiary's business, trade, profession or occupation.
- Loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown.
- 10. Anything mentioned in the general exclusions on page 11.

- 1. The **Beneficiary** must report to the local Police in the country where the incident occurred within 24 hours of discovery or as soon as possible after that and obtain a written report of the loss, theft or attempted theft of all **Baggage/Group Equipment.**
- 2. If Baggage/Group Equipment is lost, stolen or damaged while in the care of a carrier, transport company, authority or hotel the Beneficiary must report to them, in writing, details of the loss, theft or damage and obtain written confirmation. If Baggage/Group Equipment is lost, stolen or damaged whilst in the care of an airline the Beneficiary must:
 - a) obtain a Property Irregularity Report from the airline.
 - b) give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
 - c) retain all travel tickets and tags for submission if a claim is to be made under this Group Policy.
- 3. Receipts for items lost, stolen or damaged must be retained as these will help the **Beneficiary** to substantiate their claim.

Section 6 – Personal money, group money, passport and documents

What is covered

 We will pay the Beneficiary up to the amounts stated in the Statement of Insurance for the accidental loss of, theft of or damage to Group Money and documents (including passports, visas and driving licence) whilst on a Trip during the Period of Cover:

In respect of foreign currency cover is also operative during the 72 hours immediately preceding the **Beneficiary's** departure on the outward journey.

The maximum **We** will pay for the following items is stated in the **Statement of Insurance**:

- a) for bank notes currency notes and coins
- b) for all other Group Money and documents
- c) for emergency funds
- 2. We will pay the Beneficiary up to the amount stated in the Statement of Insurance for reasonable additional travel and accommodation expenses incurred necessarily abroad to obtain a replacement of the Beneficiary's lost or stolen passport or visa whilst on a Trip during the Period of Cover:
- 3. We will pay the Beneficiary up to the amounts stated in the Statement of Insurance for the accidental loss of, theft of or damage to Personal Money and documents (including passports, visas and driving licence) whilst on a Trip during the Period of Cover:

In respect of foreign currency cover is also operative during the 72 hours immediately preceding the **Beneficiary's** departure on the outward journey.

The maximum **We** will pay for the following items is stated in the **Statement of Insurance**:

- a) for bank notes currency notes and coins
- b) if the **Beneficiary** is under the age of 16, for bank notes currency notes and coins
- c) for all other Personal Money and documents

What is not covered

- 1. The Excess amount as stated in the Statement of Insurance.
- Loss, theft of, or damage to, Personal Money, Group Money or the Beneficiary's passport or visa left Unattended at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe, safety deposit box or left in the Beneficiary's locked accommodation
- Loss, theft of, or damage to, travellers' cheques if the Beneficiary has not complied with the issuers conditions or where the issuer provides a replacement service.
- Loss or damage due to delay, confiscation or detention by customs or other authority.
- 5. Loss or damage due to depreciation in value, variations in exchange rates or shortages due to error or omission.
- 6. Anything mentioned in the general exclusions on page 11.

- 1. The **Beneficiary** must report to the local Police in the country where the incident occurred within 24 hours of discovery or as soon as possible after that and obtain a written report of the loss, theft or attempted theft of all **Personal Money**, **Group Money**, passport or documents.
- 2. If Personal Money, Group Money, passport or documents are lost, stolen or damaged while in the care of a carrier, transport company, authority or hotel the Beneficiary must report to them, in writing, details of the loss, theft or damage and obtain written confirmation. If Personal Money, passport or documents are lost, stolen or damaged whilst in the care of an airline the Beneficiary must:
 - a) obtain a Property Irregularity Report from the airline.
 - b) give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
 - c) retain all travel tickets and tags for submission if a claim is to be made under this Group Policy.
- 3. The **Beneficiary** must provide (at their own expense) an original receipt or proof of ownership for items lost, stolen or damaged to help them to substantiate their claim.

Section 7 - Group leader expenses

What is covered

We will pay up to the amount stated in the **Statement of Insurance** to the group leader for reasonable expenses necessarily incurred owing to the unavoidable extension to, abandonment of or change to the planned itinerary of the **Trip** once it has commenced due to:

- a) strike or
- b) riot or
- c) civil commotion or
- d) mechanical breakdown or
- e) adverse weather conditions

What is not covered

- Any change to the itinerary by reason of strike, riot, civil commotion or adverse weather conditions existing or notified by declaration of intent at or prior to the date this **Group Policy** is purchased.
- 2. Anything mentioned in the general exclusions on page 11.

Special conditions relating to claims

1. The **Beneficiary** must comply with the terms of contract of the travel agent, tour operator or provider of transport.

Section 8 – Personal Liability

What is covered

We will pay up to the amount stated in the **Statement of Insurance** (inclusive of legal costs and expenses) against any amount the **Beneficiary** become legally liable to pay as compensation for any claim or series of claims arising from any one event or source of original cause in respect of accidental:

- Bodily Injury, death, illness or disease to any person who is not in the Beneficiary's employment or who is not a Close Relative or member of their household
- 2. Loss of or damage to property that does not belong to and is neither in the charge of or under the control of the **Beneficiary**, a **Close Relative**, anyone in their employment or any member of their household other than any temporary holiday accommodation occupied (but not owned) by the **Beneficiary** occurring whilst on a **Trip** during the **Period of Cover**.

What is not covered

- 1. Compensation or legal costs arising directly or indirectly from:
- a) Liability which has been assumed by the Beneficiary under agreement unless the liability would have attached in the absence of such agreement.
- b) Pursuit of any business, trade, profession or occupation or the supply of goods or services other than as a group leader.
- c) Ownership possession or use of firearms, vehicles, aircraft or watercraft (other than surfboards, canoes, kayaks or manually propelled rowboats, punts or canoes).
- d) The transmission of any communicable disease or virus.
- e) Ownership or occupation of land or buildings (other than occupation only of any temporary holiday accommodation where We will not pay the Excess.
- f) Participation in any sport or activity marked with an * as detailed under the Sports and activities covered section of this Group Policy.
- 2. Payment of any fines or exemplary damages (punishing, or aimed at punishing, the person responsible rather than awarding compensation) the **Beneficiary** has to pay.
- 3. The **Beneficiary** transmitting any infectious illness, virus or disease.
- 4. Anything mentioned in the general exclusions on page 11.

- 1. The **Beneficiary** must give **Us** written notice as soon as possible of any incident, which may give rise to a claim.
- 2. The Beneficiary must send Us every court claim form, summons, letter of claim or other document as soon as they receive it.
- 3. The Beneficiary must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without Our written consent.
- 4. We will be entitled if We so desire to take over and conduct in the Beneficiary's name the defence of any claims for indemnity or damages or otherwise against any third party. We shall have full discretion in the conduct of any negotiation or proceedings or in the settlement of any claim and the Beneficiary shall give Us all necessary information and assistance which We may require.
- 5. In the event of the **Beneficiary's** death, their legal representative(s) will have the protection of this cover provided that such representative(s) comply(ies) with the terms and conditions outlined in this **Group Policy**.

Section 9 - Delayed departure

What is covered

If departure of the **Public Transport** on which the **Beneficiary** is booked to travel on a **Trip** during the **Period of Cover** is delayed at the final departure point from or to their **Home Country** for at least 12 hours from the scheduled time of departure due to:

- a) strike or
- b) industrial action or
- c) adverse weather conditions or
- d) mechanical breakdown of or a technical fault occurring in the **Public Transport** on which the **Beneficiary** is booked to travel

We will pay the Beneficiary:

- 1. Up to the amount stated in the Statement of Insurance or
- 2. Up to the amount stated in the **Statement of Insurance** for any irrecoverable unused travel and accommodation costs and other pre-paid charges which the **Beneficiary** has paid or are contracted to pay if after a minimum 12 hours has elapsed, they choose to

cancel their Trip.

What is not covered

- 1. The **Excess** amount as stated in the **Statement of Insurance** under subsection 2. of What is covered.
- 2. Claims arising directly or indirectly from:
 - a) Strike, industrial action or air traffic control delay existing or publicly declared by the date the **Beneficiary** is accepted for cover.
 - b) Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Civil Aviation Authority or a Port Authority or any similar body in any country.
 - c) Any delays to any subsequent outbound or return connecting Public Transport following the Beneficiary's departure from the final departure point from or to their Home Country.
- 3. Anything mentioned in the general exclusions on page 11.

The **Beneficiary** may claim only under subsection 1. or 2. above for the same event, not both.

The Beneficiary may claim only under section 9 – Delayed departure or section 10 – Missed departure for the same event, not both.

- 1. The **Beneficiary** must check in according to the itinerary supplied to them.
- 2. The **Beneficiary** must obtain confirmation from the carriers (or their handling agents) in writing of the number of hours of delay and the reason for the delay.
- 3. The Beneficiary must comply with the terms of contract of the travel agent, tour operator or provider of transport.

Section 10 – Missed Departure

What is covered

We will pay the Beneficiary up to the amount stated in the Statement of Insurance for reasonable additional accommodation (room only) and travel expenses necessarily incurred in reaching their overseas destination or returning to their Home Country if they fail to arrive at the international departure point in time to board the Public Transport on which they are booked to travel on the initial international journey of the Trip during the Period of Cover as a result of:

- 1. the failure of other Public Transport or
- an accident to or breakdown of the vehicle in which the Beneficiary is travelling or
- an accident or breakdown occurring ahead of the Beneficiary on a motorway or dual carriage way which causes an unexpected delay to the vehicle in which they are travelling or
- 4. strike, industrial action or adverse weather conditions.

What is not covered

- 1. The Excess amount as stated in the Statement of Insurance.
- 2. Claims arising directly or indirectly from:
 - a) Strike or industrial action existing or declared publicly by the date the **Beneficiary** is accepted for cover.
 - b) An accident to or breakdown of the vehicle in which the **Beneficiary** is travelling for which a professional repairers report is not provided.
 - c) Breakdown of any vehicle in which the **Beneficiary** is travelling if the vehicle is owned by the **Beneficiary** and has not been serviced properly and maintained in accordance with manufacturer's instructions.
 - d) Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Civil Aviation Authority or a Port Authority or any similar body in any country.
 - e) The **Beneficiary's** failure to arrive at the departure point in time to board any connecting **Public Transport** after their departure on the initial international outbound and return legs of the **Trip**.
- Additional expenses where the scheduled Public Transport operator has offered reasonable alternative travel arrangements.
- 4. Anything mentioned in the general exclusions on page 11.

The Beneficiary may claim only under section 10 – Missed departure or section 9 – Delayed departure for the same event, not both.

- 1. In the event of a claim arising from any delay occurring on a motorway or dual carriage way the **Beneficiary** must obtain written confirmation from the Police or emergency breakdown services of the location, reason for and duration of the delay.
- 2. The **Beneficiary** must allow sufficient time for the **Public Transport** or other transport to arrive on schedule and to deliver them to the departure point.

Section 11 – Overseas legal expenses and assistance

What is covered

We will pay up to the amount stated in the **Statement of Insurance** for legal costs to pursue a civil action for compensation if someone else causes the **Beneficiary's Bodily Injury**, illness or death whilst on a **Trip** during the **Period of Cover**.

Where there are two or more **Beneficiaries** covered by this **Group Policy**, then the maximum aggregate amount payable by **Us** for all such claims shall not exceed the maximum benefit as stated in the **Statement of Insurance**.

What is not covered

We shall not be liable for:-

- Any claim where in **Our** opinion or the opinion of the suitably qualified person appointed by **Us** there is insufficient prospect of success in obtaining reasonable compensation.
- 2. Legal costs and expenses incurred in pursuit of any claims against a travel agent, tour operator, carrier, Us, the Emergency Assistance Service or their agents, someone the Beneficiary was travelling with, a person related to the Beneficiary, or another Beneficiary.
- Legal costs and expenses incurred prior to Our written acceptance of the case
- 4. Any claim where the legal costs and expenses are likely to be greater than the anticipated amount of compensation.
- Any claim where legal costs and expenses are based directly or indirectly on the amount of compensation awarded (for example a Contingency Fee Agreement).
- Legal costs and expenses incurred in any claim which is capable of being pursued under a Conditional Fee Agreement.
- Legal costs and expenses incurred if an action is brought in more than one country.
- 8. Any claim where in **Our** opinion the estimated amount of compensation payment is less than £1,000 for each **Beneficiary**.
- Travel, accommodation and incidental costs incurred to pursue a civil action for compensation.
- 10. Costs of any appeal.
- 11. Claims occurring within the Beneficiary's Home Country.
- 12. Claims by the **Beneficiary** other than in their private capacity.
- 13. Anything mentioned in the general exclusions on page 11.

Special conditions relating to claims

- 1. Unless the **Beneficiary** has made a nomination in accordance with Special condition 2 below, **We** or **Our** suitably qualified person will decide the point at which the **Beneficiary's** legal case cannot usefully be pursued further.
- 2. If the **Beneficiary** does not want **Our** suitably qualified person to assess whether or not their claim can be pursued, they are free to nominate a suitably qualified person to conduct this assessment by sending **Us** the name and address of such suitably qualified person. The **Beneficiary** must confirm either:
 - that the person they nominate will not charge more than the suitably qualified person We would have appointed; or
 - that they are willing to pay the difference between the cost of using their suitably qualified person and the cost of using **Our** choice of suitably qualified person.
- 3.On acceptance of a claim, if appropriate, **We** will appoint a suitably qualified person to act on the **Beneficiary's** behalf unless they have nominated their own suitably qualified person in accordance with Special condition 4 below.
- 4. i) If there is a conflict of interest; or
 - ii) If it is necessary to start court proceedings and proceedings are being issued within the United Kingdom, or
 - iii) The Beneficiary is unhappy with Our suitably qualified person

the **Beneficiary** is free to nominate a suitably qualified person by sending **Us** the name and address of such suitably qualified person. The **Beneficiary** must confirm either:

- that the person they nominate will not charge more than the suitably qualified person We would have appointed; or
- that they are willing to pay the difference between the cost of using their suitably qualified person and the cost of using Our choice of suitably qualified person
- 5. If **We** do not agree to the **Beneficiary's** choice of suitably qualified person under Special condition 2 or 4 above, the **Beneficiary** may choose another suitably qualified person.
- 6. If there is still a disagreement with regard to the suitably qualified person **We** will ask the president of a relevant national law society to choose a suitably qualified person to represent the **Beneficiary**. **We** and the **Beneficiary** must accept such choice.
- 7. Where the **Beneficiary** has not notified **Us** of a nominated suitably qualified person in accordance with Special condition 2 and/or Special Condition 4 **We** will be free to choose a suitably qualified person.
- 8. Where **We** appoint a suitably qualified person to represent the **Beneficiary** such appointment will be in accordance with **Our** standard terms of appointment.
- 9. We will have direct access to the suitably qualified person who will, upon request, provide Us with any information or opinion on the Beneficiary's claim:
- 10. The Beneficiary must co-operate fully with Us and the suitably qualified person and must keep Us up to date with the progress of the claim;
- 11. At **Our** request the **Beneficiary** must give the suitably qualified person any instructions that **We** require;
- 12. The Beneficiary must notify Us immediately if anyone offers to settle a claim or makes a payment into court;
- 13. If the **Beneficiary** does not accept the recommendation of the suitably qualified person to accept a reasonable offer or payment into court to settle a claim, **we** may refuse to pay further costs and expenses;
- 14. No agreement to settle on the basis of both parties paying their own costs is to be made without **Our** prior approval.
- 15. If the Beneficiary

- i) settles a claim or withdraw a claim without **Our** prior agreement;
- ii) does not give suitable instructions to the suitably qualified person;
- iii) dismisses a suitably qualified person without **Our** prior consent, our consent not to be withheld without good reason;

the cover We provide will end immediately and We will be entitled to re-claim any costs and expenses We have incurred from the Beneficiary.

- 16. The **Beneficiary** must take every available step to recover costs and expenses that **We** have to pay and must pay **Us** any costs and expenses that are recovered.
- 17. **We** may, at **Our** own expense, take proceedings in the **Beneficiary's** name to recover compensation from any third party in respect of any indemnity paid under this **Group Policy** including **Our** legal costs and other related expenses. The **Beneficiary** must give such assistance as **We** shall reasonably require and any amount recovered shall belong to **Us**.

Claims evidence

We will require (at the Beneficiary's own expense) the following evidence where relevant:

- Relevant documentation and evidence to support the **Beneficiary's** claim, including photographic evidence.
- Any other relevant information relating to the **Beneficiary's** claim under this section that we may ask for.

Sections 12, 13, 14, 15 and 16 – Winter Sports

(Only operative if indicated in the Statement of Insurance)

COVER IN RESPECT OF SECTIONS 12, 13, 14, 15 AND 16 ONLY OPERATES IF THE APPROPRIATE WINTER SPORTS EXTENSION HAS BEEN CHOSEN AND THE APPROPRIATE ADDITIONAL PREMIUM HAS BEEN PAID.

Section 12 – Ski Equipment

What is covered

We will pay the Beneficiary up to the amounts stated in the Statement of Insurance for the accidental loss of, theft of or damage to their own Ski Equipment, or for hired Ski Equipment occurring whilst on a Trip during the Period of Cover.

The amount payable will be the value at today's prices less a deduction for wear tear and depreciation, (loss of value – calculated from the table below) or **We** may at **Our** option replace, reinstate or repair the lost or damaged **Ski Equipment**. The maximum **We** will pay for any one article, pair or set of articles is stated in the **Statement of Insurance**.

Age of ski equipment	Amount payable
Less than 1 year old	90% of value
Over 1 year old	70% of value
Over 2 years old	50% of value
Over 3 years old	30% of value
Over 4 years old	20% of value
Over 5 years old	No payment

What is not covered

- 1. The Excess amount as stated in the Statement of Insurance.
- 2. Loss, theft of or damage to **Ski Equipment** contained in or stolen from an **Unattended** vehicle:
- a) overnight between 9 p.m. and 9 a.m. (local time) or b) at any time between 9 a.m. and 9 p.m. (local time) unless it is in the locked boot which is separate from the passenger compartment for those vehicles with a boot, or for those vehicles without a separate boot locked in the vehicle and covered from view.
- Loss or damage due to delay, confiscation or detention by customs or other authority.
- Loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown.
- 5. Anything mentioned in the general exclusions on page 11.

- 1. The **Beneficiary** must report to the local Police within 24 hours of discovery and obtain a written report of the loss, theft or attempted theft of all **Ski Equipment**.
- 2. If Ski Equipment is lost, stolen or damaged while in the care of a carrier, transport company, authority, hotel the Beneficiary must report to them, in writing, details of the loss, theft or damage and obtain written confirmation. If Ski Equipment is lost, stolen or damaged whilst in the care of an airline the Beneficiary must:
 - a) obtain a Property Irregularity Report from the airline.
 - b) give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
 - c) retain all travel tickets and tags for submission if a claim is to be made under this Group Policy.
- 3. Receipts for items lost, stolen or damaged must be retained as these will help the Beneficiary to substantiate their claim.

Section 13 – Hire of ski equipment

What is covered

We will pay the Beneficiary up to the amount stated in the Statement of Insurance for the reasonable cost of hiring replacement Ski Equipment as a result of the accidental loss of, theft of, damage to or temporary loss in transit for more than 24 hours of their own Ski Equipment occurring whilst on a Trip during the Period of Cover.

What is not covered

- 1. Loss, theft of or damage to **Ski Equipment** contained in or stolen from an **Unattended** vehicle:
 - a) overnight between 9 p.m. and 9 a.m. (local time) or
 - b) at any time between 9 a.m. and 9 p.m. (local time) unless it is in the locked boot which is separate from the passenger compartment for
 - those vehicles with a boot, or for those vehicles without a separate boot locked in the vehicle and covered from view.
- Loss or damage due to delay, confiscation or detention by customs or any other authority.
- Loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown.
- 4. Anything mentioned in the general exclusions on page 11.

- 1. The **Beneficiary** must report to the local Police within 24 hours of discovery and obtain a written report of the loss, theft or attempted theft of their own **Ski Equipment**.
- 2. If Ski Equipment is lost, stolen or damaged while in the care of a carrier, transport company, authority, hotel the Beneficiary must report to them, in writing, details of the loss, theft or damage and obtain written confirmation. If Ski Equipment is lost, stolen or damaged whilst in the care of an airline the Beneficiary must:
 - a) obtain a Property Irregularity Report from the airline.
 - b) give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy). c) retain all travel tickets and tags for submission if a claim is to be made under this **Group Policy**.
- 3. Receipts for items lost, stolen or damaged must be retained as these will help the Beneficiary substantiate their claim.

Section 14 – Ski pack

What is covered

We will pay the **Beneficiary** up to the amount stated on the **Statement of Insurance**:

- a) for the unused portion of the their ski pack (ski school fees, lift passes and hired Ski Equipment) following their Bodily Injury or illness whilst on a Trip during the Period of Cover
- b) for the unused portion of their lift pass if lost whilst on a Trip during the Period of Cover.

What is not covered

1. Anything mentioned in the general exclusions on page 11.

- 1. The **Beneficiary** must provide written confirmation from a **Medical Practitioner** that such **Bodily Injury** or illness prevented them from using their ski pack.
- 2. Claims under this Section will only be payable if the **Beneficiary's Bodily Injury** or illness is covered under section 2 Emergency medical and other expenses.

Section 15 - Piste closure

What is covered

We will pay the **Beneficiary** up to the amount stated in the **Statement of Insurance** for the cost of transport organised by the tour operator to an alternative site if whilst on a **Trip** during the **Period of Cover** lack of snow conditions or avalanche results in the closure of skiing facilities (excluding cross-country skiing) in their resort and it is not possible to ski. The cover only applies:

- a) To the resort which the **Beneficiary** has pre-booked for a period exceeding 12 hours and for so long as such conditions prevail at the resort, but not exceeding the pre-booked period of their **Trip** and
- b) To **Trips** taken outside the **Beneficiary's Home Country** during the published ski season for their resort. If no alternative sites are available **We** will pay the **Beneficiary** compensation stated in the **Statement of Insurance**.

What is not covered

1. Anything mentioned in the general exclusions on page 11.

Special conditions relating to claims

1. The **Beneficiary** must obtain written confirmation from the tour operator (or their representative) of the number of days skiing facilities were closed in their resort and the reason for the closure.

Section 16 – Avalanche cover

What is covered

We will pay the Beneficiary up to the amount stated in the Statement of Insurance for reasonable extra travel and accommodation expenses if whilst on a Trip during the Period of Cover their arrival or departure from their pre-booked ski resort is delayed by more than 12 hours due to an avalanche.

What is not covered

- 1. The Excess amount as stated in the Statement of Insurance.
- Any costs incurred where the ski resort is less than 1,000 metres above sea level.
- 3. Anything mentioned in the general exclusions on page 11.

Special conditions relating to claims

1. The **Beneficiary** must obtain written confirmation from the tour operator or local authority (or their representative) confirming the location, date, time and duration of the avalanche.

How to make a complaint

We aim to provide a high level of service and pay claims fairly and promptly under the terms of this **Group Policy**.

If the **Group Policyholder** and/or a **Beneficiary** are unhappy with any aspect of **Our** service, please contact, in the first instance the person who originally dealt with the enquiry. Alternatively the **Group Policyholder** or a **Beneficiary** can contact **Us** by:

Telephone: 0800 085 8698

Post: Customer Liaison Department Howden UK Brokers Limited

The Quadrangle Imperial Square

Cheltenham GL50 1PZ United Kingdom If **We** have given the **Group Policyholder** or a **Beneficiary Our** final response and they remain dissatisfied they have the right to ask the Financial Ombudsman to review their case. The Ombudsman can be contacted at the following address:—

The Financial Ombudsman Service

Exchange Tower

London

E14 9SR United Kingdom

Telephone 0800 023 4567 or

From outside the UK: + 44 20 7964 0500

Fax: 020 7964 1001

Please note the **Group Policyholder** or a **Beneficiary** have six months from the date of **Our** final response in which to refer their complaint to the Ombudsman. Contacting the Ombudsman will not affect their right to take legal action against **Us**.

Financial Services Compensation Scheme

We are covered by the Financial Services Compensation Scheme (FSCS). The **Group Policyholder** and/or a **Beneficiary** may be entitled to compensation from the scheme if **We** cannot meet our obligations. Further information about compensation scheme arrangements can be obtained from the FSCS at www.fscs.org.uk or by contacting the FSCS directly on 0800 678 1100.