

Holiday Extras

Cruise Travel Insurance Policy Wording

Annual multi-trip and Single-trip insurance

holidayextras

www.holidayextras.co.uk

Table of contents

The insurance contract	Page 3
Your declaration	Page 8
Changes in health	Page 9
Words with special meanings	Page 11
Geographical regions of travel	Page 16
Claims conditions	Page 18
Table of Benefits	Page 21
Section 1: Emergency medical and repatriation expenses	Page 24
Section 2: Cancellation	Page 27
Section 3: Curtailment and loss of holiday	Page 29
Section 4: Personal accident	Page 32
Section 5: Personal possessions	Page 34
Section 6: Personal money	Page 36
Section 7: Passport and other documents	Page 37
Section 8: Gadget	Page 38
Section 9: Baggage delay on outward journey	Page 46
Section 10: Missed departure and missed connection	Page 47
Section 11: Travel delay and abandonment	Page 49
Section 12: Personal liability	Page 51
Section 13: Legal costs and expenses	Page 53
Section 14: Financial failure	Page 60
Section 15: Winter sports (optional)	Page 62
Section 16: Golf and Sporting Equipment	Page 67
Section 17: Pet care	Page 70
Section 18: Wedding and civil partnership ceremony	Page 72
Section 19: Cruise	Page 75
Section 20: Rental vehicle excess waiver (optional)	Page 77
Section 21: COVID-19 cover	Page 80
Section 22: Enhanced COVID-19 protect (optional)	Page 84
Appendix 1: Hazardous Activities and Sports	Page 86
General policy exclusions	Page 90
General policy conditions	Page 94
Important information and data protection notice	Page 96
Complaints procedure	Page 97
Contact details	Page 99

The insurance contract

About Your insurance Policy:
Holiday Extras Travel Insurance is sold and administered by Holiday Extras Cover Limited who are authorised and regulated by the Financial Conduct Authority under registration number 828848.

Holiday Extras™ is a Trading Name of Holiday Extras Cover Limited

Holiday Extras Travel Insurance is provided by Taurus Insurance Services, an insurance intermediary licenced and authorised in Gibraltar by the Financial Services Commission under Permission Number 5566 and authorised to passport general insurance intermediary services into the UK and registered with the Financial Conduct Authority in the UK under registration number 444830.

The insurance is underwritten by Great Lakes Insurance SE. Great Lakes Insurance SE is a German insurance company with its headquarters at Königinstrasse 107, 80802 Munich. UK Branch office: 10 Fenchurch Avenue, London, EC3M 5BN, company number SE000083. Great Lakes Insurance SE, UK Branch, is authorised and regulated by Bundesanstalt für Finanzdienstleistungsaufsicht. Deemed authorised by the Prudential Regulation Authority. Firm Reference Number: 769884. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website.

Throughout **Your Policy**, certain words have special meanings and these are listed and explained in the section "Words with special meanings". These words are highlighted in bold wherever they appear.

To be eligible for cover under this **Policy**, **You** must be:

a. in the **United Kingdom** when the **Policy** is purchased (except when **You** renew an existing Annual multi-trip policy); and
b. aged 85 or under at the start of the **Policy Period** for Annual multi-trip policies; and
c. resident in the **United Kingdom**, meaning that **You**:
    - have an address in the **United Kingdom**; and
    - have lived in the **United Kingdom** for at least 6 of the last 12 months; and
    - are registered with a General Practitioner in the **United Kingdom**

For Annual Multi-Trip policies, the maximum duration of cover available, unless otherwise shown on **Your Policy Schedule**, is:

- Bronze - 22 days
- Silver - 31 days
- Gold - 31 days

If **You** have any queries about **Your** cover, **You** can contact **Our** Customer Helpline by using the following link: https://www.holidayextras.co.uk/insurance-support or contact **Your** travel agent that **You** purchased the policy from. If **You** are travelling within the next 14 days, please call **Us** on 0800 781 4086. For all other queries please email insurance.queries@holidayextras.com and tell **Us Your Policy** number. **We** want **You** to get the most from **Your Policy** and to do this **You** should:

- Read **Your Policy** carefully and make sure **You** have the level of cover that meets **Your** needs.
- Make sure **You** have declared any **Pre-existing Medical Conditions**.
- Contact **Us** if there are any changes to **Pre-existing Medical Conditions** or new medical

conditions; failure to do so may result in a claim being rejected or payment being reduced.
- Make sure that **You** understand the conditions and exclusions which apply to **Your Policy** because if **You** do not meet these conditions it may affect any claim that **You** make.

Remember, no policy covers everything. **We** do not cover certain things such as:
- **Pre-existing Medical Conditions** (unless the appropriate additional premium has been paid and **We** have agreed them in writing).
- **Hazardous Activities and Sports**. Whether **You** are covered or not for a particular activity will depend on the cover option **You** have chosen, as shown on **Your Policy Schedule**.
- Children when travelling independently under a family or single parent family policy.
- Uninsured losses e.g. the cost of obtaining a Police or medical report.

Each section of the **Policy** has a limit on the amount **We** will pay under that section, called the sum insured. Some sections also include inner limits e.g. for a single item or for **Valuables** in total. The sums insured and inner limits for each section are shown in the "Table of Benefits".

Claims under most sections of the **Policy** will be subject to an **Excess**, which applies per claim per section for each **Insured Person**. Where **We** are making a claims payment to **You**, **We** will deduct the **Excess** from the payment amount. Where **We** are settling a claims invoice directly with a medical provider or other supplier, **You** will be responsible for paying **Us** the **Excess**. The amount of **Excess** per person for each section of cover is shown in the "Table of Benefits". This will not apply if **You** have purchased the **Excess Waiver** option.

The things which are not covered by **Your Policy** are stated in:
- In the "General Policy Exclusions".
- Under What is not covered in each section of cover.

About Your contract:
Your Policy is a legal contract between **You** and **Us**. The two parts – **Your Policy Wording** and **Your Policy Schedule** – make one legal document and **You** must read them together.

The laws of the **United Kingdom** allow both parties to choose the law which will apply to this contract. However, the law which applies to this contract is the law which applies to the part of the **United Kingdom** where **Your Home** is, unless otherwise agreed by **Us** in writing. The only exception is if **Your Home** is in the Channel Islands or the Isle of Man, when the law of England and Wales will apply to this contract.

If there is any disagreement, **We** will use **Your Policy** over any other assurances or statements, unless they are confirmed in writing and form part of the **Policy**.

All communication between **You** and **Us** will be in English.

Your Policy is based on all the information **You** gave **Us** about **You**, the person(s) named on **Your Policy Schedule**, other person(s) on whom **Your** trip may depend, **Your** trip(s) and personal circumstances when **You** applied for the insurance. Every time **We** or **You** make a change to **Your** insurance **We** will send **You** a new **Policy Schedule**.

If **You** have purchased Annual multi-trip insurance, **We** will remind **You** of the details of **Your** insurance at least every 12 months. This will allow **You** to check that **Your Policy** still meets **Your** needs.

The Insurers:

Legal costs and expenses section:
Insured by DAS Legal Expenses Insurance Company Limited, registered office DAS House, Quay Side, Temple Back, Bristol, BS1 6NH. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (registered number 202106).

Financial failure section:
Liberty Mutual Insurance Europe SE (LMIE) trading as Liberty Specialty Markets, a member of the Liberty Mutual Insurance Group. Registered office: 5-7 rue Leon Laval, L-3372, Leudelange, Grand Duchy of Luxembourg, Registered Number B232280 (Registre de Commerce et des Sociétés). LMIE is a European public limited liability company and is supervised by the Commissariat aux Assurances and licensed by the Luxembourg Minister of Finance as an insurance and reinsurance company. LMIE's UK branch registered address is 20 Fenchurch Street, London, EC3M 3AW. Deemed authorised by the Prudential Regulation Authority.Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority (registered number 829959). Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website.Administered by International Passenger Protection Limited, IPP House, 22-26 Station Road, West Wickham, Kent BR4 0PR, United Kingdom. Authorised and regulated by the Financial Conduct Authority.

All other sections of cover are underwritten by Great Lakes Insurance SE. Great Lakes Insurance SE is a German insurance company with its headquarters at Königinstrasse 107, 80802 Munich. UK Branch office: 10 Fenchurch Avenue, London, EC3M 5BN, company number SE000083. Great Lakes Insurance SE, UK Branch, is authorised and regulated by Bundesanstalt für Finanzdienstleistungsaufsicht. Deemed authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Firm Reference Number: 769884. Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website.

This policy is administered by ERGO Travel Insurance Services Ltd (ETI): registered in England and Wales, company number 11091555. Authorised and regulated by the Financial Conduct Authority (registered number 805870) and registered office: 10 Fenchurch Avenue, London, EC3M 5BN.

Details about the extent of GLISE's authorisation and regulation by the Prudential Regulation Authority, and regulation by the Financial Conduct Authority are available from **Us** on request.

Compensation Scheme:
If **You** are resident in England, Scotland, Wales or Northern Ireland, **You** are protected by the Financial Services Compensation Scheme. This provides compensation in case any of its members go out of business or into liquidation and are unable to meet any valid claims under their policies. Further information can be obtained from the Financial Services Compensation Scheme (www.fscs.org.uk) or by contacting the FSCS at 10th Floor, Beaufort House, 15 St Botolph Street, London, EC3A 7QU or by calling 0800 678 1100 or 020 7741 4100. This scheme does not apply to residents of the Channel Islands or the Isle of Man.

Our part of the contract is as follows:
We provide the cover set out in **Your Policy**. **Your Policy Schedule** shows which sections of cover in the **Policy Wording You** have chosen to purchase, and the total premium. This cover will only apply to the named **Insured Person**(**s**), during the **Policy Period** and within the geographical limits

all shown on **Your Policy Schedule**.

Your part of the contract is as follows:

You must pay the premium for each **Policy Period**. **You** can pay the premium with a debit or credit card or any other agreed method.

Start and end of cover

Single-trip policies:

Cover for the Cancellation of **Your Insured Journey** starts on the issue date shown on **Your Policy Schedule** and ends when **You** leave **Your Home** to start **Your Insured Journey**. All other cover under this **Policy** starts when **You** leave **Your Home** to start **Your Insured Journey** and ends when **You** return to **Your Home** to end **Your Insured Journey**, provided this is within the **Policy Period**. In the event that **You** choose to extend **Your** trip beyond the end of the **Policy Period**, all cover will end at the end of the **Policy Period**, unless otherwise agreed by **Us** in writing.

Annual multi-trip policies:

Cover for the Cancellation of **Your Insured Journey** starts on the date shown as the start date on **Your Policy Schedule** or from the date the **Insured Journey** is booked (whichever is later) and ends when **You** leave **Your Home** to start **Your Insured Journey** or at the end of the **Policy Period** (whichever is sooner). All other cover under this **Policy** starts when **You** leave **Your Home** to start **Your Insured Journey** and ends when **You** return to **Your Home** to end **Your Insured Journey** or at the end of the **Policy Period** (whichever is sooner).

Automatic extension of cover:

In the event that **You** are forced to extend the duration of **Your Insured Journey** beyond the **Policy Period** as a result of an insured medical emergency or other insured cause, **Your** cover will be automatically extended until **You** are able to return to **Your Home** or to a medical or care facility in the **United Kingdom** (whichever is sooner).

In the event of a medical emergency abroad, the assistance company, in consultation with the treating **Medical Practitioner**, will determine when **You** are medically fit to be repatriated. If **You** decline to return **Home** after this time, all cover will end.

When **Your** return is delayed by another insured cause, if **You** decline to return **Home** after such time as reasonable travel arrangements can be made, all cover will end.

Cancelling or amending Your Policy:

Please tell **Us** immediately if **Your Policy** does not meet **Your requirements**. If **You** cancel within 14 days of the receipt of **Your** documentation and **You** have not started a trip or made or intend to make a claim, **We** will give **You** a full refund. Following this 14 day period, **You** continue to have the right to cancel **Your Policy** at any time by contacting **Us**.

If the notice of cancellation is received outside of the 14 day cooling-off period no premium will be refunded, however discretion may be exercised in exceptional circumstances such as bereavement or a change to **Your Policy** resulting in **Us** declining to cover **Your** medical conditions.

We may cancel **Your Policy** by giving **You** 14 days' notice in writing. If this happens **We** will refund the premium **You** have paid for the rest of the **Policy Period**.

Once **Your Policy** has been cancelled **Your** cover will end and **You** will not be able to make a claim.

Renewing Your Annual multi-trip Policy:
We will send **You** a renewal invitation approximately one month before **Your** renewal date. This will include details on what **You** will need to do to arrange cover for the next year.

Fraud:
The contract between **You** and **Us** is based on mutual trust.

However, if anyone named on **Your Policy Schedule** or anyone acting for **You** provides false information or documentation or withholds important information to obtain cover under **Your Policy** for which **You** do not qualify, or to obtain cover at a reduced premium, then:

- **Your Policy** may be void; and
- **We** may be entitled to recover from **You** the amount of any claim already paid under **Your Policy**; and
- **We** will not return any premium paid; and
- **We** will inform the Police and criminal proceedings may follow.

In addition, in the event that anyone named on **Your Policy Schedule** or anyone acting for **You**:

1. Makes a claim knowing this to be false or fraudulently exaggerated in any respect or to any degree; or
2. Makes a statement in support of a claim knowing the statement to be false in any respect; or
3. Submits a document in support of a claim knowing the document to be forged, amended or false in any respect; or
4. Makes a claim in respect of any loss or damage caused by **Your**/their wilful act, knowledge or connivance; or
5. Acts in any other manner in order to gain a financial advantage to which **You** would not otherwise be entitled;

then **We**:

- Will not pay any part of the claim; and
- Will, at **Our** option, cancel **Your Policy**; and
- Will not return any premium paid; and
- Will inform the Police and criminal proceedings may follow.

Conditions which apply to Your Policy:
We would like to draw **Your** attention in particular to some of the conditions **You** must meet as **Your** part of the contract. Other conditions are shown in the "General Policy conditions", in "Claims conditions" and within each section of cover as "Additional conditions applying to this section". If **You** do not meet these conditions, **We** may not pay **Your** claim.

You must declare all medical conditions and other circumstances:
To make sure **Your Policy** fully covers **You** for **Your** trip, it is important that **You** tell **Us** about any medical condition affecting the health of the people travelling or anyone else on whom **Your** trip may depend. **We** will assess the condition and confirm whether **We** can issue a **Policy** to cover claims for that particular condition or any associated condition.

Your declaration: important questions relating to health, activities and the acceptance of your insurance.

Please consider and answer these questions carefully. If **You** answer "Yes" to any of these questions **You** will not be covered by this **Policy** unless **You** contact **Us** and **We** accept **You** for cover in writing.

1.	Is any **Insured Person** suffering from a medical condition for which he/she: a. Should have sought medical advice? b. Is under investigation? c. Is awaiting investigation, a medical procedure or in-patient hospital treatment? d. Is waiting for test results? e. Has been given a terminal prognosis? If No, please proceed to the next question...	Yes	**You** and **Your** travelling companions are not covered under this **Policy**. **You** may cancel **Your Policy** within the 14 day cooling off period and provided **You** have not made or intend to make a claim under this **Policy**, **We** will refund **Your** premium in full. Cancellation after this time is subject to an administration fee.
2.	Is any **Insured Person** suffering from a medical condition which he/she knows will require medical treatment during an **Insured Journey**? If No, please proceed to the next question...	Yes	
3.	Is any **Insured Person** intending to travel to get medical treatment abroad? If No, please proceed to the next question...	Yes	
4.	At any time during the last five years has any **Insured Person** been treated for alcohol or drug addiction? If No, please proceed to the next question...	Yes	
5.	Is any **Insured Person** suffering from a psychiatric or psychological condition? If No, please proceed to the next question...	Yes	There is no cover for claims relating directly or indirectly to the **Pre-existing Medical Conditions** of any **Insured Person** or of others on whom **Your** trip may depend unless they are declared to **Us** and **We** accept them in writing. Please declare **Pre-existing Medical Conditions** by screening them online or contacting **Us** by using the following link: https://www.holidayextras.co.uk/insurance-support or contact **Your** travel agent that **You** purchased the policy from. If **You** are travelling within the next 14 days, please call **Us** on 0800 781 4086. For all other queries please email insurance.queries@holidayextras.com
6.	Has any **Insured Person** ever suffered from: a. A cardiovascular or heart-related condition such as a heart attack, angina, chest pain or hypertension? b. A lung or respiratory-related condition (not including stable, well-controlled asthma if there is no other medical condition)? c. Any form of cancer whether in remission or not? d. A cerebro-vascular condition such as a stroke or T.I.A. (transient ischaemic attack)? e. A renal condition or diabetes? If No, please proceed to the next question...	Yes	
7.	In the 12 months before the purchase of this **Policy** and until the start of any **Insured Journey** has any **Insured Person** suffered from a medical condition for which he/she: a. Is being prescribed regular medication? b. Is receiving treatment of any kind? c. Has required an organ transplant or required dialysis? If No, please proceed to the next question...	Yes	
8.	Is any **Relative** or **Colleague** of an **Insured Person**, or someone with whom **You** are going to stay, suffering from a medical condition which could reasonably be expected to give rise to a claim? If No, please proceed to the next question...	Yes	Contact **Us** by using the following link: https://www.holidayextras.co.uk/insurance-support or contact **Your** travel agent that **You** purchased the policy from. If **You** are travelling within the next 14 days, please call **Us** on 0800 781 4086. For all other queries please email insurance.queries@holidayextras.com
9.	Are **You** or any other **Insured Person** currently aware of any circumstances which are likely to lead to a claim being made under this **Policy**? If No, please proceed to the next question...	Yes	
10.	Have **You** or any other **Insured Person** made, or tried to make, 3 or more travel insurance claims in the last 5 years? If No, please proceed.	Yes	

Thank **You**. **You** do not need to contact **Us** to obtain cover under this **Policy**.

Changes in health

If after **You** purchase **Your Policy**, or before booking any new trips, any of the following happens:

- **You** are diagnosed with a new medical condition; or
- **You** experience new or recurring symptoms or have an undiagnosed condition; or
- **Your** doctor or consultant adds to or changes **Your** prescribed medication; or
- **You** receive inpatient medical treatment; or
- **You** are placed on a waiting list for investigation or medical treatment

You must contact **Our** Customer Helpline by using the following link: https://www.holidayextras.co.uk/insurance-support or contact **Your** travel agent that **You** purchased the policy from. If **You** are travelling within the next 14 days, please call **Us** on 0800 781 4086. For all other queries please email insurance.queries@holidayextras.com. A member of the team will ask **You** specific questions about **Your** medical condition(s). This may result in **You** needing to pay an additional premium to allow cover to continue for **Your Pre-existing Medical Conditions** and associated conditions.

If **Your** health changes and **We** are unable to continue to provide cover or if **You** do not wish to pay the additional premium, **You** will be entitled to make a claim under the Cancellation section for **Your** costs, which cannot be recovered elsewhere, for trips booked before **Your** change in health.

Alternatively, **You** will be entitled to cancel **Your Policy**, in which case, **We** will refund a proportion of **Your** premium.

Please note that **Your** general practitioner or consultant telling **You** that **You** are well enough to travel does not mean that **You** will be covered for **Your Pre-existing Medical Condition**(s). If **You** have any concerns regarding whether or not **You** will be covered please contact **Our** Customer Helpline by using the following link: https://www.holidayextras.co.uk/insurance-support or contact **Your** travel agent that **You** purchased the policy from. If **You** are travelling within the next 14 days, please call **Us** on 0800 781 4086. For all other queries please email insurance.queries@holidayextras.com

You must take all reasonable care to avoid or prevent injury, Illness, loss, theft or damage:

Everyone named on **Your Policy Schedule** must take all reasonable care to avoid or prevent **Illness** or **Bodily Injury** to everyone covered under **Your Policy** and to avoid or prevent loss, theft or damage to everything covered under **Your Policy**.

Failure to take reasonable steps to avoid or prevent **Illness**, **Bodily Injury**, loss, theft or damage will result in a deduction from any claim payment, or may result in **Your** claim not being paid.

Changes in health and other circumstances:

You must tell **Us** as soon as reasonably possible if:

- **Your** address or email address has changed; or
- **You** or any person named on **Your Policy Schedule** are no longer a resident in the **United Kingdom**; or
- **You** require any additional cover to be added to **Your Policy**; or
- **Your** trip destination changes and is outside the geographical limits covered by **Your Policy**; or
- **You** wish to add another traveller to **Your Policy**; or
- There are any changes in **Your** health or the health of anyone on whom **Your** trip may depend

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

Reciprocal health agreements

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

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

Australia and New Zealand
If **You** require medical treatment in:

- Australia – **You** must enrol with a local MEDICARE office; or
- New Zealand – **You** must go to a state medical facility and present **Your** passport at the time of treatment.

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

For more details please see: https://www.nhs.uk/using-the-nhs/healthcare-abroad/healthcare-when-travelling-abroad/travelling-outside-the-european-economic-area-eea/

Words with special meanings

The following are defined terms which will have the same meaning and appear in bold wherever they appear in the **Policy Wording**:

Accident/Accidental
a sudden, unexpected, specific, violent, external, visible, chance event which occurs at a single identifiable place and time.

Bodily Injury
an injury caused solely by an **Accident**, asphyxia, gases or vapours, immersion or submersion, self-defence or unavoidable exposure to the elements.

Business Trip
a journey undertaken in relation to **Your** employment or usual occupation.

Cash
valid coins, bank and currency notes.

Catastrophe
avalanche, earthquake, explosion, fire, flood, hurricane, landslide, tornado, tsunami, volcanic activity or outbreak of infectious disease (unless declared an epidemic or pandemic by the World Health Organisation).

Colleague
any person whose absence from the same business as **You** for one or more complete days at the same time as **Your** absence prevents the effective continuation of that business.

Consent
a. **Your** agreement on **Your** own behalf; and
b. where **You** are the legal parent or guardian of children under the age of 16 to be insured on the **Policy**, on their behalf; and
c. **Your** warranty that, **Your** spouse or partner and any other children aged 16 and above to be insured on the **Policy**, have given their agreement; and
d. **Your** warranty that, where **You** are NOT the legal parent or guardian of children under the age of 16 to be insured on the **Policy** but **Your** spouse or partner is, that **Your** spouse or partner has given his/her agreement on their behalf.

Couple
You and **Your** spouse or civil partner, or the person with whom **You** are permanently cohabiting in a marriage-like relationship.

Curtail/Curtailment
returning to **Your Home** in the **United Kingdom** before the scheduled return date.

Cyber-attack
the use of disruptive activities such as hacking, worms, viruses, trojan horses, blended threats, ransomware and other malware, or the threat thereof, against computers and/or networks, with the intention to cause real-world harm or severe disruption of systems or infrastructure.

Event Ticket(s):
tickets or passes which **You** have purchased to gain admission or entry to, a theme park, water park, exhibition, concert, theatre or sporting event.

Excess
the amount of money **You** will have to pay per person per claim per section towards the cost of a claim.

Excess Waiver
The reduction of the **Excess** to zero.

Family
You and **Your** spouse or civil partner, or the person with whom **You** are permanently cohabiting in a marriage-like relationship and unmarried dependent children (including adopted, foster and step-children) aged up to 18 (or aged up to 22 if in full-time education), living in the same household (or living away while attending full-time education). Unmarried dependent children (including 18-22 year olds) are only covered when travelling with **You** or **Your** spouse or partner.

Gadget
any one of the following items, which belong to:

1. **You**; or
2. A business where **You** have the relevant authority and responsibility to use and insure the **Gadget**(s) owned by the business.

Mobile phones, smart phones, laptops, tablets, digital cameras, MP3 Players, CD/DVD Players, games consoles, video cameras, camera lenses, Bluetooth headsets, satellite navigation devices, PDAs, e-readers, head/ear phones, wearable technology (such as a smart watch or a health and fitness tracker).

Golf Equipment
golf clubs, golf bag, non-motorised golf trolley and golf shoes.

Hazardous Activities and Sports
any pursuit or activity where it is recognised that there is an increased risk of serious injury or where there is a reasonable expectation of aggravating any existing injury or condition. See "Appendix 1: Hazardous Activities and Sports".

Home
Your principal place of residence, which is used for domestic purposes, within the **United Kingdom**.

Illness
a sudden, acute and unexpected deterioration in health not caused by **Bodily Injury**.

Insurance Event
one occurrence, or all occurrences of a series, consequent on or attributable to one source or originating cause, giving rise to a claim.

Insured Journey
a pre-booked **Leisure Trip** or **Business Trip** from or within the **United Kingdom**, started and ended during the **Policy Period** and which includes a flight or pre-booked overnight accommodation away from **Your Home**. For an Annual multi-trip policy, a journey that is started within the **Policy Period** is only covered until the end of the **Policy Period** unless the **Policy** is renewed prior to expiry.

Insured Person / You / Your
any person named on the **Policy Schedule** who is eligible to be insured and for whom the premium has been paid.

Kidnap
the unlawful holding of an **Insured Person** by a third party without the **Insured Person's** consent and whose release is subject to the fulfilment of certain conditions.

Leisure Trip
a journey solely for holiday or leisure purposes.

Manual Work
manual work involving the operation of plant or machinery, the use of power tools or any work above or below ground level (except for work at floor level in a fully-constructed multi-storey building).

Medical Practitioner
a qualified medical physician, not being an **Insured Person**, **Relative**, **Colleague** or any other person travelling with **You**.

Mugging
a violent physical attack on **You** which causes **Bodily Injury**, involving attempted or actual theft by a person or persons not previously known to **You**.

Personal Money
credit, debit or charge cards, cheques, travellers cheques, **Cash**, bonds, money orders, negotiable instruments, pre-paid phone cards or other securities belonging to **You**.

Personal Possessions
baggage, clothing and personal effects, backpacks, bags and other containers taken on, or acquired during, an **Insured Journey** by **You**, and which are owned by **You** including **Valuables** and gifts purchased outside of **Your** country of residence (but excluding **Personal Money** and **Gadgets**).

Policy
the contract of insurance consisting of the **Policy Wording** and **Your Policy Schedule**.

Policy Period
the period to which the insurance applies, between and inclusive of the dates shown as "Cover start date" and "Cover end date" on **Your Policy Schedule**.

Policy Schedule
the certificate of insurance as amended or endorsed from time to time.

Policy Wording
this document.

Pre-existing Medical Condition(s)
1. Any medical condition suffered by an **Insured Person** before this **Policy** was bought, or an **Insured Journey** was booked or started, whichever is later for which he/she:
   a. Should have sought medical advice; or
   b. Is under investigation; or
   c. Is awaiting investigation, a medical procedure or in-patient hospital treatment; or
   d. Is waiting for test results; or

e. Has been given a terminal prognosis; or
f. Knows will require medical treatment during an **Insured Journey**; or
g. Is travelling to get medical treatment abroad.

2. In the last 5 years, the treatment of any **Insured Person** for alcohol or drug addiction.
3. Any of the following medical conditions, suffered by an **Insured Person** before this **Policy** was bought, or an **Insured Journey** was booked or started, whichever is later:
   a. A psychiatric or psychological condition; or
   b. A cardiovascular or heart-related condition such as a heart attack, angina, chest pain or hypertension; or
   c. A lung or respiratory-related condition (not including stable, well-controlled asthma when there is no other medical condition); or
   d. Any form of cancer whether in remission or not; or
   e. A cerebro-vascular condition such as a stroke or T.I.A. (transient ischaemic attack); or
   f. A renal condition or diabetes.
4. Any medical condition suffered by an **Insured Person** in the 12 months before this **Policy** was bought and until the start of any **Insured Journey**, for which he/ she:
   a. Is being prescribed regular medication; or
   b. Is receiving treatment of any kind; or
   c. Has required an organ transplant or required dialysis.
5. Any medical condition suffered by an **Insured Person**, a **Relative**, **Colleague**, or someone with whom **You** are going to stay which could reasonably be expected to give rise to a claim, that **You** or any **Insured Person** was aware of before this **Policy** was bought, or an **Insured Journey** was booked or started, whichever is later.

Private Accommodation
within a permanent building a securely lockable room or connected series of rooms including sleeping quarters for **Your** sole private use or the sole private use of **Your** travelling party.

Public Transport
any publicly licensed train, tram, bus, coach, ferry service or airline flight operated according to a published timetable.

Relative
Your spouse or civil partner, or the person with whom **You** are permanently cohabiting in a marriage-like relationship, son, daughter (including adopted or foster child), mother, father, sister, brother, grandmother, grandfather, grandchild, fiancé(e) and next of kin, including the same in-law and step-relations.

Single Item Limit
the maximum amount **We** will pay for any one item, pair or set of items belonging to **You**. A pair or set is any number of items that belong together or can be used together.

Sports Equipment
Golf Equipment and those articles which are usually worn, carried or held in the course of participation in a recognised sport.

Strike or Industrial Action
any form of industrial action taken by workers that is carried out with the intention of preventing, restricting, or otherwise interfering with the production of goods or the provision of services.

Terrorism/Terrorist Act
the actual or threatened use of force or violence against persons or property, or commission of an act dangerous to human life or property, or commission of an act that interferes with or disrupts

an electronic or communications system or network, undertaken by any person or group, whether or not acting on behalf of or in connection with any organisation, government, power, authority or military force, when any of the following apply:

1. The apparent intent or effect is to intimidate or coerce a government or business or to disrupt any segment of the economy; or
2. The apparent intent or effect is to cause alarm, fright, fear of danger or apprehension of public safety in one or more distinct segments of the general public, or to intimidate or coerce one or more such segments; or
3. The reasonably apparent intent or effect is to further political, ideological, religious or cultural objectives, or to express support for (or opposition to) a philosophy, ideology, religion or culture.

United Kingdom
England, Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man.

Valuables
jewellery, antiques, articles made of gold, silver or other precious metals, precious or semi-precious stones, musical instruments, furs, watches and binoculars.

War and Civil Unrest

1. any sort of war (whether declared or not), hostility, invasion, revolution, act of foreign enemy, civil war or unrest, rebellion, insurrection, mutiny, uprising or military usurped power, martial law, state of siege or United Nations or NATO enforcement action; or
2. the explosion of war weapon(s), utilisation of nuclear, chemical or biological weapons or the hostile act of an enemy foreign to the nationality of the **Insured Person** or of the country in which the act occurs.

We/Our/Us
DAS Legal Expenses Insurance Company Limited in respect of the Legal costs and expenses section. International Passenger Protection on behalf of Liberty Mutual Insurance Europe SE in respect of the Financial failure section. Taurus Insurance Services Limited on behalf of Great Lakes Insurance SE in respect of the Gadget section. ERGO Travel Insurance Services Ltd on behalf of Great Lakes Insurance SE in respect of all other sections.

Winter Sports Equipment
skis, ski-boots, bindings, mono-skis, snowboards, split-boards, ski-helmets and ski-poles.

Geographical regions of travel

In order to charge a fair price for **Our** insurance, **We** divide the world into areas of higher and lower risk. These areas are defined below.

However, some countries or areas are considered too dangerous for travel and **We** will not cover **You** if **You** choose to travel there. **We** define these to be areas which are subject to **War and Civil Unrest** or where the Foreign, Commonwealth & Development Office (FCDO) has issued "***advice against all but essential travel***" or "***advice against all travel***". **You** can find this **Foreign Travel Advice** about any country **You** are planning to travel to at https://www.gov.uk/foreign-travel-advice

1. **Single-trip policies**

United Kingdom
England, Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man.

Europe 1
Albania, Andorra, Austria, the Azores, Belarus, Belgium, Bosnia Herzegovina, Bulgaria, the Channel Islands, Croatia, the Czech Republic, Denmark, Egypt, Estonia, the Faroe Islands, Finland (including Lapland), France, Gibraltar, Germany, Hungary, Iceland, Ireland (Republic), the Isle of Man, Israel, Italy, Kosovo, Latvia, Liechtenstein, Lithuania, Luxembourg, Madeira, Moldova, Monaco, Montenegro, Morocco, the Netherlands, North Macedonia, Norway, Poland, Portugal, Romania, San Marino, Serbia, Slovakia, Slovenia, Sweden, Switzerland, Tunisia, Ukraine, the United Kingdom and the Vatican City.

Europe 2
All countries listed in Europe 1 plus Cyprus, Greece (including the Greek Islands), Malta, Spain (including the Balearic Islands and the Canary Islands) and Turkey.

Australia/New Zealand
Australia and New Zealand.

Worldwide excluding USA, Canada, Mexico and the Caribbean
All countries of the world EXCEPT:
Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bermuda, St Eustatius and Saba, Canada, Caribbean Islands, Cayman Islands, Cuba, Curaçao, Dominica, Dominican Republic, Grenada, Guadeloupe, Haiti, Jamaica, Martinique, Mexico, Montserrat, Netherlands Antilles, Puerto Rico, St Barthelemy / St Barts, St Croix, St Kitts and Nevis, St Lucia, St Maarten/St Martin, St Thomas, St Vincent and the Grenadines, Trinidad and Tobago, Turks and Caicos Islands, the United States of America, Virgin Islands (UK), Virgin Islands (US).

Worldwide including USA, Canada, Mexico and the Caribbean
All countries of the world.

2. **Annual multi-trip policies**

Europe 2
Albania, Andorra, Austria, the Azores, Belarus, Belgium, Bosnia Herzegovina, Bulgaria, the Channel Islands, Croatia, Cyprus, the Czech Republic, Denmark, Egypt, Estonia, the Faroe Islands, Finland (including Lapland), France, Germany, Gibraltar, Greece (including the Greek Islands), Hungary, Iceland, Ireland (Republic), the Isle of Man, Israel, Italy, Latvia,

Liechtenstein, Lithuania, Luxembourg, Madeira, Malta, Moldova, Monaco, Montenegro, Morocco, the Netherlands, North Macedonia, Norway, Poland, Portugal, Romania, San Marino, Serbia, Slovakia, Slovenia, Spain (including the Balearic Islands and the Canary Islands), Sweden, Switzerland, Tunisia, Turkey, Ukraine, the United Kingdom and the Vatican City.

Worldwide excluding USA, Canada, Mexico and the Caribbean
All countries of the world EXCEPT:
Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bermuda, St Eustatius and Saba, Canada, Caribbean Islands, Cayman Islands, Cuba, Curaçao, Dominica, Dominican Republic, Grenada, Guadeloupe, Haiti, Jamaica, Martinique, Mexico, Montserrat, Netherlands Antilles, Puerto Rico, St Barthelemy / St Barts, St Croix, St Kitts and Nevis, St Lucia, St Maarten/St Martin, St Thomas, St Vincent and the Grenadines, Trinidad and Tobago, Turks and Caicos Islands, the United States of America, Virgin Islands (UK), Virgin Islands (US).

Worldwide including USA, Canada, Mexico and the Caribbean
All countries of the world.

Claims conditions

Fraud
If **You** make any misrepresentation or concealment or dishonest statement in obtaining the **Policy** or in support of any claim, the insurance will be void and all rights both in relation to that claim and otherwise under this **Policy** will be lost.

Making a claim
You must notify **Our** Claims Service as soon as possible when something happens that will or might result in a claim.

Medical examination
You may be required to submit yourself to a medical examination and/or deliver or arrange delivery of a medical declaration or report issued by a **Medical Practitioner**.

For all claims
1. Check the **Policy Schedule** and **Policy Wording** to see whether the loss is covered.
2. **Online claims**
   You can download a claim form from https://holidayextras.davies-group.com or **We** can send **You** a claim form either by post or by email.
3. If **You** would like to speak to someone or write to **Us** please contact **Our** Claims Service (open Monday to Friday, 09:00-17:30), as soon as possible, quoting **Your Policy** number and tell **Us** what has happened.
   Holiday Extras Travel Insurance Claims, Davies Building, PO Box 1392, Preston, PR2 0XE.
   Email: Holidayextrasclaims@davies-group.com
   Tel: +44 (0) 1403 788 717
4. For Legal costs and expenses claims, for Gadget claims and for Financial failure claims, please see below.
5. **You** must obtain, keep and produce at **Your** own expense all receipts, invoices, reports and other documentary evidence required by **Us** to support **Your** claim. Original documents (not photocopies) will be required.

For personal possessions claims and for baggage delay claims
1. If **Your** checked-in baggage is lost or damaged in transit or delayed, report to the airline, railway company, shipping line or their handling agent and obtain a written Property Irregularity Report from them before leaving the baggage reclaim area.
2. For all damage claims obtain an estimate for repairs.
3. **You** must report all theft or losses (except when checked-in baggage is lost by the carrier) to the Police within 24 hours of discovery and obtain a written Police report.
4. In the event of baggage delay, retain receipts for the purchase of essential replacement items.

For medical emergency, medical related expenses, repatriation and evacuation claims
Please call the assistance company at any time of the day or night:

Tel: +44 (0) 1403 788 718 (if **You** are anywhere except the USA, Canada or Mexico)
Tel: +1-844-780-0494 (toll free if **You** are in the USA or Canada)
Tel: 00 1 819 780 0494 (if **You** are in Mexico)

1. Please call the assistance company as soon as possible if **You** are admitted to a hospital or clinic for any reason or if **You** need a medical referral.
2. **You** must obtain authorisation from the assistance company before incurring any costs in excess of £500 or making any repatriation or evacuation arrangements. If **You** are too ill to do this yourself, someone else can do it for **You**.
3. If any costs are incurred before notification, **We** will only be liable for the costs **We** would have incurred had such a notification taken place, based on existing price agreements and provided the claim is valid.
4. If **You** are travelling in a country where the **United Kingdom** has a reciprocal health agreement, **You** should use the reciprocal health agreement to reduce **Your** medical claim. If **You** do so the **Excess** will not apply to **Your** medical claim.

For cancellation or curtailment claims

1. Contact **Our** Claims Service as soon as **You** know that there is a possibility of **Your** trip not going ahead or having to be cut short.
2. If **You** booked **Your** trip through a tour operator or travel agency, **You** must notify them of **Your** cancellation or **Curtailment** as soon as possible.
3. Get authorisation from **Our** Claims Service or the assistance company before incurring any expenses in **Curtailing Your** trip.
4. If **You** cancel **Your** trip for medical reasons, **Your** GP should complete the Medical Certificate on the claim form.
5. If **You Curtail Your** trip for medical reasons, the treating **Medical Practitioner** in the locality where the **Illness** or **Bodily Injury** occurred should complete the Preliminary Medical Certificate on the claim form.

For travel delay and abandonment claims

1. **You** must obtain a letter from the airline, carrier, or handling agent confirming the reason for the delay and detailing the scheduled and actual departure times.
2. **You** must apply in a timely manner in the event of flight delay, to the airline or their handling agent for the compensation **You** are entitled to under **EU Regulation No. 261/2004 Air Passengers Rights**. If **You** fail to do so **Your** claim may be denied.

For legal costs and expenses claims

Contact DAS Legal Expenses Insurance Company Limited, DAS House, Quay Side, Temple Back, Bristol, BS1 6NH.
Email: newclaims@das.co.uk
Tel: 0117 934 0548 (local rate call)
(Please see the Legal costs and expenses section for further details).

For gadget claims

Contact Taurus Insurance Services Ltd, Suite 2209-2217 Eurotowers, Europort Road, Gibraltar.
Email: holidayextras.tiga@taurus.gi
Tel: 0330 880 1753 (local rate call)
(Please see the Gadget section for further details).

For financial failure claims

Contact IPP Claims at Sedgwick, Oakleigh House, 14-15 Park Place, Cardiff CF10 3DQ
Tel: +44 (0) 345 266 1872 (local rate call)
Email: Insolvency-claims@ipplondon.co.uk
Please quote reference SAFI V1.21 if **You** have Bronze Cover and ESFI V1.21 if **You** have Silver or Gold Cover.

No interest
No interest shall be added to any claims payments.

Other insurance
If **You** claim under this **Policy** for something which is also covered by another insurance policy, including credit card insurance, **You** must provide **Us** with full details of the other insurance policy. **We** will only pay **Our** proportionate share of any claim, apart from a valid personal accident claim, which **We** will pay in full.

Rights and responsibilities
We will be entitled to take over and conduct in **Your** name (at **Our** expense) the defence or settlement of any claim or to prosecute in **Your** name to **Our** own benefit in respect of any claim for indemnity or damage or otherwise, and will have full discretion in the conduct of any proceedings or in settlement of any claim and **You** will give all such information and reasonable assistance as **We** require. This will include legal action to get compensation from anyone else and/or legal action to get back from anyone else any payments that have already been made. **You** may not settle, reject or negotiate any claim without written permission to do so from **Us**.

In case of **Illness** or **Bodily Injury We** may approach any doctor who may have treated **You** during the period of three years prior to the claim and **We** may, at **Our** own expense and upon reasonable notice to **You** or **Your** legal personal representative, arrange for **You** to be medically examined as often as required, or in the event of **Your** death, have a post mortem examination carried out on **Your** body. **You** will supply, at **Your** own expense, a certificate from a **Medical Practitioner** in the form required by **Us** in support of any medical-related claim under the **Policy**.

Helplines

Emergency Assistance (24 hours, 7 days a week)
Tel: +44 (0) 1403 788 718 (if **You** are anywhere except the USA, Canada or Mexico)
Tel: +1-844-780-0494 (toll free if **You** are in the USA or Canada)
Tel: 00 1 819 780 0494 (if **You** are in Mexico)

Claims Service (non-emergency claims)
Call **ETI** Claims Service on +44 (0) 1403 788 717 or download the appropriate claim form(s) from https://holidayextras.davies-group.com.

(For Legal costs and expenses claim forms please contact DAS, for Gadget claim forms contact Taurus and for Financial failure claims please contact IPP).

Table of Benefits

		Bronze		Silver		Gold	
Section	**Cover**	**Sums insured**	**Excess**	**Sums insured**	**Excess**	**Sums insured**	**Excess**
1	**Emergency medical and repatriation expenses**	£5,000,000	£150	£10,000,000	£100	£15,000,000	£50
	- Hospital confinement benefit	£25 per 24 hours up to £1,000	Nil	£25 per 24 hours up to £1,000	Nil	£25 per 24 hours up to £1,000	Nil
	- Mugging hospitalisation benefit	£25 per 24 hours up to £1,000	Nil	£25 per 24 hours up to £1,000	Nil	£25 per 24 hours up to £1,000	Nil
	- Emergency dental treatment	£250	£150	£250	£100	£400	£50
	- Additional travel and accommodation expenses	£1,000	Nil	£1,000	Nil	£2,000	Nil
	- Funeral expenses abroad or cremation expenses abroad	£5,000	Nil	£5,000	Nil	£5,000	Nil
	- UK prescriptions	£50	Nil	£50	Nil	£50	Nil
	- UK physiotherapy and chiropractic care	£300	Nil	£300	Nil	£500	Nil
2	**Cancellation**	£1,000	£150	£2,000	£100	£5,000*	£50
3	**Curtailment and loss of holiday**	£1,000	£150	£2,000	£100	£5,000*	£50
4	**Personal accident**						
	- Death: aged 18 - 65	£10,000	Nil	£15,000	Nil	£20,000	Nil
	- Death: aged 17 and under or aged 66 and over	£2,500	Nil	£5,000	Nil	£5,000	Nil
	- Disablement: aged 18 - 65	£10,000	Nil	£15,000	Nil	£20,000	Nil
	- Disablement: aged 17 and under or aged 66 and over	£2,500	Nil	£5,000	Nil	£5,000	Nil
5	**Personal possessions**	£1,500	£150	£1,500	£100	£2,500	£50
	- Single item limit	£250	£150	£300	£100	£400	£50
	- Valuables	£400	£150	£400	£100	£400	£50
6	**Personal money**	£300	£150	£500	£100	£750	£50
	- Cash	£300	£150	£500	£100	£500	£50
7	**Passport and other documents**						
	- Passport and other documents	£150	Nil	£250	Nil	£300	Nil
	- Event tickets	£150	Nil	£500	Nil	£500	Nil
8	**Gadget**						
	- Accidental damage, theft, malicious damage and loss	£500	£150	£500	£100	£750	£50
	- Unauthorised use	£1,000	Nil	£1,000	Nil	£1,000	Nil
	Enhanced Gadget - Cover 1 (optional)						
	- Accidental damage, theft, malicious damage and loss	£1,000	£150	£1,000	£100	£1,000	£50
	- Unauthorised use	£1,000	Nil	£1,000	Nil	£1,000	Nil
	Enhanced Gadget - Cover 2 (optional)						
	- Accidental damage, theft, malicious damage and loss	£2,000	£150	£2,000	£100	£2,000	£50
	- Unauthorised use	£1,000	Nil	£1,000	Nil	£1,000	Nil
	Enhanced Gadget - Cover 3 (optional)						
	- Accidental damage, theft, malicious damage and loss	£3,000	£150	£3,000	£100	£3,000	£50
	- Unauthorised use	£1,000	Nil	£1,000	Nil	£1,000	Nil

* unless otherwise shown on **Your Policy Schedule**.

Table of Benefits

		Bronze		Silver		Gold	
Section	**Cover**	**Sums insured**	**Excess**	**Sums insured**	**Excess**	**Sums insured**	**Excess**
9	**Baggage delay on outward journey**	£75 after each 12 hours of delay up to £150	Nil	£75 after each 12 hours of delay up to £150	Nil	£75 after each 12 hours of delay up to £150	Nil
10	**Missed departure and missed connection**						
	- Missed departure	£250	Nil	£500	Nil	£1,000	Nil
	- Missed connection	£250	Nil	£500	Nil	£1,000	Nil
11	**Travel delay and abandonment**						
	- Travel delay benefit	£25 per 12 hours up to £250	Nil	£35 per 12 hours up to £350	Nil	£50 per 12 hours up to £500	Nil
	- Abandonment after 12 hours delay	£1,000	£150	£2,000	£100	£5,000*	£50
12	**Personal liability**	£2,000,000	£150	£2,000,000	£100	£2,000,000	£50
13	**Legal costs and expenses**	£25,000	Nil	£25,000	Nil	£25,000	Nil
14	**Financial failure cover**						
	- Scheduled airline failure	£1,000	Nil	£2,500	Nil	£2,500	Nil
	- End supplier failure	Nil	Nil	£2,500	Nil	£2,500	Nil
15	**Winter sports (optional)**						
	A. **Winter sports equipment - loss, theft or damage**						
	- Replacement or repair	£350	£150	£350	£100	£350	£50
	- Hire of replacement equipment	£20 per day up to £300	Nil	£30 per day up to £450	Nil	£30 per day up to £450	Nil
	B. **Winter sports equipment - delay**						
	- Hire of replacement equipment	£20 per day up to £200	Nil	£20 per day up to £200	Nil	£40 per day up to £400	Nil
	C. **Ski pass** - loss or theft	£200	Nil	£250	Nil	£250	Nil
	D. **Ski pack** - illness or injury	£20 per day up to £300	Nil	£20 per day up to £300	Nil	£20 per day up to £300	Nil
	E. **Ski pack or alternative resort** - piste closure	£20 per day up to £400	Nil	£20 per day up to £400	Nil	£20 per day up to £400	Nil
	F. **Travel disruption** - avalanche or landslide	£400	Nil	£400	Nil	£500	Nil
16	**Golf and Sporting Equipment**						
	A. **Sports Equipment - loss, theft or damage**						
	- Replacement or repair	Nil	Nil	£1,000	£100	£1,000	£50
	- Single item limit	Nil	Nil	£500	£100	£500	£50
	B. **Hire of replacement equipment**	Nil	Nil	£50 per day up to £100	Nil	£50 per day up to £100	Nil
	C. **Green fees / unable to take part in sporting activity**	Nil	Nil	£50 per day up to £375	Nil	£50 per day up to £375	Nil
	D. **Hole in One**	Nil	Nil	£50	Nil	£50	Nil
17	**Pet care**						
	- Kennel and cattery fees	Nil	Nil	£50 per day up to £500	Nil	£50 per day up to £500	Nil
18	**Wedding and civil partnership ceremony**						
	A. **Ceremonial items - loss, theft or damage**						
	- Ceremonial Attire	£1,500	£150	£1,500	£100	£1,500	£50
	- Ceremonial Gifts	£1,000	£150	£1,000	£100	£1,000	£50
	- Ceremonial Gifts - cash	£150	£150	£150	£100	£150	£50
	- Ceremonial Rings	£500 (£250 per ring)	£150	£500 (£250 per ring)	£100	£500 (£250 per ring)	£50
	- Single item limit	£500	£150	£500	£100	£500	£50
	B. **Restaging photographs, video and digital media**	£750	£150	£750	£100	£750	£50
	C. **Replacement photographs, video and digital media**	£750	£150	£750	£100	£750	£50

Table of Benefits

		Bronze		Silver		Gold	
Section	**Cover**	**Sums insured**	**Excess**	**Sums insured**	**Excess**	**Sums insured**	**Excess**
19	**Cruise**						
	A. **Missed port**	£100 per port up to £1,000	£150	£150 per port up to £1,500	£100	£200 per port up to £2,000	£50
	B. **Cabin confinement**	£50 per 24 hours up to £500	Nil	£75 per 24 hours up to £750	Nil	£100 per 24 hours up to £1,000	Nil
	C. **Unused excursions**	£500	Nil	£500	Nil	£500	Nil
	D. **Increased personal baggage limits**	£2,500	£150	£2,500	£100	£2,500	£50
	- Single item limit	£500	£150	£500	£100	£500	£50
	- Valuables Limit	£500	£150	£500	£100	£500	£50
	E. **Evening Wear**	£100	Nil	£100	Nil	£150	Nil
20	**Rental vehicle excess waiver (optional)**						
	A. **Excess/Deposit**	£7,500	Nil	£7,500	Nil	£7,500	Nil
	B. **Misfueling cover**	£500	Nil	£500	Nil	£500	Nil
	C. **Rental vehicle key cover**	£500	Nil	£500	Nil	£500	Nil
	D. **Rental vehicle breakdown cover**	£500	Nil	£500	Nil	£500	Nil
21	**COVID-19**						
	- Cancellation	£1,000	£150	£2,000	£100	£5,000*	£50
	- Curtailment	£1,000	£150	£2,000	£100	£5,000*	£50
	- Emergency medical and repatriation expenses	£5,000,000	£150	£10,000,000	£100	£15,000,000	£50
22	**Enhanced COVID-19 protect (optional)**						
	- FCDO cover						
	- Cancellation	£1,000	£150	£2,000	£100	£5,000*	£50

Section 1: Emergency medical and repatriation expenses

This section provides insurance for emergency medical expenses not covered under a reciprocal health agreement between the **United Kingdom** and the country in which **You** are travelling, such as costs covered by Medicare in Australia. It may impact **Your** claim if **You** are not registered for these schemes where they are relevant.

This is not Private Medical Insurance.

This section of the **Policy** sets out the cover **We** provide to each **Insured Person** in total, up to the sums insured shown in the "Table of Benefits", in the event of a medical emergency during an **Insured Journey** as a result of **Your** unforeseen:

1. **Illness**; or
2. **Bodily Injury**; or
3. Death.

What is covered

1. Emergency medical and repatriation expenses:
   a. reasonable and necessary medical and hospital expenses, including the cost of ambulance transport where medically necessary to take **You** to hospital; and
   b. returning **You** to the **United Kingdom** provided this is medically safe and authorised by **Us** or the assistance company; and
   c. the cost of a medical escort where this is deemed necessary by **Us** or the assistance company, in the event of **Your** emergency repatriation to the **United Kingdom**; and
   d. the cost of the repatriation of **Your** remains or of **Your** ashes, in the event of **Your** death; and
   e. taxi fares for **Your** travel to and from hospital, relating to **Your** admission, discharge or attendance for out-patient treatment or appointments or for the collection of medication prescribed for **You** by the hospital treating **You** and forming part of a valid claim under this **Policy**; and
   f. the cost of necessary calls by **You** to **Us** or the assistance company or costs incurred by **You** when **You** receive calls on **Your** mobile phone from **Us** or the assistance company for all of which **You** can provide a receipt, itemised bill or other evidence to show the cost of the call and the number dialled.
2. Hospital confinement benefit: a benefit for each complete 24 hour period that **You** are in hospital or confined to **Your** trip accommodation for medical reasons.
3. Mugging hospitalisation benefit: an additional benefit for each complete 24 hour period that **You** are in hospital as a direct consequence of **Mugging**.
4. Emergency dental treatment for the immediate relief of pain or for the emergency repair of dentures or orthodontic appliances to alleviate distress in eating.
5. Reasonable additional travel and accommodation expenses (room only) for:
   a. **You** to extend **Your** stay until **You** are medically fit to return to the **United Kingdom**; and
   b. a travelling companion to extend his or her stay to remain with **You** and return to the **United Kingdom** with **You**; or
   c. a **Relative** or friend to travel from the **United Kingdom** to stay with **You** and return to the **United Kingdom** with **You**; and
   d. **Your** children under the age of 18, who are travelling with **You** and are **Insured**

Persons on this **Policy**, to return to the **United Kingdom** if **You** are incapacitated and there is no other responsible adult to supervise them. If no one is available a competent person will be provided to accompany them.

6. **Your** funeral expenses abroad or **Your** cremation expenses abroad, in the event of **Your** death.
7. **Your United Kingdom** prescription costs, solely in relation to **Your** continuing medical condition(s) the onset of which during an **Insured Journey** resulted in a valid claim under this section of **Your Policy**.
8. **Your** costs for **United Kingdom** Physiotherapy and Chiropractic Care, solely in relation to **Your** continuing medical condition(s) the onset of which during an **Insured Journey** resulted in a valid claim under this section of **Your Policy**.

What is not covered

1. The **Excess** as shown in the "Table of Benefits", unless the additional premium for **Excess Waiver** has been paid and is shown on **Your Policy Schedule** or if the medical expense costs have been reduced by using Medicare in Australia, a reciprocal health agreement or private health insurance.
2. Any claim arising directly or indirectly from a **Pre-existing Medical Condition** unless accepted by **Us** in writing.
3. Any costs arising from **Your** pregnancy or childbirth if the expected date of delivery is less than 12 weeks (16 weeks for a multiple birth) after the scheduled end of the trip.
4. The cost of any medication which **You** knew **You** would need at the start of **Your** trip.
5. The cost of any treatment, surgery, investigations or tests which are not directly related to the **Illness** or **Bodily Injury** for which **You** went into a hospital or clinic abroad.
6. Any claim arising from **Your** participation in:
   a. **Hazardous Activities and Sports** excluded or not listed as covered under this **Policy** unless the appropriate additional premium has been paid and the specific activity or sport is shown on **Your Policy Schedule**; or
   b. Winter Sports activities, unless the appropriate additional premium for Winter Sports cover has been paid and is shown on **Your Policy Schedule**.
7. Any additional costs as a result of **You** arranging or accepting single or private room accommodation at a hospital, clinic or nursing home, except where this is necessary for **Your** treatment and approved by **Us** or the assistance company in advance.
8. Any provision of dentures, prosthetic limbs, hearing aids, contact or corneal lenses or prescription spectacles.
9. Any medical or repatriation expenses in excess of £500 which have not been authorised by **Us** or the assistance company in advance.
10. The cost of any treatment, surgery, investigations or tests which, in the opinion of the **Medical Practitioner** treating **You** or of the assistance company can reasonably be delayed until **You** return **Home**.
11. Any taxi fares other than those set out as covered in this section. **We** will not pay taxi fares for **You** to visit another person in hospital.
12. The cost of any phone calls other than those set out as covered in this section.
13. The cost of any food, drinks or toiletries.
14. Any expenses that arise after **We** or the assistance company have instructed **You** to return **Home** if **Our** medical advisers and the **Medical Practitioner** treating **You** decide **You** are fit to travel.
15. Any expenses incurred on an **Insured Journey** within the **United Kingdom**.

16. Any expenses incurred (except as set out in What is covered 7 and 8) following **Your** repatriation to the **United Kingdom**, once **You** are admitted to hospital or another rehabilitation facility or return **Home**, whichever is sooner.
17. Any expenses that arise more than 12 months after the first occurrence of **Your Illness** or **Bodily Injury** resulting in the claim.
18. Any costs which are covered under a reciprocal health agreement between the **United Kingdom** and the country in which **You** are travelling such as costs covered by the Medicare in Australia or by private medical insurance.
19. Any costs as a result of **Your** failure to:
    a. obtain any recommended vaccinations, inoculations or preventative medications in a timely manner before an **Insured Journey**; and
    b. follow the medical advice, accept the treatment or take the prescribed medication recommended by a General Practitioner or Consultant, prior to or during an **Insured Journey**; and
    c. follow the medical advice, accept the treatment or take the prescribed medication recommended by a treating **Medical Practitioner** abroad.
20. Anything mentioned in the "General Policy Exclusions".

Additional conditions applying to this section

1. For medical treatment to be covered under this section it must be prescribed or recommended by a **Medical Practitioner**.
2. If **You** know that **You** require admission as an in-patient in a hospital/clinic **You** must notify the assistance company prior to admission whenever possible and in any case immediately following admission and prior to incurring any medical costs. If costs are incurred without notification, then **We** are only liable for such costs as **We** would have incurred had such a notification taken place based on existing price agreements and provided the claim is valid.
3. If **You** suffer **Illness** or **Bodily Injury** during **Your** trip, and **Our** medical advisers and the **Medical Practitioner** treating **You** decide **You** are fit to travel, the assistance company may:
    a. arrange to move **You** from one hospital to another; and/or
    b. arrange for **You** to return to the **United Kingdom** at any time.
    If **You** choose not to move or be repatriated, **Our** liability will end on the date it was deemed safe for **You** to be moved or repatriated to the **United Kingdom**.
4. If **You** are repatriated and **You** do not hold a valid return ticket, **We** will deduct from **Your** claim an amount equal to **Your** original carrier's one-way airfare, for the same class of ticket as **Your** outward travel, for the route used for **Your** return to the **United Kingdom**.
5. Any additional travel and accommodation expenses must be approved in advance by **Us** or the assistance company. **We** will only pay for economy class travel where this is medically safe and available and for accommodation to a similar standard as the original booking.
6. **You** must obtain **Our** prior approval before incurring costs for **United Kingdom** Physiotherapy and Chiropractic Care.

We will not pay unreasonable or unnecessary medical and hospital expenses. For travel to the United States of America, reasonable and necessary medical and hospital expenses means costs that are incurred for approved, eligible medical services or supplies up to 150% of the published medical rates for the same or similar treatment as payable by US Medicare.

Section 2: Cancellation

This section of the **Policy** sets out the cover **We** provide to each **Insured Person** in total per **Insured Journey**, up to the sum insured shown in the "Table of Benefits", following necessary and unavoidable cancellation of a trip as a result of:

1. The death, **Bodily Injury** or **Illness**, as certified by a **Medical Practitioner**, of **You**, **Your Relative**, **Colleague** or travelling companion or of a friend with whom **You** had arranged to stay; or
2. **Your** attendance at a court of law as a witness (except as an expert witness) or for Jury Service where postponement of the Jury Service has been denied by the Clerk of the Courts Office; or
3. **You** or **Your** travelling companion being a member of the Armed Forces, Police, Ambulance, Fire or Nursing Service and **Your** or their authorised leave being cancelled due to an unexpected emergency or a posting overseas at the time of **Your** trip; or
4. **You** or **Your** travelling companion being instructed to stay at **Home** (within 7 days of **Your** departure date) by a relevant authority due to severe damage to **Your** or their **Home** or place of business in the **United Kingdom** caused by serious fire, explosion, storm, flood, subsidence or burglary; or
5. **Your** involuntary redundancy or that of **Your** travelling companion or **Your** spouse, civil partner or cohabiting partner, notified after the purchase of this **Policy** or after the trip was booked, whichever is later.

What is covered

1. The cost of:
   a. **Your** unused non-refundable pre-booked travel and accommodation expenses which **You** have paid or are contracted to pay; and
   b. **Your** unused non-refundable pre-booked airport parking, car hire, airport lounge pass and excursions which **You** have paid or are contracted to pay; and
   c. **Your** unused non-refundable visa, ESTA (Electronic System for Travel Authorisation for travellers to the USA) or other relevant travel permission which **You** have paid.

What is not covered

1. The **Excess** as shown in the "Table of Benefits", unless the additional premium for **Excess Waiver** has been paid and is shown on **Your Policy Schedule**.
2. Any claim as a result of **Your** decision to cancel the trip for reasons other than those listed within this section.
3. Any claim arising from circumstances that could reasonably have been anticipated at the time the trip was booked or the **Policy** was purchased, whichever is later.
4. Cancellation arising from pregnancy or childbirth if:
   a. the expected date of delivery is less than 12 weeks (16 weeks for a multiple birth) after the scheduled end of the trip; or
   b. the cancellation is not certified by a **Medical Practitioner** as necessary due to the complications of pregnancy or childbirth.
5. Any additional expenses resulting from **You** not cancelling **Your** trip as soon as reasonably possible after **You** become aware of the need to cancel.

6. Any claim as a result of a failure to have the required passport, visa, ESTA (Electronic System for Travel Authorisation for travellers to the USA) or other relevant travel permission.
7. Any claim where the carrier has refused to allow **You** to travel.
8. Any claim as a result of the failure in provision of any service connected with **Your** trip including error, omission, financial failure, or default of, or by the provider of any service, travel agent, tour operator or organiser through whom the trip was booked.
9. Any claim as a result of the death or illness of any pet or animal.
10. Any claim as a result of **You** not wanting to travel or due to **Your** personal or financial circumstances (other than as set out under this section).
11. Any claim caused by work commitment or amendment of **Your** holiday entitlement by **Your** employer (other than as set out under this section).
12. Any loss in respect of Air Passenger Duty (this can be reclaimed by **You** through **Your** travel agent or airline).
13. Any claim as a result of **Your** late arrival at the airport, port or station after the check-in or booking-in time.
14. Any claim for management fees, maintenance costs or exchange fees associated with timeshares, holiday property bonds or similar arrangements.
15. Any claim for promotional vouchers or reward points such as Air Miles or Avios points.
16. Any claim for costs paid by **You** on behalf of other persons not insured under this **Policy**.
17. Any claim as a result of **You** refusing medical treatment or not taking **Your** prescribed medication in accordance with the advice of a **Medical Practitioner**.
18. Any claim as a result of importation or transportation restrictions on any medication that **You** or a travelling companion would need to take on a trip.
19. Any claim as a result of **You** accepting a hospital appointment, when **You** were already on a waiting list for such an appointment before the **Policy** was issued or the trip was booked, whichever is later.
20. Any claim arising from redundancy caused by or resulting from misconduct leading to dismissal or from resignation or from voluntary redundancy.
21. Any charges in respect of the trip for which there is no contractual liability or which are recoverable elsewhere.
22. Any claim arising from volcanic eruption and/or volcanic ash.
23. Any claim as a result of prohibitive regulations by the Government of any country, or delay or amendment of the booked trip due to Government action.
24. Anything mentioned in the “General Policy Exclusions”.

Additional conditions applying to this section

1. If **You** fail to notify the tour operator, travel agent or transport or accommodation provider as soon as **You** become aware of the need to cancel **Your** trip, **Our** liability will be restricted to the cancellation charges that would have applied had such a failure not occurred.
2. If **You** cancel **Your** trip for medical reasons, **You** must provide **Us** with a medical certificate from a **Medical Practitioner** stating that this necessarily and reasonably prevented **You** from travelling.
3. If **Your** claim is for any other insured reason, **You** will be required to provide **Us** with appropriate documentary evidence.

Section 3: Curtailment and loss of holiday

Words with special meanings specific to this section:

Loss of Holiday
The number of complete days that **You** are confined to a hospital, hotel room or cabin on the orders of **Your** treating **Medical Practitioner** during the period of **Your Insured Journey**, due to **Your Bodily Injury** or **Illness**.

This section of the **Policy** sets out the cover **We** provide to each **Insured Person** in total per **Insured Journey**, up to the sum insured shown in the "Table of Benefits", following necessary and unavoidable **Curtailment** of, or **Loss of Holiday** on, an **Insured Journey** as a result of:

1. The death, **Bodily Injury** or **Illness**, as certified by a **Medical Practitioner**, of **You**, **Your Relative**, **Colleague** or travelling companion or of a friend with whom **You** had arranged to stay; or
2. **Your** attendance at a court of law as a witness (except as an expert witness) or for Jury Service where postponement of the Jury Service has been denied by the Clerk of the Courts Office; or
3. **You** or **Your** travelling companion being a member of the Armed Forces, Police, Ambulance, Fire or Nursing Service and **Your** or their authorised leave being cancelled due to an unexpected emergency or a posting overseas at the time of **Your** trip; or
4. **You** or **Your** travelling companion being recalled **Home** by a relevant authority due to severe damage to **Your** or their **Home** or place of business in the **United Kingdom** caused by serious fire, explosion, storm, flood, subsidence or burglary; or
5. **Your** involuntary redundancy or that of **Your** travelling companion or **Your** spouse, civil partner or cohabiting partner, notified after the start of the trip.

What is covered

1. **Your** reasonable additional travel and accommodation expenses which **You** incur in the **Curtailment** of **Your Insured Journey**; and
2. A pro-rata amount corresponding to the cost of the unused proportion of:
   a. **Your** non-refundable pre-booked travel and accommodation expenses which **You** have paid or are contracted to pay; and
   b. **Your** non-refundable pre-booked airport parking, car hire, airport lounge pass and excursions which **You** have paid or are contracted to pay; and
   c. **Your** non-refundable visa, ESTA (Electronic System for Travel Authorisation for travellers to the USA) or other relevant travel permission which **You** have paid.

What is not covered

1. The **Excess** as shown in the "Table of Benefits", unless the additional premium for **Excess Waiver** has been paid and is shown on **Your Policy Schedule**.
2. Any claim as a result of **Your** decision to **Curtail** the trip for reasons other than those listed within this section.
3. Any claim for **Loss of Holiday** not resulting from **Your** own **Bodily Injury** or **Illness**.
4. Any claim arising from circumstances that could reasonably have been anticipated at

the time the trip started.

5. **Curtailment** or **Loss of Holiday** arising from pregnancy or childbirth if:
   a. the expected date of delivery is less than 12 weeks (16 weeks for a multiple birth) after the scheduled end of the trip; or
   b. the **Curtailment** or **Loss of Holiday** is not certified by a **Medical Practitioner** as necessary due to the complications of pregnancy or childbirth.
6. Any claim as a result of a failure to have the required passport, visa, ESTA (Electronic System for Travel Authorisation for travellers to the USA) or other relevant travel permission.
7. Any claim where the carrier has refused to allow **You** to travel or to continue **Your** trip or where the accommodation or other service provider has refused to allow **You** to use, or continue to use, the accommodation or service.
8. Any claim as a result of the failure in provision of any service connected with **Your** trip including error, omission, financial failure, or default of, or by the provider of any service, travel agent, tour operator or organiser through whom the trip was booked.
9. Any claim as a result of the death or illness of any pet or animal.
10. Any claim as a result of **You** not wanting to travel or to continue **Your** trip or due to personal or financial circumstances (other than as set out under this section).
11. Any claim caused by work commitment or amendment of **Your** holiday entitlement by **Your** employer (other than as set out under this section).
12. Any loss in respect of Air Passenger Duty (this can be reclaimed by **You** through **Your** travel agent or airline).
13. Any claim as a result of **Your** late arrival at the airport, port or station after the check-in or booking-in time.
14. Any claim for management fees, maintenance costs or exchange fees associated with timeshares, holiday property bonds or similar arrangements.
15. Any claim for promotional vouchers or reward points such as Air Miles or Avios points.
16. Any claim for costs paid by **You** on behalf of other persons not insured under this **Policy**.
17. Any claim as a result of **You** refusing medical treatment or not taking **Your** prescribed medication in accordance with the advice of a **Medical Practitioner**.
18. Any claim as a result of importation or transportation restrictions on any medication that **You** or a travelling companion would need to take on a trip.
19. Any claim as a result of **You** accepting a hospital appointment, when **You** were already on a waiting list for such an appointment before the trip started.
20. Any claim arising from redundancy caused by or resulting from misconduct leading to dismissal or from resignation or from voluntary redundancy.
21. Any charges in respect of the trip for which there is no contractual liability or which are recoverable elsewhere.
22. Any claim arising from volcanic eruption and/or volcanic ash.
23. Any claim as a result of prohibitive regulations by the Government of any country, or delay or amendment of the booked trip due to Government action.
24. Anything mentioned in the “General Policy Exclusions”.

Additional conditions applying to this section

1. **You** must advise **Us** or the assistance company immediately of the need to **Curtail Your** trip, obtain **Our** prior approval before incurring any expenses and allow **Us** to make the necessary travel arrangements to bring **You Home**.
2. **We** will only pay for economy class tickets, where available, unless the medical advisor of the assistance company in consultation with the treating **Medical Practitioner** considers that there is a medically necessity for other arrangements to be made.
3. If **You** fail to notify the tour operator, travel agent or transport or accommodation provider immediately when **You** become aware of the need to **Curtail Your** trip, **Our** liability will be restricted to the **Curtailment** charges that would have applied had such a failure not occurred.
4. If **You Curtail Your** trip for medical reasons, **You** must provide **Us** with a medical certificate from a **Medical Practitioner** stating that this necessarily and reasonably prevented **You** from continuing **Your** trip.
5. If **Your** claim is for any other insured reason, **You** will be required to provide **Us** with appropriate documentary evidence.
6. **We** will calculate claims for **Curtailment** or **Loss of Holiday** proportionately, taking into account the number of complete days of **Your** planned trip that **You** have not used while **You** are:
   a. hospitalised abroad; or
   b. confined to **Your** accommodation abroad for medical reasons; or
   c. being repatriated to the **United Kingdom**; or
   d. in the **United Kingdom** following repatriation.

Section 4: Personal accident

This section does not apply to **Insured Journeys** solely within the **United Kingdom**.

Words with special meanings specific to this section:

Disablement

1. **Loss of Limb**; or
2. **Loss of Sight**; or
3. **Permanent Total Disablement**.

Loss of Limb

permanent loss by physical severance or permanent and total loss of use of a limb or limbs at or above the wrist or ankle (meaning one or more entire hand, arm, foot or leg).

Loss of Sight

physical loss of one or both eyes or the loss of a substantial part of the sight of one or both eyes. A substantial part means that the degree of sight remaining is 3/60 or less on the Snellen Scale after correction with spectacles or contact lenses. (At 3/60 on the Snellen Scale a person can see at 3 meters something that a person with normal vision would see at 60 meters.)

Permanent Total Disablement

physical impairment which, in the opinion of an independent specialist **Medical Practitioner**, is beyond any prospect of recovery or improvement and which entirely prevents **You** from engaging in or giving attention to any work or occupation.

This section of the **Policy** sets out the cover **We** provide to each **Insured Person** in total, up to the sums insured shown in the "Table of Benefits", following an **Accident** during an **Insured Journey** outside of the **United Kingdom** which solely and independently of any other cause, within 12 months of the date of the **Accident** results in **Your**:

1. Death; or
2. **Disablement**

What is covered

1. A fixed sum, depending on **Your** age, in compensation.

What is not covered

1. Any claim arising from death or **Disablement** occurring more than 12 months after the date of the **Accident**.
2. Any claim as a result of an **Accident** occurring on a trip solely within the **United Kingdom**.
3. Death or **Disablement** caused by mental or psychological trauma, nervous shock, sickness, disease, or any naturally occurring condition or degenerative disease or the ingestion of any substance.

4. Any claim arising from an **Accident** occurring while **You** are engaging in **Hazardous Activities and Sports** which are:
   a. specifically excluded; or
   b. not listed as covered unless otherwise agreed by **Us** in writing; or
   c. listed as covered but with Personal Accident cover excluded.
5. Any claim arising from an **Accident** occurring while **You** are motorcycling as a rider or a passenger.
6. Anything mentioned in the "General Policy Exclusions".

Additional conditions applying to this section

1. In the event of a valid claim, compensation for:
   a. **Your Disablement** will be paid to **You**.
   b. **Your** death will be paid to **Your** legal personal representative.
2. In the event of an **Accident** leading to valid claims for **Your Disablement** and subsequent death, **We** will only be liable for the higher of the sums insured for **Disablement** or death.
3. In the event that **You** suffer more than one form of **Disablement**, **You** will not be entitled to more than the sum insured for **Disablement** in total.
4. **Disablement** is assessed as soon as the final consequences of the **Accident** can be medically determined although not later than 12 months after the date of the **Accident**.
5. **We** will not pay any benefits solely because **You** are unable to take part in sports or pastimes.
6. If **You** disappear but no death certificate has been issued, **We** will wait for a suitable period of time during which **We** will consider all available evidence and if **We** have no reason to suppose other than that **Your** death has occurred as a result of an **Accident**, **We** will pay the sum insured to **Your** legal personal representative. If the belief is subsequently found to be wrong, such amount shall be refunded to **Us**.
7. A pre-existing physical impairment does not entitle **You** to any higher assessment of compensation than if such a physical impairment had not previously existed.
8. **You**, or in the case of **Your** death, **Your** legal personal representative, must provide **Us** with satisfactory medical and other information or allow **Us** access to full medical records and/or death certificates as required.
9. Reduced sums insured apply to persons aged 17 and under or aged 66 and over on the date the **Accident** occurs. See the "Table of Benefits".

Section 5: Personal possessions

This section of the **Policy** sets out the cover **We** provide to each **Insured Person** in total per **Insured Journey**, up to the sum insured shown in the "Table of Benefits", following loss or theft of, or damage to, **Your Personal Possessions** during an **Insured Journey**.

What is covered

1. The cost of the replacement, reinstatement or repair of **Your Personal Possessions** subject to wear and tear and depreciation.

What is not covered

1. The **Excess** as shown in the "Table of Benefits", unless the additional premium for **Excess Waiver** has been paid and is shown on **Your Policy Schedule**.
2. Any amount over the **Single Item Limit** as shown in the "Table of Benefits" for any one item, pair or set of items that belong together or can be used together.
3. Any amount over the total **Valuables** limit as shown in the "Table of Benefits".
4. Any loss or theft of **Your Personal Possessions** which are subsequently recovered.
5. Any claim if **Your Personal Possessions** are confiscated or detained by Customs, the Police or other authorities.
6. Any damage to **Your Personal Possessions** due to:
   a. scratching or denting unless the item has become unusable as a result of this; or
   b. mechanical or electrical breakdown; or
   c. leaking powder or fluid carried within **Your** baggage; or
   d. normal wear and tear, gradual deterioration, depreciation, decay, moth, vermin, atmospheric or climatic conditions; or
   e. any process of cleaning, dyeing, repairing or restoring.
7. Any loss or theft of, or damage to, **Your Personal Possessions**:
   a. that **You** do not report to the Police within 24 hours of discovery or as soon as possible after that and for which **You** do not get a written Police report; or
   b. whilst in the custody of an airline or other carrier unless **You** report it immediately on discovery to the carrier and get a written report. In the case of an airline **You** will need a Property Irregularity Report (PIR); or
   c. whilst being shipped as freight or under a bill of lading; or
   d. left out of sight or out of **Your** personal control in a public place where **You** are not in a position to prevent unauthorised interference with **Your** property e.g. station, airport, restaurant, beach, etc; or
   e. from an unattended vehicle unless between the hours of 09:00 and 21:00 and locked in the boot, covered luggage area or locked glove compartment and following physical evidence of forcible entry and **Valuables** from an unattended vehicle at any time; or
   f. from a roof or boot luggage rack at any time; or
   g. left in the custody of a person who does not have official responsibility for the safekeeping of the property.
8. Any loss or theft of, or damage to:
   a. **Winter Sports Equipment**; or

b. **Golf Equipment**; or
c. **Bicycles**;

9. Any loss or theft of, or damage to:
   a. fragile articles, business goods or samples; or
   b. **Sports Equipment** whilst in use; or
   c. spectacles, contact lenses, hearing aids or prosthetic limbs; or
   d. **Valuables** unless they are at all times attended by **You**, or left in hotel security, safety deposit box, safe or similar locked fixed receptacle; or
   e. **Valuables** which are not carried in **Your** hand luggage or on **Your** person while **You** are travelling on public transport or on an aircraft; or
   f. **Valuables** (other than wedding rings) when worn by **You** while swimming; or
   g. **Gadgets**, Passports and **Personal Money** including **Cash** (claims for such losses should be made under the appropriate section of the **Policy**); or
   h. items which are borrowed, rented or otherwise not owned by **You**.
10. Anything mentioned in the "General Policy Exclusions".

Additional conditions applying to this section

1. Claims will be considered on a new for old basis provided the item is less than 1 year old at the date of the incident. All other items will be subject to a suitable deduction for wear and tear and depreciation or **We** may at **Our** option replace, reinstate or repair the lost, stolen or damaged item(s).
2. **We** may not pay **Your** claim if **You** are unable to provide any original receipts, proofs of purchase or insurance valuations (issued before the loss, theft or damage). **You** must retain all damaged items for inspection, if required by **Us**.
3. **You** must obtain a written estimate for the repair of damaged items or a report confirming that they are beyond economic repair from an appropriate official repairer.
4. If an airline fails to return **Your** checked-in baggage, **We** will wait for the 60 days required by them to declare **Your** baggage permanently lost, before considering a claim under this section.
5. If **We** have paid a claim under the "Baggage delay" section of this **Policy** and **Your** baggage subsequently proves to be permanently lost, any payments made for baggage delay will be deducted from any payments **We** make for a claim for lost baggage under this Personal possessions section of the **Policy**.
6. If **We** pay a claim for loss or theft under this section and **Your Personal Possessions** are subsequently recovered, **You** will repay to **Us** any compensation **You** received within 14 days of the recovery.

Section 6: Personal money

This section of the **Policy** sets out the cover **We** provide to each **Insured Person** in total per **Insured Journey**, up to the sum insured shown in the "Table of Benefits", following loss or theft of **Your Personal Money** during an **Insured Journey**.

What is covered

1. Reimbursement of **Your Personal Money**.

What is not covered

1. The **Excess** as shown in the "Table of Benefits", unless the additional premium for **Excess Waiver** has been paid and is shown on **Your Policy Schedule**.
2. Any amount over the **Cash** limit specific to **Your** age shown in the "Table of Benefits".
3. Any loss or theft of **Your Personal Money** which is subsequently recovered.
4. Any claim if **Your Personal Money** is confiscated or detailed by Customs, the Police or other authorities.
5. Any loss or theft of **Your Personal Money** that **You** do not report to the Police within 24 hours of discovery or as soon as possible after that and for which **You** do not get a written Police report.
6. Any loss or theft of **Your Personal Money** that is not:
   a. carried on **Your** person or in **Your** hand luggage which **You** have with **You** and within **Your** control such that **You** are able to prevent unauthorised interference with it at all times; or
   b. deposited in a safe or fixed safety deposit box, or similar locked fixed receptacle in **Your** locked **Private Accommodation**.
7. Any depreciation in value, currency changes or shortage caused by any error or omission.
8. Any loss recoverable from another source such as a bank, credit card provider or issuer of travellers' cheques.
9. Any loss or theft due to fraud or due to **You** deliberately or inadvertently revealing security information such as a password or PIN-code.
10. Anything mentioned in the "General Policy Exclusions".

Additional conditions applying to this section

1. **You** must take reasonable care in protecting **Your Personal Money** against loss or theft at all times.
2. **You** must notify the Police of any loss or theft within 24 hours of discovery or as soon as possible after that and obtained a written report from them and enclose this with **Your** claim form.
3. **You** must provide **Us** with documentary proof of ownership of any lost or stolen **Personal Money**, such as currency exchange receipts, bank statements, **Cash** withdrawal slips and pre-paid credit card statements.

Section 7: Passport and other documents

This section of the **Policy** sets out the cover **We** provide to each **Insured Person** in total per **Insured Journey**, up to the sum insured shown in the "Table of Benefits", following loss or theft of **Your** passport, **Event Ticket(s)**, driving licence or travel documents during an **Insured Journey**.

What is covered

1. The cost of a temporary replacement passport abroad; and
2. The proportionate replacement cost of the unexpired part of **Your** passport when **You** are back in the **United Kingdom**; and
3. The proportionate replacement cost of the unexpired part of **Your** driving licence; and
4. The cost of the replacement or reinstatement of travel documents; and
5. Necessary additional travel and accommodation expenses (room only) which **You** incur abroad to obtain a replacement passport, driving licence or travel documents.
6. The cost of the replacement or reinstatement of **Event Ticket(s)**.

What is not covered

1. The **Excess** as shown in the "Table of Benefits", unless the additional premium for **Excess Waiver** has been paid and is shown on **Your Policy Schedule**.
2. Any claim if **Your** passport, **Event Ticket(s)**, driving licence or travel documents are retained by Customs, the Police or other authorities.
3. Any loss or theft of **Your** passport, **Event Ticket(s)**, driving licence or travel documents that **You** do not report to the Police within 24 hours of discovery or as soon as possible after that and for which **You** do not get a written Police report.
4. Any loss or theft of **Your** travel documents or **Event Ticket(s)** that can be replaced free of charge by the issuer.
5. Any loss or theft of **Your** passport, **Event Ticket(s)**, driving licence or travel documents that are not:
   a. carried on **Your** person or in **Your** hand luggage which **You** have with **You** and within **Your** control such that **You** are able to prevent unauthorised interference with them at all times; or
   b. deposited in a safe or fixed safety deposit box, or similar locked fixed receptacle in **Your** locked **Private Accommodation**.
6. Anything mentioned in the "General Policy Exclusions".

Section 8: Gadget

You are automatically covered for Gadget cover. The increased limits under the Enhanced Gadget cover extension in the "Table of Benefits" only apply if the appropriate additional premium has been paid and Enhanced Gadget cover is shown on **Your Policy Schedule**.

Words with special meanings specific to this section

The words and phrases defined below are specific to this cover and have the same meaning wherever they appear in Gadget cover section.

Accidental Damage
Means the sudden unforeseen and unintentional damage to **Your Gadget**. This includes damage to screens and damage resulting from sudden and unforeseen liquid damage.

Business
Means a company where **You** are an owner, director or employee of that company.

Claims Administrator
Taurus Insurance Services Limited. Suite 2209-2217 Eurotowers, Europort Road, Gibraltar.

Computer virus
Means a self-replicating program that spreads by inserting copies of itself into other executable code or document, that is loaded onto **Your** gadget without **Your** knowledge and runs against **Your** wishes.

Custom Built
Means a complete computer or laptop made from components supplied and assembled by qualified engineers at a **United Kingdom** VAT registered company, or the equivalent tax registration if purchased overseas.

Gadget(s)
The item(s), excluding accessories which belong to:

1. **You**; or
2. A **Business** where **You** have the relevant authority and responsibility to use and insure the **Gadget(s)** owned by the **Business**.
   Confirmation of this will be required in the event of a claim.

For the purpose of this **Policy** a gadget can be any of the following items:
Mobile Phones, Tablets, Laptops and PC's (including **Custom Built**), Digital Cameras, PC Monitors, MP3 Players, Games Consoles, Video Cameras, Camera Lenses, Bluetooth Headsets, Satellite Navigation Devices, PDAs, E-Readers, Head/Earphones, Portable Health Monitoring Devices (such as a blood glucose or blood pressure testing kit), Wearable Technology (such as a Smart Watch or a Health and Fitness Tracker).

Criteria: We can only insure **Gadget(s)** that are:

1. Purchased new or refurbished from a **United Kingdom** VAT registered company, or the equivalent tax registration if purchased overseas, and supplied with a **Proof of Purchase** (original purchase receipt or phone contract showing IMEI No).
2. Purchased second hand or gifted to **You**, provided that **You** have the original **Proof of Purchase** (which corresponds to notes 1 above) and a signed letter from the original owner

confirming that **You** own the **Gadget(s)**. The letter must include the following details of **Your Gadget(s)**:

a. Either the IMEI or serial number (whichever is applicable);
b. The make and model;
c. The sale price (**Your Purchase Price**);
d. Confirmation that the **Gadget(s)** were in full working order at the time of sale.

Please note: The **Gadget** must be in good condition and in full working order at the time **You** commence **Your Trip**.

Immediate Family
Your spouse, partner or parents or **Your** children, brothers or sisters who are residents of the **United Kingdom** and travelling with **You** on **Your Trip**.

Loss
Means that the **Gadget** has been accidentally left by **You** in a location and **You** are permanently deprived of its use.

Please note: Loss needs to be reported to the appropriate local Police authorities and **Your** network provider (if applicable) within 24 hours of discovering the incident.

Malicious Damage
The intentional or deliberate actions of another party, not including **You** or **Immediate Family**, which causes damage to **Your Gadget**.

Proof of Purchase
Means the original printed receipt or a similar electronic record that can be sent to **Us** or displayed in its original format, not handwritten, provided at the original point of sale that gives details of the **Gadget(s)** purchased and helps support proof that **You** are the legal owner of the **Gadget(s)** and enables the age of the **Gadget(s)** to be reasonably identified.
The document should include confirmation of the IMEI or serial number of the **Gadget(s)**, the purchase date, the **Purchase Price**, and detail the **United Kingdom** VAT registration number of the company (or the equivalent tax if purchased overseas).

For **Gadget(s)** that are Gifted to **You** - **We** will require a signed letter from the original owner confirming that **You** own the **Gadget(s)**.

For the purchase of Second-Hand **Gadget(s)** - A printed receipt or electronic record provided by a retailer or person selling the second-hand **Gadget(s)** is not acceptable as **Proof of Purchase**.

Delivery notes are not an acceptable form of **Proof of Purchase**.

Proof of Usage
Means evidence that shows **Your Gadget** has been in use before the event giving rise to the claim. Where the **Gadget** is a mobile phone, or other SIM enabled device, this evidence can be obtained from **Your** network provider. For other **Gadgets**, such as laptops, in the event of an **Accidental Damage** claim this may be determined through inspection by **Our** repairers.

Purchase Price
Means the sale price detailed on the original **Proof of Purchase**.

Theft
Means the taking of the **Gadget** by a third party with the intention of permanently depriving **You** of

it, using force, threat of violence or by pickpocket.

Please note: Theft and **Loss** needs to be reported to the appropriate local Police authorities and **Your** network provider (if applicable) within 24 hours of discovering the incident. **Theft** claims must also be accompanied by a valid Police crime reference report. **Loss** property reports and reference numbers on their own will not be accepted in support of a **Theft** claim.

Trip
Travel during the **Policy Period**.

Unauthorised Usage
The cost of unauthorised calls, messages and downloads made from **Your Gadget** after it was stolen. Cover will only apply within 24 hours of discovery of the **Theft** of **Your Gadget**. Itemised bills must be provided to support **Your** claim.

Please note: This cover will only apply if there is no protection from such losses from **Your** network provider.

Unattended
Means that the **Gadget(s)** are neither on **Your** person or within **Your** sight and/or reach.

Warranty
Means the period where the **Claims Administrator** will resolve any defects in materials and workmanship when they repair or replace **Your Gadget** in the event of a claim, when **Your Gadget** is used normally in accordance with manufactures guidelines. For repairs the **Warranty** provided is 3 months and for a replacement the **Warranty** provided is 12 months. This **Warranty** will also include the costs associated with transporting the device to and from the **Claims Administrators** selected repair centre.

The **Warranty** does not cover wear and tear, damage by **computer viruses**, normal maintenance, **Accidental Damage** or any indirect loss.

A. Accidental Damage.

What is covered

1. **We** will repair or replace **Your Gadget** if it is damaged as the result of **Accidental Damage**, providing the **Gadget** is returned to the **Claims Administrator**.

B. Loss.

What is covered

1. If **You** accidentally lose **Your Gadget**, **We** will replace it (in respect of a valid **Loss** claim).

C. Malicious Damage.

What is covered

1. If **Your Gadget** suffers **Malicious Damage**, **We** will repair or replace it. Where only part or parts of **Your Gadget** have been damaged, **We** will only replace that part or parts.

D. Theft.

What is covered

1. If **You** suffer **Theft** of **Your Gadget**, **We** will replace it (in respect of a valid **Theft** claim).

E. Unauthorised Usage.

What is covered

1. If **Your Gadget** is stolen, **We** will refund the cost of **Unauthorised Usage** up to the limit as shown on **Your Policy Schedule**.

Please note: This cover will only apply if there is no protection from such losses from **Your** network provider.

What is not covered applying to all sub-sections

We will not pay for:

1. **Your Excess** which applies as shown in the "Table of Benefits".
2. Any claim that occurs whilst not on a **Trip**.
3. Any claim for a **Gadget** that does not meet the "Criteria" as listed within the definition of **Gadget**.
4. Any claim where **You** cannot provide a printed or similar electronic record that can be sent to **Us** in its original format, **Proof of Purchase** (along with a signed transfer of ownership letter where the **Gadget** has been purchased second hand or gifted to **You**).
5. Any claim where the **Policy** was purchased whilst **You** or **Your Gadget(s)** were not in the **United Kingdom**.
6. Any claim where **Proof of Usage** cannot be provided or evidenced (applicable where the **Gadget** is a SIM enabled device or in respect of a laptop/tablet where user history is available).
7. Where the **Gadget** has been stolen from any motor vehicle or building, unless all protections are in operation (including those to prevent unauthorised keyless entry to vehicles) and the **Gadget(s)** is concealed out of sight so that forced and violent entry causing damage is required. Evidence of the thief's damage must be provided with **Your** claim.
8. Any **Loss**, **Theft** or **Accidental Damage** of the **Gadget** left as checked-in baggage.
9. Any **Loss**, **Theft** or **Accidental Damage** to the **Gadget** as a result of confiscation of

detention by customs, other officials or authorities.

10. Any claim where **You** knowingly leave **Your Gadget** somewhere **Unattended** and it is at risk of being lost, stolen or damaged. For example - where **Your Gadget** is left at the side of a sports pitch whilst **You** are participating in the sport.
11. Any claim where the **Gadget** was not in good condition and in full working order at the time **You** commence **Your Trip.**
12. Any claim where **You** have failed to take reasonable precautions to prevent **Damage**, **Theft** or **Loss**. This will include, but not limited to:
    a. Not using **Your Gadget** in accordance with the manufacturer's instructions;
    b. Not handing **Your Gadget** to a person who is not known to **You** or a third party, other than **Your Immediate Family**.
13. Any claim where the IMEI/Serial number cannot be determined from **Your Gadget**.
14. Any kind of damage whatsoever unless the damaged **Gadget** is provided for repair.
15. Any **Unauthorised Usage** unless associated with a valid **Theft** or **Loss** claim.
16. **Loss**, **Theft** of or **Accidental Damage** to any accessories.
17. Any claim solely for components of **Your Gadget** that would be considered a consumable e.g. batteries.
18. Any repairs or other costs for repairs carried out by anyone not authorised by **Us**.
19. Any claim where there is evidence that the **Damage**, **Theft** or **Loss** occurred prior to the commencement of **Your trip**.
20. **Loss**, damage, destruction, distortion, erasure, corruption or alteration of electronic data from any **Computer Virus** or similar mechanism or as a result of any failure of the Internet, or loss of use, reduction in functionality, cost, expense of whatsoever nature resulting there from, regardless of any other cause or event contributing concurrently or in any other sequence to the **Loss**.
21. Any claim for **Malicious Damage** which was caused by **You** or **Your Immediate Family**.
22. The VAT element of any claim if **You** are registered for VAT.
23. Any claim resulting from an unlawful act. This will include, but not limited to:
    a. Any unlawful act deliberately or intentionally committed by an **Insured Person**; or
    b. The operation of law or the order of any court; or
    c. Civil or criminal proceedings against anyone on whom **Your Insured Journey** depends.
24. Any **Damage**, **Theft** or **Loss** to SIM or memory cards in isolation (unless it accompanies a valid claim for **Your Gadget**).
25. Cosmetic damage to the **Gadget** that has no effect on the functionality of the **Gadget**, to include marring, scratching and denting.
26. Any modifications that have been made from the original specifications of the **Gadget**. This would include things like adding gems, precious metals or unlocking **Your Gadget** from a network.
27. **Loss** of any software or firmware failures.
28. 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**.
29. Any claim for **Damage**, **Theft** or **Loss** caused by deception.

Additional conditions applying to this section

Claims Procedure

How to make a claim

To enable **Us** to process **Your** claim as quickly as possible, please read **Our** claims guide and complete **Our** claim form, found at https://tiga.taurus.claims, and send **Us** the requested documentation as soon as reasonably possible of discovering the incident (or in the event of an incident occurring outside of the **United Kingdom**, as soon as reasonably possible of returning to the **United Kingdom**). Exceptional circumstances causing **Your** delay in reporting **Your** claim and where there is no additional loss to **Us** may be considered.

You can contact the **Claims Administrator** on 0330 880 1753 or holidayextras.tiga@taurus.gi.

You must: (Failure to observe these may invalidate Your claim)

a. Report the **Theft** or **Loss** of **Your Gadget** to **Your** network provider within 24 hours of discovery so they can blacklist **Your** handset/item (where this is applicable).
b. Report the **Theft** or **Loss** of **Your Gadget** to the Police, local to where the incident occurred, within 24 hours of discovery and obtain a crime reference number in support of a **Theft** claim and a copy of the police report.
c. Provide the **Proof of Purchase** of the **Gadget** for which **You** are claiming. Such **Proof of Purchase** must evidence that **You** own that particular **Gadget**, which may include the IMEI number or serial number (where applicable in respect of mobile phones and laptops) and other identifying details where appropriate.
d. Provide the **Proof of Usage** (in respect of SIM enabled devices) from **Your** network that confirms the mobile phone has been in use since the start of **Your** trip and up to the event giving rise to the claim.
e. Complete and return any claim form or documents as required by the **Claims Administrator** within a reasonable time frame of the incident date with any other requested documentation.
f. Not attempt to repair the item yourself or use an unauthorised repairer or this will invalidate the cover.
g. Not format **Your Gadget(s)** in such a way that makes obtaining the last usage date impossible.
h. Pay the **Excess** as requested by the **Claims Administrator**.
i. Provide details of any other contract, guarantee, warranty or insurance that may apply to the **Gadget** including, but not limited to, household insurance (where appropriate a rateable proportion of the claim may be recovered direct from these insurers).

Repair and Replacement Equipment

a. All repairs to **Gadgets** are issued with a 3-month **Warranty** (the **Gadget** must be returned to the **Claims Administrator** in the event of a claim under that warranty).
b. In the event that **Your** claim is authorised, and **Your Gadget** is deemed beyond economical repair and will therefore have to be replaced, the **Claims Administrator** will endeavour to replace it with a **Gadget** of an identical specification or the equivalent value taking into account the age and condition of the **Gadget**. Where the **Claims Administrator** replace the **Gadget(s)**, the replacements may be pre-owned, refurbished or remanufactured (not brand new). **This is not a new for old insurance Policy**. (Gift cards or vouchers may be used as an alternative method of claims settlement at the **Claims Administrators** full discretion).

c. Where the **Claims Administrator** sends **You** a replacement or repaired **Gadget**, this will only be sent to an address in the **United Kingdom**.
d. **Please note:** it may not always be possible to replace **Your Gadget** with the same colour or finish, where this is not possible an alternative colour will be provided.
e. Where replacement equipment has been issued and the original **Gadget** is recovered, the original **Gadget** becomes **Our** property and must be returned to the **Claims Administrator** immediately. Please call the **Claims Administrator** on 0330 880 1753 (local call rate) and they will provide details for its return.
f. All replacement items are issued with a 12-month **Warranty** (the item must be returned to the **Claims Administrator** in the event of a claim under the **Warranty**).
g. If **Your** existing accessories are not compatible with the replacement item that the **Claims Administrator** have provided, **We** will cover the cost of replacing the accessories, on production of **Your Proof of Purchase** for these.
h. **Warranty** claims for **Gadget(s)** damaged in transit will only be accepted where they are reported to the **Claims Administrator** on 0330 880 1753 (local rate call) within 48 hours of delivery and the packaging is retained to allow an investigation to be carried out.

Limit of Liability

Our liability, in respect of any one claim, will be limited to the replacement cost of each **Gadget** being claimed for and, in any event, shall not exceed the maximum liability for each **Gadget** as shown on **Your Policy Schedule**, the original **Purchase Price** or the current market value of each **Gadget**, whichever is the lesser amount, but not exceeding the cost to replace the **Gadget** with an identical or equivalent model.

Average Clause

Where the sum insured by **You**, as detailed on **Your Policy Schedule**, is less than the **Purchase Price** of the **Gadget(s)** the amount **You** are able to claim may be calculated as follows:
Amount of Claim = Actual Loss × (sum insured / **Purchase Price**).

Fraud

The contract between **You** and **Us** is based on mutual trust. However, if anyone named on **Your Policy Schedule** or anyone acting for **You** provides false information or documentation or withholds important information to obtain cover under **Your Policy** for which **You** do not qualify, or to obtain cover at a reduced premium, then:

- **Your Policy** may be void; and
- **We** may be entitled to recover from **You** the amount of any claim already paid under **Your Policy**; and
- **We** will not return any premium paid; and
- **We** will inform the Police and criminal proceedings may follow.

In addition, in the event that anyone named on **Your Policy Schedule** or anyone acting for **You**:

1. Makes a claim knowing this to be false or fraudulently exaggerated in any respect or to any degree; or
2. Makes a statement in support of a claim knowing the statement to be false in any respect; or
3. Submits a document in support of a claim knowing the document to be forged, amended or false in any respect; or
4. Makes a claim in respect of any loss or damage caused by **Your**/their wilful act, knowledge or connivance; or

5. Acts in any other manner in order to gain a financial advantage to which **You** would not otherwise be entitled;

Then **We**

a. Will not pay any part of the claim; and
b. Will, at **Our** option, cancel **Your Policy**; and
c. Will not return any premium paid; and
d. Will inform the Police and criminal proceedings may follow.

Law

The laws of the **United Kingdom** allow both parties to choose the law which will apply to this contract. However, the law which applies to this contract is the law which applies to the part of the **United Kingdom** where **Your Home** is, unless otherwise agreed by **Us** in writing. The only exception is if **Your Home** is in the Channel Islands or the Isle of Man, then the law of England and Wales will apply to this contract.

Section 9: Baggage delay on outward journey

This section does not apply to **Insured Journeys** solely within the **United Kingdom**.

This section of the **Policy** sets out the cover **We** provide to each **Insured Person** in total per **Insured Journey**, up to the sum insured shown in the "Table of Benefits" as a result of:

1. The delayed arrival of **Your** baggage by at least 12 hours, and for each subsequent 12 hours, after **Your** actual arrival time on **Your** outward journey from the **United Kingdom**.

What is covered

1. The reasonable cost of buying essential clothing, toiletries and similar items.

What is not covered

1. Any claim for delayed baggage on **Your** return journey to the **United Kingdom**.
2. Anything mentioned in the "General Policy Exclusions".

Additional conditions applying to this section

1. If **Your** baggage is delayed whilst in the care of a carrier, transport company, authority or hotel **You** must report to them details of the delay or eventual loss and obtain written confirmation from them.
2. If **Your** baggage is delayed whilst in the care of an airline **You** must:
   a. Report **Your** missing baggage to them before leaving the baggage reclaim area and obtain a Property Irregularity Report.
   b. Retain all travel tickets and baggage tags.
3. If **Your** baggage eventually arrives, **You** must obtain written confirmation of the length of the delay.
4. If **Your** baggage proves to be permanently lost, any payments made for a delayed baggage claim will be deducted from any payments **We** make for a claim for lost baggage under the "Personal possessions" section of this **Policy**.

Section 10: Missed departure and missed connection

This section does not apply to **Insured Journeys** solely within the **United Kingdom**.

If **You** are a resident of Northern Ireland, cover under this section is extended to include missed departure from international departure points within the Republic of Ireland.

This section of the **Policy** sets out the cover **We** provide to each **Insured Person** in total per **Insured Journey**, up to the sum insured shown in the "Table of Benefits", in the event that **You** arrive too late (as shown on **Your** ticket) to board **Your** pre-booked scheduled **Public Transport** at **Your** last departure point on **Your** outward journey or **Your** last departure point on **Your** return journey as a result of:

1. Scheduled **Public Transport** services failing to get **You** to **Your** last departure point due to **Strike or Industrial Action**, adverse weather conditions (but not those defined as a **Catastrophe**), mechanical failure or **Your** direct involvement in an accident; or
2. The private motor vehicle in which **You** are travelling being directly involved in an accident or breaking down; or
3. A delay involving the vehicle in which **You** are travelling due to unexpected and unforeseen heavy traffic or road closures that were sufficiently severe to warrant reporting on a recognised motoring association website, Highways Agency website, on television, news bulletins or in the press.

What is covered

1. **Your** reasonable and necessary additional travel and accommodation expenses (room only) of a similar standard to the original booking, to allow **You** to reach **Your** trip destination or catch up on **Your** scheduled itinerary (for missed departure on **Your** outward journey) or to return **Home** (for missed departure from **Your** last departure point on **Your** homeward journey).

What is not covered

1. The **Excess** as shown in the "Table of Benefits", unless the additional premium for **Excess Waiver** has been paid and is shown on **Your Policy Schedule**.
2. Any claim as a result of heavy traffic or road closures where **You** have not obtained confirmation that the delays were sufficiently severe to warrant reporting on a recognised motoring association website, Highways Agency website, on television, news bulletins or in the press.
3. Any claim as a result of **Your** failure to allow sufficient time for the **Public Transport** to arrive on schedule and deliver **You** to **Your** departure point by the check-in time shown on **Your** travel itinerary.
4. Any claim as a result of the private motor vehicle in which **You** are travelling not having been properly serviced and maintained, in the event of vehicle breakdown.
5. Any claim as a result of the failure in provision of any service connected with **Your** trip including error, omission, financial failure, or default of, or by the provider of any service, travel agent, tour operator or organiser through whom the trip was booked.
6. Any claim arising as a result of a **Catastrophe**.

7. Any claim as a result of **Your** missed departure for reasons other than those listed within this section.
8. Anything mentioned in the "General Policy Exclusions".

Additional conditions applying to this section

1. **You** must allow sufficient time to reach any airport, station, port or terminus with reasonable expectation of meeting the scheduled check-in time.
2. **You** will be required to provide **Us** with documentary evidence of the reason for any delay leading to a missed departure.
3. **You** will be required to provide **Us** with documentary evidence of **Your** additional travel and accommodation expenses.

Section 11: Travel delay and abandonment

This section does not apply to **Insured Journeys** solely within the **United Kingdom**.

If **You** are a resident of Northern Ireland, cover under this section is extended to include international departure points within the Republic of Ireland.

This section of the **Policy** sets out the cover **We** provide to each **Insured Person** in total per **Insured Journey**, up to the sums insured shown in the "Table of Benefits", in the event of **Your** unavoidable delay in departure of at least 12 hours from **Your** original scheduled departure time from **Your** first departure point on **Your** outward journey or **Your** last departure point on **Your** return journey as a result of:

1. Adverse weather conditions (but not those defined as a **Catastrophe**).
2. **Strike or Industrial Action**.
3. Mechanical breakdown of the **Public Transport** on which **You** are booked to travel.
4. Cancellation by the transport provider of **Your** scheduled pre-booked international flight, ferry, train or coach.

What is covered

1. Travel delay benefit:
   a. for each complete 12 hours of delay; or
   b. in the event of 4. (cancellation by the transport provider), corresponding to the delay in departure that **You** would have experienced had **You** waited for the earliest replacement travel arrangements offered by **Your** original transport provider, in the event that **You** choose to make earlier alternative travel arrangements.
2. In the event that **You** decide to abandon **Your** outward trip, the cost of:
   a. **Your** unused non-refundable pre-booked travel and accommodation expenses which **You** have paid or are contracted to pay; and
   b. **Your** unused non-refundable pre-booked airport parking, car hire, airport lounge pass and excursions which **You** have paid or are contracted to pay; and
   c. **Your** unused non-refundable visa, ESTA (Electronic System for Travel Authorisation for travellers to the USA) or other relevant travel permission which **You** have paid.

What is not covered

1. The **Excess** as shown in the "Table of Benefits", unless the additional premium for **Excess Waiver** has been paid and is shown on **Your Policy Schedule**.
2. Any **Insured Journey** solely within the **United Kingdom** (except for trips to the Channel Islands and the Isle of Man).
3. Any claim unless **You** have written confirmation from the carrier or their handling agents detailing the reason for the delay, the scheduled departure time and the actual departure time.
4. Any claim under 1. b. above unless **You** have written confirmation from **Your** original transport provider of the cancellation and of the earliest replacement travel arrangements offered by them.

5. Any claim where the carrier or their handling agents provide alternative transport which departs within 12 hours of the original scheduled departure time.
6. Any claim as a result of **Your** failure to check-in at **Your** departure point by the time shown on **Your** travel itinerary.
7. Any loss in respect of Air Passenger Duty (this can be reclaimed by **You** through **Your** travel agent or airline).
8. Any claim for management fees, maintenance costs or exchange fees associated with timeshares, holiday property bonds or similar arrangements.
9. Any claim for promotional vouchers or reward points such as Air Miles or Avios points.
10. Any charges in respect of the trip for which there is no contractual liability or which are recoverable elsewhere.
11. Any claim arising as a result of a **Catastrophe**.
12. Any claim arising as a result of the withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation or instruction of the Civil Aviation Authority or a Port Authority or any such regulatory body.
13. Anything mentioned in the "General Policy Exclusions".

Additional conditions applying to this section

1. Travel delay benefit is intended to provide compensation if **You** are delayed at **Your** point of international departure and is only applicable if **You** have travelled there and checked-in. If **You** have not travelled to **Your** international departure point **You** will not be covered even if **You** have checked-in online.

Section 12: Personal liability

This section does not apply to **Insured Journeys** solely within the **United Kingdom**.

This section of the **Policy** sets out the cover **We** provide to each **Insured Person** in total per **Insured Journey**, up to the sum insured shown in the "Table of Benefits", as a result of an **Insurance Event** in which, by **Your** act or omission, **You** cause:

1. Death or **Bodily Injury** to another person; or
2. Loss of or damage to the tangible, material property of another person.

What is covered

1. Material damages and compensation for which **You** are legally liable; and
2. Legal costs and expenses incurred in defending an action against **You** or in negotiating the settlement of such an action; and
3. **Your** costs and expenses incurred in the event that **Your** attendance or participation is required by **Us** in the defence of such an action.

What is not covered

1. The **Excess** as shown in the "Table of Benefits", unless the additional premium for **Excess Waiver** has been paid and is shown on **Your Policy Schedule**.
2. Any liability directly or indirectly arising from an **Insured Journey** solely within the **United Kingdom**.
3. Any liability directly or indirectly arising from **Your** participation in **Hazardous Activities and Sports** which are:
   a. specifically excluded; or
   b. not listed as covered unless otherwise agreed by **Us** in writing; or
   c. listed as covered but with Personal Liability cover excluded.
4. Any liability for intangible or non-material damage, such as to reputation, image or to intellectual property rights.
5. Any liability directly or indirectly arising from:
   a. loss of or damage to material property, buildings or land owned by, or in the care, custody or control of **You**, a **Relative**, a member of **Your** household, a person **You** employ, a travelling companion or person with whom **You** have arranged to stay, except in relation to temporary hotel and similar accommodation which **You** occupy and for which **You** assume contractual responsibility during an **Insured Journey**; or
   b. death or **Bodily Injury** to **Your Relative**, a member of **Your** household, a person **You** employ, **Your** travelling companion or a person with whom **You** have arranged to stay; or
   c. the ownership, care, custody or control of any animal by **You**, a **Relative**, a member of **Your** household or a person **You** employ, **Your** travelling companion or a person with whom **You** have arranged to stay; or
   d. **Your** ownership, possession or use of horse-drawn, motorised, electrically or mechanically-propelled or towed vehicles or lifts, aircraft, watercraft (other than rowing boats, punts or canoes), firearms or explosive devices; or
   e. any form of racing; or

f. **Your** trade profession or business; or
g. a contract, unless such liability would exist in any event in the absence of the contract; or
h. **You** acting formally or informally as the leader of a group taking part in an activity; or
i. **You** having transmitted disease to another person via infection or otherwise; or
j. **Your** deliberate, unlawful, malicious, or wilful act or omission; or
k. **Your** fraudulent, dishonest or criminal act or that of any person authorised by **You**; or
l. a matter which is subject to criminal proceedings against **You**.

6. Any liability directly or indirectly arising where cover is provided under any other insurance or guarantee.
7. Any liability directly or indirectly arising through action not brought under the jurisdiction of the courts of the country in which the **Insurance Event** giving rise to the claim occurred unless otherwise agreed by **Us**.
8. Punitive or exemplary damages.
9. Any claim where **You** have failed to notify **Us** of the **Insurance Event** within a reasonable time of it occurring and where this failure adversely affects **Our** ability to defend the claim or to limit **Our** liability.
10. Anything mentioned in the "General Policy Exclusions".

Additional conditions applying to this section

1. If **You** know of any **Insurance Event** which may result in a claim under this section **You** must:
   a. inform **Us** in writing without delay; and
   b. send all correspondence and legal documents to **Us** unanswered without delay; and
   c. not discuss liability with any third party.
2. **You** must make no admission of liability, or offer, promise, or make payment or indemnity without **Our** prior written agreement.
3. **We** are entitled to take over the defence and settlement of any claim against **You** in **Your** name and have full discretion in the conduct of any proceedings and the settlement of any claim.
4. **We** may at **Our** own expense take proceedings in **Your** name with full discretion to recover compensation or indemnity from any third party in respect of any loss, damage or expense.
5. In the event that **Your** attendance or participation is required by **Us** in the defence or negotiation of an action against **You**, **We** will pay **Your** reasonable and necessary transport and accommodation costs and expenses, provided that these are agreed by **Us** in advance, in writing.
6. In the event of **Your** death, **Your** personal legal representative will receive the benefit of cover provided by this section.
7. Where more than one **Insured Person** is involved in the same **Insurance Event**, the maximum **We** will pay in total is £2,000,000. If this limit is reached, this amount will be allocated in proportion to each **Insured Person**.

Section 13: Legal costs and expenses

Important - cover under this section is underwritten and administered by DAS Legal Expenses Insurance Company Limited (**DAS**). The legal advice service is provided by DAS Law Limited and or a Preferred Law Firm on behalf of **DAS**.

DAS Legal Expenses Insurance Company

DAS Legal Expenses Insurance Company Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority (FRN202106) and the Prudential Regulation Authority, DAS Legal Expenses Insurance Company Limited, DAS House, Quay Side, Temple Back, Bristol BS1 6NH , Registered in England and Wales, Company Number 103274, Website: www.das.co.uk

DAS agrees to provide the insurance described in this section, in return for payment of the premium and subject to the terms, conditions, exclusions and limitations set out in this section, provided that:

1. **Reasonable Prospects** exist for the duration of the claim
2. the **Date of Occurrence** of the insured incident is during the **Policy Period**
3. any legal proceedings will be dealt with by a court, or other body which **DAS** agree to, within the **Countries Covered** and
4. the insured incident happens within the **Countries Covered**.

What DAS will pay

DAS will pay an **Appointed Representative**, on the **Insured Persons** behalf, **Costs and Expenses** incurred following an insured incident, provided that:

a. the most **DAS** will pay for all claims resulting from one or more events arising at the same time or from the same originating cause is £25,000
b. the most **DAS** will pay in **Costs and Expenses** is no more than the amount **DAS** would have paid to a **Preferred Law Firm**. The amount **DAS** will pay a law firm (where acting as an **Appointed Representative**) is currently £100 per hour. This amount may vary from time to time.
c. in respect of an appeal or the defence of an appeal, the **Insured Person** must tell **DAS** within the time limits allowed that the **Insured Person** wants to appeal. Before **DAS** pay the **Costs and Expenses** for appeals, **DAS** must agree that **Reasonable Prospects** exist
d. for an enforcement of judgment to recover money and interest due to the **Insured Person** after a successful claim under this section, **DAS** must agree that **Reasonable Prospects** exist, and
e. where an award of damages is the only legal remedy to a dispute and the cost of pursuing legal action is likely to be more than any award of damages, the most **DAS** will pay in **Costs and Expenses** is the value of the likely award.

What DAS will not pay

In the event of a claim, if the **Insured Person** decides not to use the services of a **Preferred Law Firm**, the **Insured Person** will be responsible for any costs that fall outside the **DAS Standard Terms of Appointment** and these will not be paid by **DAS**.

Definitions applicable to this section

The following words have these meanings wherever they appear in this section in **bold:**

Appointed Representative

The **Preferred Law Firm**, law firm or other suitably qualified person **DAS** will appoint to act on

behalf of the **Insured Person**.

Costs and Expenses

a. All reasonable and necessary costs chargeable by the **Appointed Representative** and agreed by **DAS** in accordance with the **DAS Standard Terms of Appointment**.
b. The costs incurred by opponents in civil cases if the **Insured Person** has been ordered to pay them, or the **Insured Person** pays them with **DAS'** agreement.

Countries Covered

Worldwide.

DAS

DAS Legal Expenses Insurance Company Limited.

DAS Standard Terms of Appointment

The terms and conditions (including the amount **DAS** will pay to an **Appointed Representative**) that apply to the relevant type of claim, which could include a conditional fee agreement (no win, no fee). Where a law firm is acting as an **Appointed Representative** the amount is currently £100 per hour. This amount may vary from time to time.

Date of Occurrence

The date of the event that leads to a claim. If there is more than one event arising at different times from the same originating cause, the **Date of Occurrence** is the date of the first of these events. (This is the date the event happened, which may be before the date the **Insured Person** first became aware of it.)

Insured Person

The person stated on the **Policy Schedule** as being insured.

Preferred Law Firm

A law firm or barristers' chambers **DAS** choose to provide legal services. These legal specialists are chosen as they have the proven expertise to deal with the **Insured Person's** claim and must comply with **DAS'** agreed service standard levels, which **DAS** audit regularly. They are appointed according to the **DAS Standard Terms of Appointment**.`

Reasonable Prospects

The prospects that the **Insured Person** will recover losses or damages (or obtain any other legal remedy that **DAS** have agreed to, including an enforcement of judgment), make a successful defence or make a successful appeal or defence of an appeal, must be at least 51%. **DAS**, or a **Preferred Law Firm** on **DAS**' behalf, will assess whether there are **Reasonable Prospects**.

What is covered

1. **Costs and Expenses** to pursue an **Insured Person's** legal rights following a specific or sudden accident that causes death or bodily injury to the **Insured Person**.

What is not covered

DAS will not pay for the following:

1. Any claim relating to any **Illness** or bodily injury that happens gradually or is not caused by a specific or sudden accident.
2. Any claim relating to psychological injury or mental illness unless the condition follows a specific or sudden accident that has caused physical bodily injury to an **Insured Person**.
3. Defending an **Insured Person's** legal rights, but **DAS** will cover defending a counter-claim.
4. Clinical negligence.

Exclusions applying to this section - Also see "General policy exclusions"

1. A claim where an **Insured Person** has failed to notify **DAS** of the insured incident within a reasonable time of it happening and where this failure adversely affects the **Reasonable Prospects** of a claim or **DAS** consider their position has been prejudiced.
2. An incident or matter arising before the start of this cover.
3. **Costs and Expenses** incurred before **DAS**' written acceptance of a claim.
4. Fines, penalties, compensation or damages that a court or other authority orders an **Insured Person** to pay.
5. Any legal action an **Insured Person** takes that **DAS** or the **Appointed Representative** have not agreed to, or where an **Insured Person** does anything that hinders **DAS** or the **Appointed Representative**.
6. A dispute with **DAS** not otherwise dealt with under section condition 7.
7. **Costs and Expenses** arising from or relating to judicial review, coroner's inquest or fatal accident inquiry.
8. Any **Costs and Expenses** that are incurred where the **Appointed Representative** handles the claim under a contingency fee arrangement.
9. Any claim against ERGO Travel Insurance Services Ltd (**ETI**), Great Lakes Insurance SE or their respective agents.
10. Any claim where **You** are not represented by a law firm or barrister.

Conditions applying to this section

1.
   a. On receiving a claim, if legal representation is necessary, **DAS** will appoint a **Preferred Law Firm** as the **Insured Person's Appointed Representative** to deal with the **Insured Person's** claim. They will try to settle an **Insured Person's** claim by negotiation without having to go to court.
   b. If the appointed **Preferred Law Firm** cannot negotiate settlement of the **Insured Person's** claim and it is necessary to go to court and legal proceedings are issued or

there is a conflict of interest, then the **Insured Person** may choose a law firm to act as the **Appointed Representative**.

c. If the **Insured Person** chooses a law firm as their **Appointed Representative** which is not a **Preferred Law Firm, DAS** will give the **Insured Person's** choice of law firm the opportunity to act on the same terms as a **Preferred Law Firm**. However if they refuse to act on this basis, the most **DAS** will pay is the amount **DAS** would have paid if they had agreed to the **DAS Standard Terms of Appointment**. The amount **DAS** will pay a law firm (where acting as the **Appointed Representative**) is currently £100 per hour. This amount may vary from time to time.

d. The **Appointed Representative** must co-operate with **DAS** at all times and must keep **DAS** up to date with the progress of the claim.

2.

a. An **Insured Person** must co-operate fully with **DAS** and the **Appointed Representative**.

b. An **Insured Person** must give the **Appointed Representative** any instructions that **DAS** ask an **Insured Person** to give.

3.

a. An **Insured Person** must tell **DAS** if anyone offers to settle a claim. An **Insured Person** must not negotiate or agree to a settlement without **DAS'** written consent.

b. If an **Insured Person** does not accept a reasonable offer to settle a claim, **DAS** may refuse to pay further **Costs and Expenses**.

c. **DAS** may decide to pay an **Insured Person** the reasonable value of the **Insured Person's** claim, instead of starting or continuing legal action. In these circumstances an **Insured Person** must allow **DAS** to take over and pursue or settle any claim in an **Insured Person's** name. An **Insured Person** must also allow **DAS** to pursue at their own expense and for their own benefit, any claim for compensation against any other person and an **Insured Person** must give **DAS** all the information and help **DAS** need to do so.

4.

a. An **Insured Person** must instruct the **Appointed Representative** to have **Costs and Expenses** taxed, assessed or audited if **DAS** ask for this.

b. An **Insured Person** must take every step to recover **Costs and Expenses** and court attendance expenses that **DAS** have to pay and must pay **DAS** any amounts that are recovered.

5. If the **Appointed Representative** refuses to continue acting for an **Insured Person** with good reason, or if an **Insured Person** dismisses the **Appointed Representative** without good reason, the cover **DAS** provide will end immediately, unless **DAS** agree to appoint another **Appointed Representative**.

6. If an **Insured Person** settles or withdraws a claim without **DAS'** agreement, or does not give suitable instructions to the **Appointed Representative**, **DAS** can withdraw cover and will be entitled to reclaim from an **Insured Person** any **Costs and Expenses DAS** has paid.

7. If there is a disagreement between the **Insured Person** and **DAS** about the handling of a claim and it is not resolved through **DAS'** internal complaints procedure the **Insured Person** can contact the Financial Ombudsman Service for help. This is a free arbitration service for eligible consumers, small businesses, charities and trusts. (Details available from www.financial-ombudsman.org.uk).

   If the dispute is not covered by the Financial Ombudsman Service there is a separate arbitration process. The arbitrator will be a barrister, solicitor or other suitably qualified person chosen jointly by the **Insured Person** and **DAS**. If there is a disagreement over

the choice of arbitrator, **DAS** will ask the Chartered Institute of Arbitrators to decide. The arbitrator will decide who will pay the costs of the arbitration. For example, costs may be split between the **Insured Person** and **DAS** or may be paid by either **You** or **DAS**.

8. **DAS** may require an **Insured Person** to get, at the **Insured Person's** expense, an opinion from an expert that **DAS** considers appropriate on the merits of the claim or proceedings, or on a legal principle. The expert must be approved in advance by **DAS** and the cost agreed in writing between the **Insured Person** and **DAS**. Subject to this, **DAS** will pay the cost of getting the opinion if the expert's opinion indicates that it is more likely than not that the **Insured Person** will recover damages (or obtain any other legal remedy that **DAS** have agreed to) or make a successful defence.
9. An **Insured Person** must:
    a. keep to the terms and conditions of this section
    b. take reasonable steps to avoid and prevent claims
    c. take reasonable steps to avoid incurring unnecessary costs
    d. send everything **DAS** asks for, in writing, and
    e. report to **DAS** full and factual details of any claim as soon as possible and give **DAS** any information **DAS** need.
10. **DAS** will, at **DAS**' discretion, void this section (make it invalid) from the date of claim, or alleged claim, and/or **DAS** will not pay the claim if:
    a. a claim an **Insured Person** has made to obtain benefit under this **Policy** is fraudulent or intentionally exaggerated, or
    b. a false declaration or statement is made in support of a claim.
11. Apart from **DAS**, an **Insured Person** is the only person who may enforce all or any part of this **Policy** and the rights and interests arising from or connected with it. This means that the Contracts (Rights of Third Parties) Act 1999 does not apply to this section in relation to any third-party rights or interest.
12. If any claim covered under this section is also covered by another policy, or would have been covered if this section did not exist, **DAS** will only pay their share of the claim even if the other insurer refuses the claim.
13. This section is governed by the law that applies in the part of the United Kingdom, Channel Islands or Isle of Man where the **Insured Person** normally lives. Otherwise, the law of England and Wales applies. All Acts of Parliament mentioned in this section include equivalent laws in Scotland, Northern Ireland, the Isle of Man and the Channel Islands as appropriate.

Eurolaw Legal Advice

DAS will give an **Insured Person** confidential legal advice over the phone on any personal legal problem under the laws of the United Kingdom of Great Britain and Northern Ireland, any European Union Country, Isle of Man, the Channel Islands, Switzerland and Norway.

An **Insured Person** can contact **DAS'** UK-based call centre 24 hours a day, seven days a week. However, **DAS** may need to arrange to call the **Insured Person** back depending on the **Insured Person's** enquiry. Advice about the law in England and Wales is available 24 hours a day, seven days a week. Legal advice for the other countries is available 9am-5pm, Monday to Friday, excluding public and bank holidays. If an **Insured Person** calls outside these times, a message will be taken and a return call arranged within the operating hours.

To help check and improve service standards, **DAS** may record all calls.
To contact the above service, phone **DAS** on 0117 934 0548 (local rate call). When phoning, please quote the policy number.

DAS will not accept responsibility if the Helpline Service is unavailable for reasons **DAS** cannot control.

Data Protection

To comply with data protection regulations **DAS** are committed to processing personal information fairly and transparently. This section is designed to provide a brief understanding of how **DAS** collect and use this information. **DAS** may collect personal details including name, address, date of birth, email address and, on occasion, dependent on the type of cover in place, sensitive information such as medical records. This is for the purpose of managing the products and services in place and this may include underwriting, claims handling and providing legal advice. **DAS** will only obtain personal information either directly from the **Insured Person**, the third party dealing with **Your** claim or from the authorised partner who sold this **Policy**.

Who DAS are

DAS is part of DAS Legal Expenses Insurance Company Limited which is part of DAS UK Holdings Limited (DAS UK Group). The uses of personal data by **DAS** and members of the DAS UK Group are covered by **DAS'** individual company registrations with the Information Commissioner's Office. **DAS** has a Data Protection Officer who can be contacted at dataprotection@das.co.uk

How DAS will use Your Information

DAS may need to send personal information to other parties, such as lawyers or other experts, the court, insurance intermediaries, insurance companies, appointed service providers, specialist agencies or other members of the DAS UK Group, so they may contact **You** for **Your** feedback. If the **Policy** includes legal advice **DAS** may have to send the personal information outside of the European Economic Area (EEA) in order to give legal advice on non-European Union law. Dependent on the type of cover in place, the personal information may also be sent outside the EEA so the service provider can administer the claim.

DAS will take all steps reasonably necessary to ensure the personal data is treated securely and in accordance with this Privacy Notice. Any transfer outside of the EEA will be encrypted using SSL technology.

DAS will not disclose the personal data to any other person or organisation unless **We** are required to by **Our** legal and regulatory obligations. For example, **DAS** may use and share the personal data with other organisations and public bodies, including the police and anti-fraud organisations, for the prevention and detection of crime, including fraud and financial sanctions. If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies to prevent fraud and money laundering. Further details explaining how the information held by fraud prevention agencies may be used can be obtained by writing to, or telephoning **DAS**. A copy is also accessible and can be downloaded via **DAS'** website.

What Is DAS' legal basis for processing Your information?

It is necessary for **DAS** to use the personal information to perform **Our** obligations in accordance with any contract that **DAS** may have with the person taking out this **Policy**. It is also in **DAS'** legitimate interest to use the personal information for the provision of services in relation to any contract that **DAS** may have with the person taking out this **Policy**.

How long will Your information be held for?

DAS will retain personal data for 7 years. **DAS** will only retain and use the personal data

thereafter as necessary to comply with **DAS** legal obligations, resolve disputes, and enforce **DAS**' agreements. If **You** no longer want **DAS** to use the personal data, please contact **DAS** at dataprotection@das.co.uk

What are Your rights?
The following rights are available in relation to the handling of personal data:

- the right to access personal data held
- the right to have inaccuracies corrected for personal data held
- the right to have personal data held erased
- the right to object to direct marketing being conducted based upon personal data held
- the right to restrict the processing for personal data held, including automated decision-making
- the right to data portability for personal data held

Any requests, questions or objections should be made in writing to the Data Protection Officer:

Data Protection Officer, DAS Legal Expenses Insurance Company Limited, DAS House, Quay Side, Temple Back, Bristol, BS1 6NH

Or via Email: dataprotection@das.co.uk

How to make a complaint
If there is any dissatisfaction with the way in which personal data has been processed, the Data Protection Officer can be contacted in the first instance using the details above.

If **You** remain dissatisfied, the Information Commissioner's Office can be approached directly for a decision. The Information Commissioner can be contacted at:

Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF

www.ico.org.uk

Section 14: Financial failure

Words with special meanings specific to this section:

End Supplier
The company that owns and operates the following services: hotel, train operator including Eurostar, car ferries, villas abroad and cottages in the UK, coach operator, car or camper hire company, caravan sites, campsites, mobile home, safaris, excursions, Eurotunnel, theme parks or attractions.

Financial Failure
The scheduled airline or **End Supplier** becoming insolvent or having an administrator appointed and being unable to provide agreed services.

This section of the **Policy** sets out the cover **We** provide to each **Insured Person** in total per **Insured Journey**, up to the sum insured shown in the "Table of Benefits", as a result of:

A. Scheduled airline failure.

What is covered

1. **Financial Failure** of **Your** scheduled airline before departure:
   a. irrecoverable sums paid prior to the **Financial Failure** of the scheduled airline **You** are booked with; or

2. **Financial Failure** of **Your** scheduled airline after departure:
   a. additional costs incurred by **You** in replacing that part of the flight arrangements to a similar standard of transportation as enjoyed prior to the **Curtailment** of the travel arrangements; or
   b. if **Curtailment** of the trip is unavoidable - the cost of return flights to the United Kingdom, Channel Islands or Isle of Man to a similar standard of transportation as enjoyed prior to the **Curtailment** of the travel arrangements.

B. End Supplier failure.

What is covered

1. **Financial Failure** of **Your End Supplier** before departure:
   a. irrecoverable sums paid prior to **Financial Failure** of the **End Supplier** of the travel arrangement not forming part of an inclusive holiday prior to departure; or
2. **Financial Failure** of **Your End Supplier** after departure:
   a. additional pro rata costs incurred by **You** in replacing that part of the travel arrangements to a similar standard as enjoyed prior to the **Curtailment** of the travel arrangements; or
   b. if **Curtailment** of the trip is unavoidable - the cost of return transportation to the United Kingdom, Channel Islands or Isle of Man to a similar standard of transportation as enjoyed prior to the **Curtailment** of the travel arrangements.

What is not covered applying to sub-sections A. and B.

1. Scheduled flights, travel or accommodation not booked within the United Kingdom, Channel Islands or Isle of Man prior to departure.
2. Any costs resulting from the **Financial Failure** of:
   a. any scheduled airline or **End Supplier** for which any prospect of **Financial Failure** is known by **You** or widely known publicly at the date **You** bought this **Policy** or purchased the trip, whichever is later.
   b. any loss or part of a loss which at the time of the happening of the loss is insured or guaranteed by any other existing policy, policies, bond, or is capable of recovery from under section 75 of the Consumer Credit Act or from any bank or card issuer or any other legal means.
3. The **Financial Failure** of any travel agent, tour organiser, booking agent or consolidator with whom **You** have booked a scheduled flight, travel or accommodation.
4. Any losses which are not directly associated with the incident that caused **You** to claim. For example, loss due to being unable to reach a pre-booked hotel, villa, car hire or cruise following the **Financial Failure** of an airline.

Additional conditions applying to this section

Data Protection

We will deal with any information **You** provide to **Us** in compliance with the provisions of relevant Data Protection legislation. For the purposes of providing this insurance and the handling of any claims or complaints, **We** may need to transfer certain information which **You** have provided to other parties.

Sanctions

We will not provide any benefit under this insurance to the extent of providing cover, payment of any claim or the provision of any benefit where doing so would breach any sanction, prohibition or restriction imposed by law or regulation.

Non-Assignment

No title, right or interest under this **Policy** may be assigned, transferred, conveyed or otherwise disposed of without the consent in writing of the insurer hereon. Any attempt to assign rights or interests without the insurer's written consent is null and void.

Section 15: Winter sports (optional)

IMPORTANT NOTES

You will only be covered under this section and elsewhere under this **Policy** while participating in Winter Sports if **You** are aged 64 or under when the **Policy** was bought.

This **Policy** will only cover **You** if **You** are an **Amateur**. For Annual multi-trip policies this section provides cover up to a maximum of 24 days in total during the **Policy Period**.

This section only applies if the appropriate additional premium has been paid and Winter Sports cover is shown on **Your Policy Schedule**.

The **Policy** will NOT automatically cover **You** when **You** take part in all Winter Sports. See "Appendix 1: Hazardous Activities and Sports" for a list of covered Winter Sports.

Words with special meanings specific to this section:

Amateur
We will consider **You** to be an **Amateur** if:

You are:

- Under 16 years of age; or
- 16 years of age or above and in full-time education; or
- 16 years of age or above and in full-time employment outside of the Winter Sports industry; or
- 16 years of age or above and employed in the Winter Sports industry as an instructor, guide or similar (but not as a competitive athlete) and, on average, work for a minimum of 25 hours per week during the Winter Sports season; and

You do not:

- Receive funding or support to participate in Winter Sports, in cash, goods, equipment, travel and accommodation expenses or similar, from any sports association, council, governing body or commercial organisation (sponsorship), the value of which exceeds £1,000 in the previous or current calendar year; and

You have not:

- Received prizes as a result of taking part in Winter Sports competitions, in cash or non-cash items, the value of which exceeds £1,000 in the previous or current calendar year.

On-piste
any designated and prepared marked piste, trail or run within the area of a ski-resort but excluding any **Terrain-park**.

Off-piste
any area outside of a designated and prepared marked piste, trail or run. This includes unmarked areas between runs which are inside the resort boundary and areas located outside of the resort boundaries in the backcountry.

Ski-pack
Your non-refundable hired **Winter Sports Equipment**, ski-pass, ski-school instruction or ski-guide services which **You** have paid or are liable to pay.

Terrain-park
a designated and prepared area within a resort containing jibs (rails, boxes, table-tops, trees, park benches, picnic tables, mail boxes, wall rides, barrels, rainbows, kinks, jams and other types of rideable fixture), jumps (table-tops, step-downs, step-ups, gaps, channel gaps, hips and spines) and verticals (quarter-pipes, half-pipes and super-pipes) and any other feature designed or designated for the performance of tricks, jumps or aerials.

This section of the **Policy** sets out the cover **We** provide to each **Insured Person** in total per **Insured Journey**, up to the sums insured shown in the "Table of Benefits" as a result of:

A. The loss or theft of, or damage to Your Winter Sports Equipment.

What is covered

1. The cost of the replacement, reinstatement or repair of **Your Winter Sports Equipment** subject to wear and tear and depreciation; and
2. The daily cost of hiring replacement **Winter Sports Equipment** for the remainder of **Your Insured Journey** in resort.

B. The delay on Your outward journey of Your Winter Sports Equipment by more than 12 hours after Your actual arrival time in resort.

What is covered

1. The daily cost of hiring replacement **Winter Sports Equipment** until **Your Winter Sports Equipment** arrives.

C. The loss or theft of Your ski-pass.

What is covered

1. The cost of a replacement ski-pass for the number of days that **Your** lost or stolen ski-pass remained valid during the remainder of **Your Insured Journey** in resort.

What is not covered applying to sub-sections A., B. and C.

1. The **Excess** as shown in the "Table of Benefits", unless the additional premium for **Excess Waiver** has been paid and is shown on **Your Policy Schedule**.
2. Any loss or theft of **Your** ski-pass or **Winter Sports Equipment** which is subsequently recovered.
3. Any claim if **Your** ski-pass or **Winter Sports Equipment** is confiscated or detained by Customs, the Police, the resort or other authorities.
4. Any damage to **Your Winter Sports Equipment** due to:

a. scratching or denting unless the item has become unusable as a result of this; or
b. leaking powder or fluid carried within **Your** baggage; or
c. normal wear and tear, gradual deterioration, depreciation, decay, moth, vermin, atmospheric or climatic conditions; or
d. any process of cleaning, dyeing repairing or restoring.

5. Any loss or theft of, or damage to, **Your** ski-pass or **Winter Sports Equipment**:
   a. that **You** do not report to the Police within 24 hours of discovery or as soon as possible after that and for which **You** do not get a written Police report; or
   b. whilst in the custody of an airline or other carrier unless **You** report it immediately on discovery to the carrier and get a written report. In the case of an airline **You** will need a Property Irregularity Report (PIR); or
   c. whilst being shipped as freight or under a bill of lading; or
   d. left out of sight or out of **Your** personal control in a public place where **You** are not in a position to prevent unauthorised interference with **Your** property e.g. station, airport, restaurant; or
   e. from an unattended vehicle unless between the hours of 09:00 and 21:00 and locked in the boot, covered luggage area or locked glove compartment and following physical evidence of forcible entry; or
   f. from a roof or boot luggage rack at any time; or
   g. left in the custody of a person who does not have official responsibility for the safekeeping of the property.
6. Any damage to **Winter Sports Equipment** whilst in use.
7. Any claim for items which are borrowed, rented or otherwise not owned by **You**.
8. Anything mentioned in the "General Policy Exclusions".

Additional conditions applying to sub-sections A. B. and C.

1. Claims for **Winter Sports Equipment** will be considered on a new for old basis provided the item is less than 1 year old at the date of the incident. All other items will be subject to a suitable deduction for wear and tear and depreciation or **We** may at **Our** option replace, reinstate or repair the lost, stolen or damaged item(s).
2. **We** may not pay **Your** claim if **You** are unable to provide any original receipts, proofs of purchase or insurance valuations (issued before the loss, theft or damage). **You** must retain all damaged items for inspection, if required by **Us**.
3. **You** must obtain a written estimate for the repair of damaged items or a report confirming that they are beyond economic repair from an appropriate official repairer.
4. If an airline fails to return **Your** checked-in **Winter Sports Equipment**, **We** will wait for the 60 days required by them to declare **Your Winter Sports Equipment** permanently lost, before considering a claim under this section.
5. If **We** pay a claim for loss or theft under this section and **Your Winter Sports Equipment** is subsequently recovered, **You** will repay to **Us** any compensation **You** received from **Us** within 14 days of the recovery.

D. You being prevented from taking part in Winter Sports as a result of Your Bodily Injury or Illness sustained during Your Insured Journey.

What is covered

1. The cost of the proportion of **Your Ski-pack**, for which **You** have paid or are contracted to pay, corresponding to the period in which **You** are prevented from taking part in Winter Sports during **Your Insured Journey** in resort.

What is not covered

1. Anything mentioned in the "General Policy Exclusions".

Additional conditions applying to sub-section D.

1. **Your** claim will be based on the number of complete days of **Your** trip in resort that **You** are unable to participate in Winter Sports.
2. **You** must get written confirmation from the treating **Medical Practitioner** in the resort of the nature of **Your Illness** or **Bodily Injury** and the period in which **You** were unable to participate in Winter Sports.
3. **You** must provide **Us** with documentary evidence showing the nature, dates and costs of **Your** pre-paid **Ski-pack**.

E. You being prevented from taking part in Winter Sports at Your resort for a period in excess of 12 hours as a result of:

1. not enough snow; or
2. too much snow; or
3. adverse weather; or
4. avalanche or landslide

What is covered

1. A daily amount to cover the cost of transporting **You** to an alternative resort where there are adequate snow conditions; or
2. The cost of the proportion of **Your Ski-pack**, for which **You** have paid or are contracted to pay, corresponding to the period in which **You** are prevented from taking part in Winter Sports during the scheduled period of **Your Insured Journey** in resort.

What is not covered

1. Any claim as a result of **You** being prevented from taking part in Winter Sports at a resort:
   a. less than 1,000m above sea level; or
   b. in the Northern Hemisphere, outside of the period starting on 15th December and ending on 15th April; or
   c. in the Southern Hemisphere, outside of the period starting on 15th June and ending on 15th October.
2. Anything mentioned in the "General Policy Exclusions".

Additional conditions applying to sub-section E.

1. **You** must obtain and provide **Us** with written evidence from the resort authorities showing the reason for and dates of the closure.
2. If **You** claim for **Your** unused **Ski-pack**, **You** must provide **Us** with documentary evidence showing the nature, dates and costs of **Your** pre-paid **Ski-pack**.

F. You being prevented from arriving at, or departing from, Your pre-booked resort for a period in excess of 12 hours later than scheduled as a result of an avalanche or landslide.

What is covered

1. **Your** reasonable and necessary additional travel and accommodation expenses (room only) of a similar standard to the original booking, to allow **You** to reach **Your** resort on the outward journey or to catch up on **Your** scheduled itinerary or to return **Home** on **Your** homeward journey.

What is not covered

1. Anything mentioned in the "General Policy Exclusions".

Additional conditions applying to sub-section F.

1. **You** will be required to provide **Us** with documentary evidence of:
   a. the reason for and length of the delay; and
   b. **Your** additional travel and accommodation expenses.

Section 16: Golf and Sporting Equipment

This section only applies if **You** have purchased the Gold level of cover as shown on **Your Policy Schedule**.

This section of the **Policy** sets out the cover **We** provide to each **Insured Person** in total per **Insured Journey**, up to the sums insured shown in the "Table of Benefits" as a result of:

A. The loss or theft of, or damage to Your Sports Equipment.

What is covered

1. The cost of the replacement, reinstatement or repair of **Your Sports Equipment** subject to wear and tear and depreciation; and
2. The daily cost of hiring replacement **Sports Equipment** for the remainder of **Your Insured Journey** in resort.

B. The delay on Your outward journey of Your Sports Equipment by more than 12 hours after Your actual arrival time in resort.

What is covered

1. The daily cost of hiring replacement **Sports Equipment** until **Your Sports Equipment** arrives.

What is not covered applying to sub-sections A. and B.

1. The **Excess** as shown in the "Table of Benefits", unless the additional premium for **Excess Waiver** has been paid and is shown on **Your Policy Schedule**.
2. Any loss or theft of **Your Sports Equipment** which is subsequently recovered.
3. Any claim if **Your Sports Equipment** is confiscated or detained by Customs, the Police, the resort or other authorities.
4. Any damage to **Your Sports Equipment** due to:
   a. scratching or denting unless the item has become unusable as a result of this; or
   b. leaking powder or fluid carried within **Your** baggage; or
   c. normal wear and tear, gradual deterioration, depreciation, decay, moth, vermin, atmospheric or climatic conditions; or
   d. any process of cleaning, dyeing repairing or restoring.
5. Any loss or theft of, or damage to, **Your Sports Equipment**:
   a. that **You** do not report to the Police within 24 hours of discovery or as soon as possible after that and for which **You** do not get a written Police report; or
   b. whilst in the custody of an airline or other carrier unless **You** report it immediately on discovery to the carrier and get a written report. In the case of an airline **You** will need a Property Irregularity Report (PIR); or
   c. whilst being shipped as freight or under a bill of lading; or

d. left out of sight and out of **Your** personal control in a public place where **You** are not in a position to prevent unauthorised interference with **Your** property e.g. station, airport, restaurant; or
e. from an unattended vehicle unless between the hours of 09:00 and 21:00 and locked in the boot or covered luggage area and following physical evidence of forcible entry; or
f. from a roof or boot luggage rack at any time; or
g. left in the custody of a person who does not have official responsibility for the safekeeping of the property.

6. Any damage to **Sports Equipment** whilst in use.
7. Any claim for items which are borrowed, rented or otherwise not owned by **You**.
8. Anything mentioned in the "General Policy Exclusions".

Additional conditions applying to sub-sections A. and B.:

1. Claims for **Sports Equipment** will be considered on a new for old basis provided the item is less than 1 year old at the date of the incident. All other items will be subject to a suitable deduction for wear and tear and depreciation or **We** may at **Our** option replace, reinstate or repair the lost, stolen or damaged item(s).
2. **We** may not pay **Your** claim if **You** are unable to provide any original receipts, proofs of purchase or insurance valuations (issued before the loss, theft or damage). **You** must retain all damaged items for inspection, if required.
3. **You** must obtain a written estimate for the repair of damaged items or a report confirming that they are beyond economic repair from an appropriate official repairer.
4. If an airline fails to return **Your** checked-in **Sports Equipment**, **We** will wait for the 60 days required by them to declare **Your Sports Equipment** permanently lost, before considering a claim under this section.
5. If **We** pay a claim for loss or theft under this section and **Your Sports Equipment** is subsequently recovered, **You** will repay to **Us** any compensation **You** received from **Us** within 14 days of the recovery.

C. You being prevented from playing sports during Your Insured Journey as a result of:

1. **Your Bodily Injury** or **Illness** sustained during **Your Insured Journey**; or
2. **Your** pre-booked sport course(s) at **Your** trip destination becoming unplayable due to adverse weather conditions.

What is covered

1. The cost of the pre-booked and non-refundable green fees or sports venue hire costs, which **You** have paid or are contracted to pay, and are unable to use.

What is not covered

1. Anything mentioned in the "General Policy Exclusions".

Additional conditions applying to sub-section C.

1. **You** must get written confirmation from the treating **Medical Practitioner** in the resort of the nature of **Your Illness** or **Bodily Injury** and the period in which **You** were unable to play sports; or
2. **You** must get written confirmation from each sports club secretary or sports venue hire administrator that the sports venue was unplayable due to adverse weather conditions on **Your** pre-booked dates; and in both cases
3. **You** must provide **Us** with documentary evidence showing the dates and costs of **Your** pre-paid unrecoverable green fees or sports venue hire cost.
4. **We** will not compensate **You** in the event that a sports venue including a golf course is open and playable but using "Winter Greens".

D. You completing a Hole-in one (gross score) during any organised game on a full size 18 hole golf course:

What is covered

1. A fixed sum shown in the "Table of Benefits".

What is not covered

1. Any claim if **You** do not provide **Us** with written confirmation from the golf club secretary or golf course administrator, stating that the Hole-In-One (gross score) has been performed to their satisfaction, together with the original score card fully completed and duly signed.
2. More than one payment per game.
3. Anything mentioned in the "General Policy Exclusions".

Section 17: Pet care

This section only applies if **You** have purchased the Gold level of cover as shown on **Your Policy Schedule**.

Words with special meanings specific to this section:

Pet
a domesticated cat or dog owned by **You**.

This section of the **Policy** sets out the cover **We** provide to each **Insured Person** in total per **Insured Journey**, up to the sums insured shown in the "Table of Benefits" as a result of:

A. The cancellation or abandonment of Your trip, subject to a valid cancellation or abandonment claim under the relevant sections of this Policy.

What is covered

1. **Your** unused non-refundable pre-booked kennel and/or cattery fees which **You** have paid or are contracted to pay.

B. Your unavoidable delay in returning to Your Home due to:

1. **Your** death, **Bodily Injury** or **Illness**; or
2. A delay to the public transport system on **Your** return journey.

What is covered

1. The reasonable additional costs of housing **Your Pet** in a kennel or cattery until **You** are able to return to **Your Home**.

What is not covered applying to sub-sections A. and B.

1. Any claim following **Your** death, **Bodily Injury** or **Illness**, or following the cancellation or abandonment of **Your** trip, unless this results in an insured claim under another section of this **Policy**.
2. Any claim following a delay to public transport on which **You** were scheduled to travel, unless **You** obtain and provide **Us** with written confirmation from the transport provider of the reason for the delay, the scheduled departure time and the actual departure time.
3. Any claim for costs when **Your Pet** is housed by a relative or friend during the period in which **Your** return **Home** is delayed.
4. Anything mentioned in the "General Policy Exclusions"

Additional conditions applying to this section

1. If a **Pet** is jointly owned, **We** will only reimburse kennel or cattery fees or pay additional kennel or cattery costs for the same **Insurance Event** once.
2. If **Your Pet** was being housed by a relative or friend for the scheduled duration of **Your** trip but has to be moved to a kennel or cattery during the period in which **Your** return **Home** is delayed, **You** will be eligible to claim for additional costs, subject to the other terms and conditions of this section.
3. **You** will be required to provide **Us** with receipts or bills for any kennel or cattery costs incurred.

Section 18: Wedding and civil partnership ceremony

This section only applies if **You** have purchased the Gold level of cover as shown on **Your Policy Schedule**.

Words with special meanings specific to this section:

Ceremonial Attire
the ceremonial clothing of the couple and other accessories including shoes, make up, hair styling and flowers all bought especially for the couple to use on their ceremonial day during the trip.

Ceremonial Gifts
gifts given to the ceremonial couple during the trip. These may be sent in advance or purchased during the trip.

Ceremonial Rings
the rings exchanged by the ceremonial couple during the trip.

This section of the **Policy** sets out the cover **We** provide to each **Insured Person** in total per **Insured Journey**, up to the sums insured shown in the "Table of Benefits" as a result of:

A. The loss or theft of, or damage to, Your Ceremonial Attire, Ceremonial Gifts and Ceremonial Rings during Your trip.

What is covered

1. The replacement, reinstatement or repair of **Your Ceremonial Attire**, **Ceremonial Gifts** and **Ceremonial Rings**.

What is not covered

1. The **Excess** as shown in the "Table of Benefits", unless the additional premium for **Excess Waiver** has been paid and is shown on **Your Policy Schedule**.
2. Any amount over the **Single Item Limit** as shown in the "Table of Benefits" for any one item, pair or set of items that belong together or can be used together.
3. Any amount over the total **Valuables** limit as shown in the "Table of Benefits".
4. Any loss or theft of items which are subsequently recovered.
5. Any claim for items which are confiscated or detained by Customs, the Police or other authorities.
6. Any damage to items due to:
   a. scratching or denting unless the item has become unusable as a result of this; or
   b. mechanical or electrical breakdown; or
   c. leaking powder or fluid carried within **Your** baggage; or
   d. normal wear and tear, gradual deterioration, depreciation, decay, moth, vermin, atmospheric or climatic conditions; or
   e. any process of cleaning, dyeing, repairing or restoring.

7. Any loss or theft of, or damage to **Your** items:
   a. that **You** do not report to the Police within 24 hours of discovery or as soon as possible after that and for which **You** do not get a written Police report; or
   b. whilst in the custody of an airline or other carrier unless **You** report it immediately on discovery to the carrier and get a written report. In the case of an airline **You** will need a Property Irregularity Report (PIR); or
   c. whilst being shipped as freight or under a bill of lading; or
   d. left out of sight or out of **Your** personal control in a public place where **You** are not in a position to prevent unauthorised interference with **Your** property e.g. station, airport, restaurant, beach, etc.; or
   e. from an unattended vehicle unless between the hours of 09:00 and 21:00 and locked in the boot, covered luggage area or locked glove compartment and following physical evidence of forcible entry and **Valuables** from an unattended vehicle at any time; or
   f. from a roof or boot luggage rack at any time; or
   g. left in the custody of a person who does not have official responsibility for the safekeeping of the property.
8. Any loss or theft of, or damage to:
   a. **Valuables** unless they are at all times attended by **You**, or left in hotel security, safety deposit box, safe or similar locked fixed receptacle; or
   b. **Valuables** which are not carried in **Your** hand luggage or on **Your** person while **You** are travelling on public transport or on an aircraft; or
   c. **Valuables** (other than **Ceremonial Rings**) when worn by **You** while swimming; or
   d. items which are borrowed, rented or otherwise not owned by **You**.
9. Anything mentioned in the "General Policy Exclusions".

B. The booked professional photographer being unable to take photographs, video or digital recordings of Your ceremony following their death, Bodily Injury or Illness or their involvement in an unforeseen and unavoidabl transport delay.

What is covered

1. Reasonable additional costs to take photographs, video or digital recordings at a later date either during **Your** trip abroad or at a venue in the **United Kingdom**.

What is not covered

1. The **Excess** as shown in the "Table of Benefits", unless the additional premium for **Excess Waiver** has been paid and is shown on **Your Policy Schedule**.
2. Anything mentioned in the "General Policy Exclusions".

C. The professional photographs, video or digital recordings of the ceremonial day being:

1. accidentally damaged or destroyed; or
2. lost or stolen;

during **Your Insured Journey**.

What is covered

1. The reasonable additional costs of making reprints or copies of professional photographs, video or digital recordings of **Your** ceremonial day.

What is not covered

1. The **Excess** as shown in the "Table of Benefits", unless the additional premium for **Excess Waiver** has been paid and is shown on **Your Policy Schedule**.
2. Any loss or theft of items which are subsequently recovered.
3. Any claim for items which are confiscated or detained by Customs, the Police or other authorities.
4. Any damage to items due to leaking powder or fluid carried within **Your** baggage.
5. Any loss or theft of, or damage to **Your** items:
   a. that **You** do not report to the Police within 24 hours of discovery or as soon as possible after that and for which **You** do not get a written Police report; or
   b. whilst in the custody of an airline or other carrier unless **You** report it immediately on discovery to the carrier and get a written report. In the case of an airline **You** will need a Property Irregularity Report (PIR); or
   c. whilst being shipped as freight or under a bill of lading; or
   d. left out of sight or out of **Your** personal control in a public place where **You** are not in a position to prevent unauthorised interference with **Your** property e.g. station, airport, restaurant, beach, etc.; or
   e. from an unattended vehicle unless between the hours of 09:00 and 21:00 and locked in the boot, covered luggage area or locked glove compartment and following physical evidence of forcible entry; or
   f. from a roof or boot luggage rack at any time; or
   g. left in the custody of a person who does not have official responsibility for the safekeeping of the property.
6. Anything mentioned in the "General Policy Exclusions".

Additional conditions applying to sub-section C.

1. **You** should ensure that the professional responsible for taking photographs, video or digital recordings of **Your** ceremonial day, retains backup copies of all material until **You** return to the **United Kingdom**.

Section 19: Cruise

This section of the **Policy** sets out the cover **We** provide to each **Insured Person** in total per **Insured Journey**, up to the sums insured shown in the "Table of Benefits" as a result of:

A. Missed port.

Your cruise ship being unable to make a scheduled port stop due to:

1. bad weather; or
2. time-table restrictions.

What is covered

1. A missed port benefit for each scheduled port at which **Your** cruise ship failed to stop.

What is not covered

1. Any claim if **Your** cruise ship stopped at an alternative unscheduled port or if **You** were offered financial compensation, including on-board credit.
2. Any claim if **Your** cruise ship's scheduled tender service was unable to transport **You** ashore.
3. Anything mentioned in the "General Policy Exclusions".

B. Cabin confinement.

You being confined to **Your** cabin by the ship's medical officer due to **Your Bodily Injury** or **Illness**.

What is covered

1. A cabin confinement benefit for each 24 hours that **You** are confined to **Your** cabin.

What is not covered

1. Cabin confinement benefit if **You** also claim for Hospital confinement benefit within the "Emergency medical and repatriation expenses" section of this **Policy**.
2. Anything mentioned in the "General Policy Exclusions".

C. Missed excursion.

You being unable to participate in any pre-booked, pre-paid excursions as a result of **Your** confinement to **Your** cabin by the ship's medical officer due to **Your Bodily Injury** or **Illness**.

What is covered

1. The cost of the excursion(s) in which **You** were unable to participate.

What is not covered

1. The **Excess** as shown in the "Table of Benefits".
2. Anything mentioned in the "General Policy Exclusions".

D. Increased sums insured for Personal Possessions.

Personal Possessions claims under the "Personal possessions" section of this **Policy**.

What is covered

1. An increase in the sums insured for **Personal Possessions** claims up to the amounts shown for Cruise cover in the "Table of Benefits". (Note that these amounts are not in addition to the amounts shown under the "Personal possessions" section but are the new higher limits for the cover provided under that section.)

What is not covered

1. The **Excess** as shown in the "Table of Benefits".
2. Anything mentioned under the heading "What is not covered" within the "Personal possessions" section of this **Policy**.
3. Anything mentioned in the "General Policy Exclusions".

E. Evening wear.

The loss or theft of, or damage to, **Your** formal evening wear during **Your Insured Journey.**

What is covered

The reasonable additional costs of:

1. Hiring replacement formal evening wear; or
2. Cleaning and/or repairing **Your** own formal evening wear.

What is not covered

1. Any claim if the loss, theft or damage is not covered under the "Personal possessions section" of this **Policy**.
2. Any claim if **You** are in possession of an alternative undamaged formal evening wear.
3. Anything mentioned in the "General Policy Exclusions".

Additional conditions applying to sub-section E.

1. **You** must provide **Us** with receipts for the replacement hire, repair or cleaning costs.

Section 20: Rental vehicle excess waiver (optional)

This section only applies if the appropriate additional premium has been paid and Rental vehicle excess waiver cover is shown on **Your Policy Schedule**.

Note: **This section only covers reimbursement of the Excess/Deposit for which You are responsible under the terms of Your Rental Agreement** (**within the limits of this Policy**) **and not the actual cost of damage to the insured vehicle**

Words with special meanings specific to this section:

Accident/Accidental
A sudden, unexpected, specific, violent, external, visible, chance event which occurs at a single identifiable place and time.

Damage
External damage to **Your Insured Vehicle** caused by fire, vandalism, **Accident** or attempted theft, occurring during **Your Rental Period**.

Excess/Deposit
The amount stated in the **Vehicle Rental Agreement** for which **You** are responsible in the event of **Damage**.

Insured Vehicle
The vehicle rented under a **Vehicle Rental Agreement** within the area of cover detailed on **Your Policy Schedule** and which **You** have agreed to hire from them according to the terms of **Your Vehicle Rental Agreement**. The vehicle must:

- be no more than 10 years old;
- have no more than 9 seats;
- not be driven off a **Public Thoroughfare**;
- not be a motor home, caravan or quadbike;
- not be a commercial vehicle, minibus, motorcycle or moped;
- have a retail purchase price of less than £70,000.

Public Thoroughfare
A road, street or bridge that is constructed and maintained by the state or a public authority such as the Public Highway Authorities.

Rental Company
A car rental company or agency which must be fully licensed with the regulatory authority of the country, state or local authority where the **Insured Vehicle** is collected.

Rental Period
The dates **You** have arranged to hire the **Insured Vehicle**, as confirmed on **Your Vehicle Rental Agreement**.

- **You** will only be covered if **You** are aged between 18 and 85 at the date **Your Policy** was issued.
- Any other trip which begins after **You** get back is not covered.
- A trip booked to last longer than 94 consecutive days for single trip policies (62 consecutive days for annual policies) is not covered.
-

Vehicle Rental Agreement
The contract of hire between the **Rental Company** and the **Insured Person**, which is signed by **You** and that states the **Excess/Deposit You** are responsible for, following damage to the **Insured Vehicle** during the **Rental Period**. Note: This **Policy** is not a motor insurance policy, nor is it a primary damage policy covering the **Insured Vehicle**. The "Excess/Deposit Reimbursement" section of this **Policy** only covers the amount of the **Excess/Deposit You** are responsible for under the terms of **Your Vehicle Rental Agreement** and not the full value of the **Insured Vehicle** itself. For cover to apply on this **Policy**, **You** must also have taken out separate Collision Damage Waiver (CDW) or Loss Damage Waiver (LDW) insurance to cover **Your Rental Vehicle**.

This section of the **Policy** sets out the cover **We** provide to each **Insured Person** in total per **Insured Journey**, up to the sums insured shown in the "Table of Benefits" as a result of:

A. Excess/Deposit.

What is covered

1. The **Excess/Deposit**, subject to the sub-limits specified in the "Table of Benefits" for **Damage** to:
   a. The roof; or
   b. The windscreen, windows or sunroof glass; or
   c. The undercarriage; or
   d. Each tyre that needs replacing; or
   e. Each tyre that can be repaired.

What is not covered

1. Any claim where **You** have not followed the terms of the **Vehicle Rental Agreement**.
2. The actual cost of the **Damage**.
3. Any claim relating to damage to the interior of the **Insured Vehicle**.
4. Mechanical failure of the **Insured Vehicle**.
5. Mis-fuelling of the **Insured Vehicle** except under sub-section B.
6. General wear and tear.
7. Anything as a result of driving off road, on an unmade up road or a road that is not designated as a **Public Thoroughfare**.
8. Anything mentioned in the "General Policy Exclusions".

B. Misfuelling cover.

What is covered

We will pay up to £500 for each misfuel incident (up to £1,000 in total within the **Policy Period**) for one of the following if **You** accidentally add the wrong fuel to the **Insured Vehicle** and it is at risk of being damaged:

1. The cost to take **You**, the **Insured Vehicle** and up to 8 passengers to a garage to drain the contaminated fuel and flush the fuel system; or
2. The cost for a technician to attend the **Insured Vehicle** at the roadside to drain the contaminated fuel and flush the fuel system.

What is not covered

1. Claims for flushing the fuel system if the engine has been damaged by the misfuelling.
2. Anything mentioned in the "General Policy Exclusions".

C. Rental vehicle key cover.

What is covered

We will pay:

1. Up to £500 in total (but no more than £2,000 in total within the **Policy Period**) to replace the **Insured Vehicle** rental keys if these are lost, stolen, or damaged during the **Rental Period**. This will also include where necessary the costs to replace locks or for a locksmith to break into the **Insured Vehicle**; or
2. Up to £200 in total for a locksmith to gain entry to the **Insured Vehicle** in the event that **You** are locked out of the **Insured Vehicle**.

What is not covered

1. Anything mentioned in the "General Policy Exclusions".

D. Rental vehicle breakdown.

What is covered

We will pay up to £500 for the cost of recovering the **Insured Vehicle** to a local repairer during the **Rental Period** if it:

1. Breaks down; or
2. Suffers damage and cannot be driven.

What is not covered

1. Any costs covered by **Your Vehicle Rental Agreement**.
2. Anything mentioned in the "General Policy Exclusions".

Section 21: COVID-19 cover

PLEASE NOTE: this section of cover extends the cover provided under the "Emergency medical and repatriation expenses", "Cancellation" and "Curtailment and loss of holiday" sections of this **Policy** as follows:

A. Cancellation.

We provide to each **Insured Person** in total per **Insured Journey**, up to the sum insured shown in the "Table of Benefits", following necessary and unavoidable cancellation of a **Insured Journey** as a result of:

1. **You**, **Your Relative**, a member of **Your** household or travelling companion or a friend with whom **You** had arranged to stay has a diagnosis of COVID-19 within 14 days prior to **Your** booked departure date, as certified by a **Medical Practitioner** following a medically approved test showing a positive result for COVID-19.
2. **You** being denied boarding on **Your** pre-booked outbound travel due to **You** contracting COVID-19, as certified by a **Medical Practitioner** following a medically approved test showing a positive result for COVID-19 or having a confirmed temperature above 38 degrees Celsius.

What is covered

1. The cost of:
   a. **Your** unused non-refundable pre-booked travel and accommodation which **You** have paid or are contracted to pay; and
   b. **Your** unused non-refundable pre-booked airport parking, car hire, airport lounge pass and excursions which **You** have paid or are contracted to pay; and
   c. **Your** unused non-refundable visa, ESTA (Electronic System for Travel Authorisation for travellers to the USA) or other relevant travel permission which **You** have paid.

B. Curtailment.

We provide to each **Insured Person** in total per **Insured Journey**, up to the sum insured shown in the "Table of Benefits", following necessary and unavoidable **Curtailment** of an **Insured Journey** as a result of:

1. Death of **Your Relative** or a member of **Your** household living in the **United Kingdom** contracting COVID-19, as certified by a **Medical Practitioner** following a medically approved test showing a positive result for COVID-19.
2. The hospitalisation as a result of COVID-19 for treatment with mechanical ventilation, of **Your Relative** or a member of **Your** household living in the **United Kingdom**.

   In addition, where **You** are unable to continue with a pre-booked excursion following **Your** self-isolation as ordered by a relevant Government authority due to contracting COVID-19, as certified by a **Medical Practitioner** following a medically approved test showing a positive result for COVID-19.

What is covered

1. **Your** reasonable additional travel and accommodation expenses which **You** incur in the **Curtailment** of **Your Insured Journey**; and
2. A pro-rata amount corresponding to the cost of the unused proportion of:
   a. **Your** non-refundable pre-booked travel and accommodation expenses which **You** have paid or are contracted to pay; and
   b. **Your** non-refundable pre-booked airport parking, car hire, airport lounge pass and excursions which **You** have paid or are contracted to pay; and
   c. **Your** non-refundable visa, ESTA (Electronic System for Travel Authorisation for travellers to the USA) or other relevant travel permission which **You** have paid.

C. Emergency medical and repatriation expenses.

C.1. Trips outside the United Kingdom

We provide to each **Insured Person** in total, up to the sums insured shown in the "Table of Benefits", in the event of an unforeseen medical emergency during an **Insured Journey** outside the **United Kingdom** as a result of **You** contracting COVID-19, as certified by a **Medical Practitioner** following a medically approved test showing a positive result for COVID-19.

What is covered

1. Emergency medical and repatriation expenses:
   a. Reasonable and necessary medical and hospital expenses, including the cost of ambulance transport where medically necessary to take **You** to hospital; and
   b. Returning **You** to the **United Kingdom** provided this is medically safe and authorised by **Us** or **Our Assistance Company**; and
   c. The cost of a medical escort where this is deemed necessary by **Us** or **Our Assistance Company**, in the event of **Your** emergency repatriation to the **United Kingdom**; and
2. Reasonable additional travel and accommodation expenses (room only) for **You** to extend **Your** stay until **You** are medically fit to return to the **United Kingdom**; and
3. Reasonable additional travelling and accommodation expenses to repatriate **You** to the **United Kingdom** when **You** are denied boarding on **Your** pre-booked return travel due to **You** contracting COVID-19.
4. Confinement benefit: a benefit payment of £30 for each complete 24 hour period up to £300 where **You** are ordered into self-isolation in **Your** holiday accommodation by a relevant Government authority, as a result of **You** contracting COVID-19.

C.2. Trips inside the United Kingdom

We provide to each **Insured Person** in total, up to the sums insured shown in the "Table of Benefits", in the event of an unforeseen medical emergency during a trip inside the **United Kingdom** of 2 or more consecutive nights in pre-booked accommodation as a result of **You** contracting COVID-19, as certified by a **Medical Practitioner** following a medically approved test showing a positive result for COVID-19.

What is covered

1. Extra transport and accommodation for **You** and one other person who stays with **You**,

or who has to travel to **You** from the **United Kingdom** and/or travel back with **You**, if this is necessary due to medical advice.

2. **Your** body or ashes to be transported **Home**.

What is not covered applying to all sub-sections

Applicable in addition to any exclusion listed under the "Emergency medical and repatriation expenses", "Cancellation" and "Curtailment and loss of holiday" sections of this **Policy** including anything mentioned in the "General Policy Exclusions":

1. Travel or accommodation costs where a credit or voucher has been provided in lieu of a cash refund.
2. Claims arising directly or indirectly from COVID-19 resulting in a national or local lockdown or any restrictions of movement affecting the area where **Your Home** is located, the country or specific area or event to which **You** were travelling to or through.
3. Any claim where **You** are experiencing symptoms of COVID-19, or have been told to self-isolate at the time **You** purchased, renewed or extended this insurance, or at the time of booking any **Insured Journey**, whichever is later, or in the case of claims under sub-section C, started **Your Insured Journey** whichever was later.
4. **Your** quarantine when it has been imposed on a community, geographic location or vessel, or travellers returning from a specified location, imposed by a government or public authority.
5. Any claim where **You** contract COVID-19 and **You** have not had the recommended vaccination(s) (consideration will be given where **You** were medically unable to have the vaccination, and this is shown in **Your** medical records).
6. Any claim where **You** have not returned to the **United Kingdom** when advised to do so by the UK Government including the Foreign, Commonwealth & Development Office (FCDO).
7. Any claim arising as a result of **You**, or **Your** travelling companion being unable to complete the full COVID-19 vaccination course before **Your** scheduled departure date due to delays in supply, or changes in Government policy.
8. Any claim where **You** have travelled during a Government imposed lockdown.
9. Any claim where **You** do not hold the required confirmation of vaccination documentation, for example a vaccination passport.
10. Any claim made under the "COVID-19 cover" in addition to a claim under either the "Emergency medical and repatriation expenses", "Cancellation", "Curtailment and loss of holiday" or "Enhanced COVID-19 protect" sections of this **Policy**.
11. Any costs incurred by **You** which **You** are eligible to recover from **Your** tour operator, airline, credit/debit card provider or any other source.
12. Any travel undertaken to an area where the Foreign, Commonwealth & Development Office (FCDO) advise against all travel except as a result of COVID-19. If **You** are unsure please check https://www.gov.uk/foreign-travel-advice.
13. Anything mentioned in the "General Policy Exclusions".

Additional conditions applying to all sub-sections

In addition to the additional conditions applying to the "Emergency medical and repatriation expenses", "Cancellation", "Curtailment and loss of holiday" or "Enhanced COVID-19 protect" sections of this **Policy** the following will apply:

We will require (at **Your** own expense) the following evidence where relevant:

1. A copy of the positive test result for COVID-19 **You** received from a registered **Medical Practitioner**.
2. Written confirmation from the scheduled **Public Transport** operator (or their handling agents) confirming the exact reason for which **You** were denied boarding, together with details of any alternative transport offered.
3. Receipts or bills for any transport, accommodation or other costs, charges or expenses claimed for.
4. Any other official document or medical report confirming **Your** diagnosis for COVID-19 which leads to **Your** self-isolation, or need to cancel **Your Insured Journey**.

Section 22: Enhanced COVID-19 protect (optional)

This section only applies if the appropriate additional premium has been paid and "Enhanced COVID-19 protect" is shown on **Your Policy Schedule**. By taking out this optional extension the cover provided under the "COVID-19 cover" section will also be extended for the following:

A. Foreign, Commonwealth & Development Office (FCDO).

Your Policy will cover **You** if **You** travel against the advice of the Foreign, Commonwealth & Development Office (FCDO) as long as the advice is against all but essential travel solely as a result of COVID-19. This only applies when travelling to countries in Europe.

B. Cancellation.

We provide to each **Insured Person** in total per **Insured Journey**, up to the sum insured shown in the "Table of Benefits", following necessary and unavoidable cancellation of an **Insured Journey** as a result of:

1. **You** are contacted by a representative of the UK Government's Test and Trace service due to the probability of **You** having contracted COVID-19, and are instructed to self-isolate for a period of time which prevents **You** from starting **Your Insured Journey** using **Your** pre-booked outward travel.
2. **You** experience an adverse reaction to the COVID-19 vaccine within 14 days prior to **Your** scheduled departure date and are advised that **You** are no longer fit to travel by a **Medical Practitioner**.
3. **You**, or **Your** travelling companion are unable to complete **Your** COVID-19 vaccination course before **Your** scheduled departure date due to unforeseen illness of **You** or **Your** travelling companion.

What is not covered applying to sub-sections A. and B.

Applicable in addition to any exclusion listed under the "Emergency medical and repatriation expenses", "Cancellation", "Curtailment and loss of holiday" or "COVID-19 cover" sections of this **Policy** including anything mentioned in the "General Policy Exclusions":

1. Any claim where **You** contract COVID-19 and **You** have not had the recommended vaccination(s) (consideration will be given where **You** were medically unable to have the vaccination, and this is shown in **Your** medical records).
2. Travel or accommodation costs where a credit or voucher has been provided in lieu of a cash refund.
3. Claims arising directly or indirectly from COVID-19 that results in a local or national lockdown or any restrictions of movement affecting the area where **Your Home** is located, the country or specific area or event to which **You** were travelling to or through.
4. Any claim where **You** are experiencing symptoms of COVID-19, or have been told to self-isolate at the time **You** purchased, renewed or extended this insurance, or at the time of booking any **Insured Journey**, whichever is later.

5. **Your** quarantine when it has been imposed on a community, geographic location, vessel, or travellers returning from a specified location, imposed by a government or public authority.
6. Any claim where **You** have not returned to the United Kingdom when advised to do so by the UK Government including the Foreign, Commonwealth & Development Office (FCDO).
7. Any claim arising as a result of **You**, or **Your** travel companion being unable to complete the full COVID-19 vaccination course before **Your** scheduled departure date due to delays in supply, or changes in Government policy.
8. Any claim where **You** have travelled during a Government imposed lockdown.
9. Any claim where **You** do not hold the required confirmation of vaccination documentation, for example a vaccination passport.
10. Any claim made under the "Enhanced COVID-19 protect" section in addition to a claim under either "Emergency medical and repatriation expenses", "Cancellation", "Curtailment and loss of holiday" or "COVID-19 cover" sections of this **Policy**.
11. Any costs incurred by **You** which **You** are eligible to recover from **Your** tour operator, airline, credit/debit card provider or any other source.
12. Any travel undertaken to an area where the Foreign, Commonwealth & Development Office (FCDO) advise against all travel. If **You** are unsure please check https://www.gov.uk/foreign-travel-advice.
13. Any travel undertaken to an area where the Foreign, Commonwealth & Development Office (FCDO) advise against all but essential travel except where the advice is solely as a result of COVID-19 when travelling within Europe. If **You** are unsure please check https://www.gov.uk/foreign-travel-advice.
14. Anything mentioned in the "General Policy Exclusions".

Additional conditions applying to sub-sections A. and B.

In addition to the additional conditions applying to the "Emergency medical and repatriation expenses", "Cancellation", "Curtailment and loss of holiday" or "COVID-19 cover" sections of this **Policy** the following will apply:

1. A copy of the positive test result for COVID-19 **You** received from a registered **Medical Practitioner**.
2. Written confirmation from the scheduled public transport operator (or their handling agents) confirming the exact reason for which **You** were denied boarding, together with details of any alternative transport offered.
3. Receipts or bills for any transport, accommodation or other costs, charges or expenses claimed for.
4. Any other official document or medical report confirming **Your** diagnosis for COVID-19 which leads to **Your** self-isolation, or need to cancel **Your Insured Journey**.
5. A copy of any official document, email, or itemised telephone bill or other evidence showing that **You** were contacted by a representative of the UK Government and instructed to self-isolate.

Appendix 1: Hazardous Activities and Sports

Below are lists of activities that can or cannot be covered by this **Policy**. Please telephone the **Our** Customer Helpline on 01303 815 318 if **You** are unsure whether **Your** intended activity is covered by **Your Policy**. For all **Hazardous Activities and Sports**, participation in competition is excluded unless agreed by **Us**.

The following activities are covered under this Policy
Aerobics
Athletics (amateur)
Badminton
Banana Boating
Bar Work
Baseball
Basketball
Board Sailing (Windsurfing)
Body Boarding
Boogie Boarding
Bridge Walking e.g. Sydney Harbour Bridge
Canoeing/Kayaking - up to Grade 2 rivers only
Canopy Walking
Cricket
Curling
Cycling (not main purpose of trip - recreational only, no racing or competitions)
Fell Running/Walking
Fishing
Football/Soccer (non competitive)
Golf
Gymnastics (no competitions)
Hiking/Trekking/Walking under 2,500m
Ice Skating
Manual Work
Marathon Running
Mountain Biking (recreational including general cross country and off road cycling)
Paddle Boarding
Rambling
Restaurant Work

River Tubing (up to grade 2 rivers and not through caves)
Roller Skating/Blading (wearing pads and helmets)
Safari (professionally organised and without guns)
Sailing (inland waters or coastal waters within 12 miles of land)
SCUBA Diving (down to 30m accompanied by a qualified diver or instructor)
Sleigh Rides pulled by a horse or reindeer, as a passenger with a professional driver
Snorkelling
Softball
Squash
Surfing
Swimming
Swimming with dolphins
Tennis
Trampolining
Volleyball
Water Skiing (no jumping)
Water Polo
Windsurfing
Zip Lining/Wiring
The following activities are covered under this Policy. However, no cover is provided under the Personal Accident and Personal Liability sections.
Archery
Canoeing / Kayaking (up to grade 3 rivers only)
Fencing
Flotilla Sailing (with professional leader)
Go Karting
Hot Air Ballooning (organised pleasure rides only)
Indoor Climbing (sport climbing with belays)
Jet Boating (as a passenger only and no racing)
Motorcycling as a rider or passenger on a machine 125cc or under (**You** must wear a crash helmet and, as a rider, have held a motorcycle licence for at least 3 years and are conviction free)
Paint Balling (eye protection must be worn)
Parascending over water
Rowing (no racing)
Segway Riding (organised tours only and a safety helmet must be worn)
Zorbing

The following activities will only be covered if You pay the appropriate additional premium and the activity is shown as covered on Your Policy Schedule.
Abseiling (within organiser's guidelines)
Black Water Rafting
Land Skiing (not on snow)
Octopush
Rap Jumping/Running (within organiser's guidelines)
Safari Trekking on foot (must be organised tour booked in the **United Kingdom**)
Sea Kayaking
White Water Rafting (up to grade 3 within organiser's guidelines)

Winter Sports

The following Winter Sports activities are only covered if **You** have paid the appropriate additional premium and Winter Sports cover is shown on **Your Policy Schedule**.

All other Winter Sports are excluded unless **We** agree, in writing, to cover them.

NOTE: in the table below, We use the generic terms "ski/skiing" to refer to skiing, snow-boarding, split-boarding and mono-skiing.

Langlauf / Cross Country / Nordic Walking
Sit-skiing, skiing with outriggers and use of other (non-mechanised) equipment for the disabled
Skiing **Off-piste** within the resort boundaries but excluding **Terrain Parks**
Skiing **On-piste**
Telemark Skiing

Excluded Hazardous Activities and Sports

Base Jumping
Big Game Hunting
BMX Stunt Riding
Bouldering
Boxing
Canyoning
Caving / Pot Holing
Coasteering
Cycle Racing
Flying except as a fare paying passenger in a licenced passenger carrying aircraft

Free / High Diving
Gliding
Hang Gliding
Judo / Karate / Martial Arts
Kite Surfing
Lacrosse
Micro Lighting
Motorcycling as a rider or passenger on a machine over 125cc
Mountaineering
Parachuting
Paragliding
Parascending over land
Polo
Professional / Semi Professional Sports
Quad Biking
Rock Climbing
Sailing outside territorial waters
Scuba Diving below 30m
Shark Cage Diving
Shark Diving
Tombstoning
Track Days using motorised vehicles
Water Ski Jumping
Weightlifting
White Water Rafting (grade 4 and above)
Wrestling

If an activity is NOT listed above it is NOT covered unless **You** contact **Us** and **We** agree, in writing, to cover the activity. Please contact **Our** Customer Helpline by using the following link: https://www.holidayextras.co.uk/insurance-support or contact **Your** travel agent that **You** purchased the policy from. If **You** are travelling within the next 14 days, please call **Us** on 0800 781 4086. For all other queries please email insurance.queries@holidayextras.com if **You** are unsure as to whether **Your** intended activity is covered by **Your Policy**.

General policy exclusions

These exclusions apply to all sections of **Your Policy**. In addition, individual sections of cover may have specific exclusions which apply only to those sections.

A. This **Policy** does not provide cover:

1. Unless **You** are:
   a. in the **United Kingdom** when the **Policy** is purchased (except when **You** renew an existing Annual multi-trip policy);
   b. aged 85 or under at the start of the **Policy Period** for Annual multi-trip policies;
   c. resident in the **United Kingdom**, meaning that **You**:
      - have an address in the **United Kingdom**; and
      - have lived in the **United Kingdom** for at least 6 of the last 12 months; and
      - are registered with a General Practitioner in the **United Kingdom**.

2. For Annual Multi-Trip policies with a trip duration longer than:
   - Bronze - 22 days
   - Silver - 31 days
   - Gold - 31 days

B. **We** will not pay for any losses that are not directly associated with the **Insurance Event** causing the claim, for example loss of earnings if **You** are unable to work or the cost of replacing locks if **You** lose keys.

C. **We** will not pay for any losses recoverable from any other source. Where another insurance policy covers the same risk, **We** will only pay **Our** proportionate share of a valid claim.

D. **We** will not pay for any loss, damage, cost or expense directly or indirectly caused by:

1. **Active Participation**:
   a. the act of an **Insured Person**, whether a combatant or non-combatant, supplying, transporting, or otherwise handling facilities, equipment, devices, vehicles, weapons, or other materials intended for use in **War and Civil Unrest** or **Terrorism**.
   b. the act of an **Insured Person** voluntarily entering an area known at the time to be subject to **War and Civil Unrest** or against the advice of the Foreign, Commonwealth & Development Office (FCDO). See: https://www.gov.uk/foreign-travel-advice
2. **Aviation**
   flying or aerial activity of any kind other than as a fare-paying passenger in a fully licensed commercial passenger-carrying aircraft, unless otherwise shown as covered in Appendix 1: Hazardous Activities and Sports.
3. **Civil authorities**
   the confiscation, retention, impounding or destruction of property by any Customs authority, Government or other civil authority.
4. **Climbing and jumping**
   You climbing on top of, or jumping from a vehicle, or jumping from a building or balcony; or climbing or moving from any external part of any building to another (apart from on an external fire-escape or stairs) regardless of the height, unless **Your** life is in

danger or **You** are attempting to save human life.

5. **Coronavirus**
   any coronavirus including but not limited to COVID-19, or any related/mutated form of the virus. This exclusion does not apply to COVID-19 claims under the "COVID-19 cover" or "Enhanced COVID-19 protect" sections of this **Policy**.
6. **Cyber-attack**
   Cyber-attack including but not limited to the delay or cancellation of flights due to the failure of critical systems.
7. **Decompression**
   any medical consequences of flying less than 24 hours after a scuba dive.
8. **Default**
   the negligence, error or omission of:
   a. an **Insured Person**; or
   b. any provider of transport or accommodation; or
   c. any agent or online booking service through which travel arrangements were made; or
   d. any **Colleague**; or
   e. any **Relative**.
9. **Depreciation**
   depreciation, wear and tear and currency exchange losses.
10. **Disinclination**
    Your unwillingness or refusal to travel.
11. **Epidemic/Pandemic**
    any epidemic or pandemic as declared by the World Health Organisation.
12. **Excluded Hazardous Activities and Sports**
    Your participation in **Hazardous Activities and Sports** which are excluded or not shown as covered in "Appendix 1: Hazardous Activities and Sports".
13. **Failure to take medical precautions, advice and treatment**
    Your failure to:
    a. obtain any recommended vaccinations, inoculations or preventative medications in a timely manner before an **Insured Journey**; and
    b. follow the medical advice, accept the treatment or take the prescribed medication recommended by a General Practitioner or Consultant, prior to or during an **Insured Journey**; and
    c. follow the medical advice, accept the treatment or take the prescribed medication recommended by a treating **Medical Practitioner** abroad.
14. **Failure to wear a motorcycle helmet**
    Bodily Injury or death occurring as a consequence of **You** not wearing a recognised motorcycle helmet while on a motorcycle, moped, motor-scooter, quadbike or similar.
15. **Failure to wear a seatbelt**
    Bodily Injury or death occurring as a consequence of **You** not wearing a seatbelt when travelling in a motor vehicle, where a seatbelt is available.
16. **Foreseeable circumstances**
    any circumstances, such as **Strike or Industrial Action**, that were known or could reasonably have been anticipated at the time an **Insured Journey** was booked or the **Policy** was purchased, whichever is later.
17. **Manual work**
    manual work involving the operation of plant or machinery, the use of power tools or any work above or below ground level (except for work at floor level in a fully-constructed multi-storey building).

18. **Mental Illness**
Your psychological or psychiatric disorder or **You** suffering from any condition of anxiety, stress or depression diagnosed before the start of an **Insured Journey** unless accepted by **Us** in writing.
19. **Nuclear, biological and chemical hazards**
    a. Ionising radiation or contamination by radioactivity from any nuclear fuel or any nuclear waste from the combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any nuclear machinery or parts
    b. the use of nuclear, biological or chemical weapons, or contamination, poisoning, or prevention and/or limitation of the use of objects due to the effects of nuclear, chemical, biological and/or radioactive substances.
20. **Pre-existing Medical Condition**(**s**)
any **Pre-existing Medical Condition**(**s**) unless the appropriate additional premium has been paid and they have been accepted by **Us** in writing.
21. **Pressure waves**
the transmission of an energy pulse through the atmosphere caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
22. **Safety equipment and instructions**
Bodily Injury or death occurring as a consequence of **You** participating in **Hazardous Activities and Sports** arising from **Your** failure to:
    a. correctly wear or use any safety equipment customarily worn, such as a helmet, harness, safety line or lifejacket; or
    b. follow the safety instructions and guidance provided by activity organisers, instructors and guides, where applicable.
23. **Search and rescue**
any search and rescue (however, **We** will cover medical evacuation when this is medically necessary and agreed in advance by the assistance company).
24. **Self-Injury**
    a. **Your** wilfully, self-inflicted injury or I**llness**, suicide or attempted suicide; or
    b. **Your** self-exposure to needless peril, except in an attempt to save human life; or
    c. any form of alcohol abuse including alcohol withdrawal or **You** drinking too much alcohol where it is reasonably foreseeable that such consumption could result in a serious impairment of **Your** faculties and/or judgement resulting in a claim. (**We** do not expect **You** to avoid alcohol on **Your** trip but **We** will not cover any claim arising because **You** have drunk so much alcohol that **Your** judgement is seriously affected); or
    d. **Your** use of any drugs, including solvents and so-called legal highs, other than drugs taken in accordance with treatment prescribed and directed by a **Medical Practitioner** but not for the treatment of drug or alcohol addiction.
25. **Swimming pool**
Your unauthorised use of a swimming pool outside of the specified opening times.
26. **Terrorism**/**Terrorist Act** (see "Words with special meanings")
this exclusion will not apply to the following sections of cover:
    a. Emergency medical and repatriation expenses
    b. Personal accident
    c. Hijack
27. **Unlawful acts**
    a. any unlawful act deliberately or intentionally committed by an **Insured Person**; or
    b. the operation of law or the order of any court; or
    c. civil or criminal proceedings against anyone on whom **Your Insured Journey** depends.

28. **Volcanic Ash**
the delay or cancellation of flights on the order or recommendation of any civil authority, or at the initiative of the airline, due to atmospheric volcanic ash.
29. **War and Civil Unrest** (see "Words with special meanings")
Your presence in an area which is subject to **War and Civil Unrest** unless **Your** presence in such an area is due to:
    a. the unscheduled transit or stopover of the aircraft or sea vessel in which **You** were travelling; or
    b. **Your** involuntary diversion, transit or stopover as a result of **Hijack, Kidnap** or other occurrence beyond **Your** control; or
    c. the sudden, unexpected occurrence of **War and Civil Unrest** in an area previously in a state of peace at the time **You** entered the area;

    and in such cases **You** will be covered for a maximum period of 72 hours from **Your** involuntary arrival in such an area or, where **You** are already present in an area previously in a state of peace, from the time when **War and Civil Unrest** first occurs, provided that:
    a. **You** make all reasonable efforts to leave the affected area at the first opportunity; and
    b. **You** are not involved in **Active Participation**.
30. **Winter sports**
Your participation in Winter sports unless:
    a. **You** were 64 years of age or under at the start of the **Policy Period**; and
    b. the appropriate additional premium has been paid and Winter sports cover is shown on **Your Policy Schedule**.
31. **Wild animals**
any claim arising from **You** deliberately entering or reaching into a cage or enclosure containing animals normally found in the wild, including juveniles and hand-reared orphans, even if **You** are advised that such contact is safe.

General Policy conditions

These are the general conditions applying to all of **Your Policy**. Certain sections of cover have additional conditions specific to the section.

1. **We** promise to act in good faith in all **Our** dealings with **You**.
2. **We** may not pay **Your** claim if **You** do not:
   - Take all possible care to safeguard against accident, injury, loss, damage or theft; and
   - Avoid any action or inaction which may increase the loss or liability that might arise from such a claim or which may result in any unreasonable or unnecessary expense; and
   - Give **Us** full details of any incident which may result in a claim under **Your Policy** as soon as is reasonably possible; and
   - Pass on to **Us** every claim form, summons, legal process, legal document or other communication in connection with the claim; and
   - Provide all information and assistance that **We** may reasonably require at **Your** expense (including, where necessary, medical certification and details of **Your** household insurance).
3. **You** must not admit liability for any event, or offer to make any payment, without **Our** prior written consent.
4. The terms of **Your Policy** can only be changed if **We** agree. **We** may require **You** to pay an additional premium before making a change to **Your Policy**.
5. **You** must start each **Insured Journey** from **Your Home** or place of business in the **United Kingdom** and return to **Your Home** or place of business in the **United Kingdom** at the end of each trip, within the permitted trip duration, unless otherwise agreed by **Us**.
6. **You** agree that **We** can:
   - Make **Your Policy** void where any claim is found to be fraudulent; and
   - Share information with other insurers to prevent fraudulent claims via a register of claims. A list of participants is available on request. Any information **You** supply on a claim, together with information **You** supplied when **You** bought **Your Policy** and other information relating to a claim, may be provided to the register participants; and
   - Take over and act in **Your** name in the defence or settlement of any claim made under **Your Policy**; and
   - Take proceedings in **Your** name but at **Our** expense to recover for **Our** benefit the amount of any payment made under **Your Policy**; and
   - Obtain information from **Your** medical records (with **Your** permission) for the purpose of dealing with any cancellation or medical claims. No personal information will be disclosed to any third party without **Your** prior approval.
7. **We** will not pay **You** more than the amounts shown in the "Table of Benefits".
8. **You** agree that **We** only have to pay a proportionate amount of any claim where there is another insurance policy in force covering the same risk. **You** must give **Us** details of such other insurance. This condition will not apply to valid personal accident claims, which **We** will pay in full.
9. **We** shall not be liable to pay damages to **You** for the late payment of a claim under this insurance contract, unless **We** fail deliberately or recklessly to pay the claim within a reasonable time.
10. When booking **Your** trip or purchasing this **Policy**, whichever is later, **You** and **Your**

travelling companion(s) must be fit to travel and participate in any activities and excursions that **You** have planned during **Your** trip.

11. **We** will only provide cover for domestic travel (within the **United Kingdom**) which includes a flight or pre-booked overnight accommodation away from **Your** normal place of residence.
12. Family members are only insured under this **Policy** if they are eligible to be covered, are named on the **Policy Schedule** and the appropriate premium has been paid. Unmarried, dependent children (aged up to 22 if in full-time education) are only covered when travelling with **You** or **Your** spouse or partner.
13. A person or company who is not a party to this **Policy** has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this **Policy** but this does not affect any right or remedy of a third party which exists or is available from that Act.
14. **You** cannot transfer **Your** interest in this **Policy** to anyone else.

Important information - please read

We strongly recommend that **You** keep a record of all information given to **Us**, including telephone calls, copies of all letters, emails and the application and claim forms **You** completed whether in hard copy or on-line. A copy of the **Policy** is available on request.

Your declaration and changes

It is essential that all the information given to **Us** is accurate and that **You** have answered **Our** questions fully and accurately. Please see "Your declaration: important questions relating to health, activities and the acceptance of your insurance". **You** must tell **Us** immediately if there are any relevant changes in **Your** circumstances or to the information already given. Accurate information about **Pre-Existing Medical Conditions** relating to the health of the people travelling and others upon whose health **Your** trip may depend is particularly important as the **Policy** contains specific conditions and exclusions. If **You** are not sure whether something is important, please tell **Us** anyway as failure to do so may invalidate **Your** insurance.

Data protection notice

Consent

We will only use **Your** personal data when the law allows **Us** to. Most commonly **We** will use **Your** personal data under the following two circumstances:

1. When **You** gave explicit **Consent** for **Your** personal data, and that of others insured under **Your Policy**, to be collected and processed by **Us** in accordance with this Data Protection Notice.
2. Where **We** need to perform the contract which **We** are about to enter into, or have entered into with **You**.

How We use Your Personal Data

We use **Your** personal data for the purposes of providing **You** with insurance, handling claims and providing other services under **Your Policy** and any other related purposes (this may include underwriting decisions made via automated means). **We** also use **Your** personal data to offer renewal of **Your Policy**, for research or statistical purposes and to provide **You** with information, products or services that **You** request from **Us** or which **We** feel may interest **You**. **We** will also use **Your** personal data to safeguard against fraud and money laundering and to meet **Our** general legal or regulatory obligations.

We collect and process **Your** personal data in line with the General Data Protection Regulation and all other applicable Data Protection legislation. The Data Controller is ERGO Travel Insurance Services Ltd. The Data Processors are Taurus Insurance Services Limited and Holiday Extras Cover Limited.

Special Categories of Personal Data

Some of the personal data **You** provide to **Us** may be more sensitive in nature and is treated as a Special Category of personal data. This could be information relating to health or criminal convictions, and may be required by **Us** for the specific purposes of underwriting or as part of the claims handling process. The provision of such data is conditional for **Us** to be able to provide insurance or manage a claim. Such data will only be used for the specific purposes as set out in this notice.

Sharing Your Personal Data

We will keep any information **You** have provided to **Us** confidential. However, **You** agree that **We** may share this information with Great Lakes Insurance SE and other companies within the ERGO Group and with third parties who perform services on **Our** behalf in administering **Your Policy**, handling claims and in providing other services under **Your Policy**. Please see **Our** Privacy Policy (https://www.ergotravelinsurance.co.uk/privacy-statement) for more details about how **We** will use **Your** information.

We will also share **Your** information if **We** are required to do so by law, if **We** are authorised to do so by **You**, where **We** need to share this information to prevent fraud.

We may transfer **Your** personal data outside of the European Economic Area ("EEA"). Where **We** transfer **Your** personal data outside of the EEA, **We** will ensure that it is treated securely and in accordance with all applicable Data Protection legislation.

Your Rights

You have the right to ask **Us** not to process **Your** personal data for marketing purposes, to see a copy of the personal information **We** hold about **You**, to have **Your** personal data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to ask **Us** to provide a copy of **Your** personal data to any controller and to lodge a complaint with the local data protection authority.

The above rights apply whether **We** hold **Your** personal data on paper or in electronic form.

Your personal data will not be kept for longer than is necessary. In most cases this will be for a period of seven years following the expiry of the insurance contract, or **Our** business relationship with **You**, unless **We** are required to retain the data for a longer period due to business, legal or regulatory requirements.

Further Information

Any queries relating to how **We** process **Your** personal data or requests relating to **Your** Personal Data Rights should be directed to:

Data Protection Officer, ERGO Travel Insurance Services Ltd, Afon House, Worthing Road, Horsham, RH12 1TL, United Kingdom

Email: dataprotectionofficer@ergo-travel.co.uk
Phone: +44 (0) 1403 788 510

Complaints Procedure

We aim to provide the highest service standards at all times. However, **We** recognise that **We** do sometimes get things wrong. Accordingly, **We** have set up a complaints procedure to allow **You** to tell **Us** about any aspect of **Our** service that **You** are dissatisfied with and to allow **Us** to review **Our** processes and any decisions **We** might have made. **Our** objectives are to ensure that **Your** concerns are dealt with promptly and fairly.

Please quote **Your** name, as shown on **Your Policy Schedule**, **Your Policy** number and if **Your** complaint is about a claim, the claim number, in all correspondence and telephone calls.

For complaints relating to gadget claims
In the first instance, please contact:
Taurus Insurance Services Limited, Suite 2209-2217 Eurotowers, Europort Road, Gibraltar
Email: gadget.complaints@taurus.gi
Tel: 0330 880 1753

For complaints relating to legal costs and expenses claims
In the first instance please contact:
Customer Relations Department, DAS Legal Expenses Insurance Company Limited, DAS House, Quay Side, Temple Back, Bristol BS1 6NH
Email: customerrelations@das.co.uk
Tel: 0344 893 9013

For complaints relating to financial failure claims
In the first instance, please contact:
Compliance Officer, Liberty Mutual Insurance Europe SE, 20 Fenchurch Street, London, EC3M 3AW
Email: complaints@libertyglobalgroup.com
Tel: +44 (0) 20 3758 0840

For complaints relating to claims under all other sections of this Policy
In the first instance, please contact:
Holiday Extras Travel Insurance Claims, Davies Building, PO Box 1392, Preston, PR2 0XE
Email: Holidayextrasclaims@davies-group.com
Tel: +44 (0) 1403 788 717

For all other complaints, including complaints about the sale of any section of this Policy
In the first instance, please contact:
Insurance Customer Support, Holiday Extras, The Wave, Newingreen, Hythe, Kent, CT21 4FJ
Email: insurancecustomerteam@holidayextras.com
Tel: 01303 815 318

If **We** cannot resolve **Your** complaint to **Your** satisfaction **You** should contact:

The Financial Ombudsman Service, Exchange Tower, London, E14 9SR.
Email: complaint.info@financial-ombudsman.org.uk
Tel: 0800 023 4567

Full details of their impartial complaints procedure can be found on their website:
www.financial-ombudsman.org.uk

The Financial Ombudsman Service can only deal with **Your** complaint after **You** have followed **Our** full complaints procedure. If **You** use **Our** complaints procedure or complain to the Financial Services Ombudsman, **Your** right to take legal action against **Us** is not affected.

Contact details

Customer Helpline
To amend or cancel **Your Policy** please visit: www.holidayextras.co.uk/insurance-support or contact **Your** travel agent that **You** purchased the **Policy** from. If **You** are travelling within the next 14 days, please call **Us** on 0800 781 4086.

For all other queries please email: insurance.queries@holidayextras.com

ETI Claims Service (non-emergency claims)
Monday - Friday, 9am - 5pm

Online Claims: https://holidayextras.davies-group.com
Tel: +44 (0) 1403 788 717
Email: Holidayextrasclaims@davies-group.com

Emergency Assistance
24 hours, 7 days a week

Tel:	+44 (0) 1403 788 718	(if **You** are anywhere except the USA, Canada or Mexico)
Tel:	+1-844-780-0494	(toll free if **You** are in the USA or Canada)
Tel:	00 1 819 780 0494	(if **You** are in Mexico)