

# YOUR CLEAR 2 GO INSURANCE POLICY



Reference Number: Clear2Go C2G1703

## WHAT TO DO IN THE EVENT OF A MEDICAL EMERGENCY

If **you** have an emergency during **your trip**  
If **you** require medical treatment outside **your home country**  
If **you** have to return early to **your home country**

**Please phone 00 44 (0) 343 658 0342 or 00 44 (0) 1293 652842**

and quote **your** policy number.

**These lines are open 24 hours a day.**

**Global Response, the emergency assistance company will provide help if you are ill or injured outside your home country. They provide a 24-hour emergency service 365 days a year.**

**YOU, OR SOMEONE ON YOUR BEHALF, MUST CONTACT US BEFORE INCURRING COSTS ABOVE €500.**

## HOW TO MAKE A CLAIM ON YOUR RETURN

### Claims

Contact Global Response calling 00 44 (0)343 658 0345 or email [travelclaims@global-response.co.uk](mailto:travelclaims@global-response.co.uk)

## IMPORTANT HEALTH REQUIREMENTS FOR ALL INSURED PERSONS

**You** will not be covered under this policy for any claims arising directly or indirectly from a **pre-existing medical condition** unless it is shown on the waived condition list or it has been declared to **us** and accepted by **us** in writing for cover. Call us on 01224 7000 (Dublin Local Number) or 0800 999 3333 or +44(0)1449 710 040, to declare your pre-existing conditions and confirm if cover is available.

For the purposes of this insurance, a **pre-existing medical condition** is considered to be:

- Any **medical condition** where **you** have been prescribed medication, including repeat prescriptions, or received treatment or attended a GP or a specialist as an outpatient or inpatient in the last 2 years or for which **you** are currently on a waiting list for treatment or investigation;
- Any illness for which **you** have received a terminal prognosis or any heart, heart-related or circulatory condition; or any respiratory condition; any stress, anxiety, depression or any other psychological condition; any cancerous condition; or any cerebral condition; any undiagnosed symptoms that may require treatment in the future (i.e. symptoms for which **you** are awaiting investigations/consultations, or awaiting results of investigations, or where the underlying cause of the symptoms has not been established).

1. **You** must inform **us** if **your** state of health changes prior to travelling. **We** have the right to increase **your** premiums or refuse to cover **you** on **your trip**.
2. **You** must be fit to undertake **your** planned **trip** and must have a notation on your medical records confirming this.
3. It is a compulsory condition of **your** policy that you use all available reciprocal health agreements.
4. **You** must not travel against medical advice or with the intention of obtaining medical treatment or consultation abroad.
5. **We** will not cover **you** for any **pre-existing medical condition** unless it has been declared to **us** and accepted by **us** for cover in writing.
6. **We** will not cover **you** if **your** state of health was worse than **you** declared to **us** at the time **you** purchased this policy.
7. If **you** are on a waiting list for treatment or investigation, **you** are not covered if **you** have to cancel or **curtail your trip** because an appointment or treatment becomes urgently available.

## RECIPROCAL HEALTH AGREEMENTS

### European Union

If **you** are travelling to countries in the European Union, Iceland, Liechtenstein, Norway or Switzerland, **you** must take a European Health Insurance Card (EHIC) with **you**. For details of how to apply for **your** EHIC card visit [http://www.hse.ie/eng/services/list/1/schemes/EHIC/apply/Apply\\_for\\_EHIC.html](http://www.hse.ie/eng/services/list/1/schemes/EHIC/apply/Apply_for_EHIC.html). **Your** application should be completed and validated before **you** travel. This will allow **you** to benefit from the reciprocal health arrangements, which exist within these countries. It is a compulsory condition of **your** policy that you use all available reciprocal health agreements.

A FULL AND COMPLETE DECLARATION OF ALL **PRE-EXISTING MEDICAL CONDITIONS** MUST BE MADE TO THE MEDICAL SCREENING HELPLINE USING TELEPHONE NUMBERS 01224 7000 (DUBLIN LOCAL NUMBER) or 0800 999 3333 or +44(0)1449 710 040.

## CONTENTS

What to do in the Event of a Medical Emergency.....	1	Emergency Medical and Repatriation Expenses .....	5
How to Make a Claim On Your return.....	1	Personal Possessions And Baggage.....	6
Important Health Requirements For All Insured Persons.....	1	Personal Money.....	6
Reciprocal Health Agreements.....	1	Loss Of Passport.....	6
Summary Of Cover.....	2	Missed Departure On Your Outward Journey.....	6
MIA Online Limited.....	3	Personal Liability.....	6
The Insurers.....	3	Legal Expenses.....	7
Important Information.....	3	Special Sports & Activities Cover.....	7
Eligibility Criteria.....	3	Optional Additional Cover.....	8
Non-Travelling Relatives.....	3	Optional Winter Sports Cover.....	8
Trip Duration Limits.....	3	Winter Sports Cancellation Or Curtailment.....	9
Geographical Locations.....	3	Skis, Ski Equipment & Ski Pass.....	9
Cover.....	3	Piste Closure.....	9
Your Duty Of Disclosure.....	3	Avalanche Or Landslide.....	9
How To Make A Claim.....	3	Ski Hire.....	9
Fraud.....	4	Optional Medical Equipment Cover.....	9
Complaints.....	4	Optional Additional Carer Cover.....	9
Financial Services Compensation Scheme.....	4	Optional Child Carer Cover.....	10
Data Protection.....	4	General Conditions Applicable To All Sections.....	10
Meaning Of Words.....	4	General Exclusions Applicable To All Sections.....	10
Your Cover.....	5	Important Phone Numbers.....	12
Cancellation And Curtailment.....	5		

## SUMMARY OF COVER

Cover - Per person unless otherwise shown.	Limits up to	Excess
Cancellation and Curtailment	€1,000	€150
Emergency Medical and Repatriation Expenses	€5,000,000	€150
Emergency Dental Treatment	€250	€75
Repatriation of Remains or Cremation/Burial Abroad	€5,000	€150
Additional Accommodation & Travelling Costs	€2,000	Nil
Missed Departure on Outward Journey	€1,000	€50
Personal Possessions and Baggage	€1,500	€75
• Single Article Limit	€300	€75
• Valuables Limit	€300	€75
• Luggage Delay	€150	Nil
Personal Money	€500	€75
• Cash Limit	€300	€75
• Cash Limit Under 18	€75	€75
Loss of Passport & Travel Documents	€500	€75
Personal Liability	€2,000,000 per policy	Nil
Legal Expenses	€10,000 per policy	Nil

## Optional Extensions - Upon Payment of an Additional Premium

Optional Winter Sports Cover		
Cancellation and Curtailment	€1,000	€75
Ski Equipment (Owned)	€400	€75
Ski Equipment (Hired)	€400	€75
Ski Equipment Delay	€15 per complete 24 hours maximum of €150	
Ski Pass	€50 per complete 24 hours maximum of €250	
Piste Closure	€30 per complete 24 hours maximum of €300	
Avalanche or Landslide	€30 per complete 24 hours maximum of €300	
Optional Medical Equipment Cover		
Medical Equipment	€5,000	€75
Optional Additional Carer Cover		
Cost of providing replacement Carer	€2,000	€75
Optional Child Carer Cover		
Cost of providing replacement Child Carer	€2,000	€75

## MIA ONLINE LIMITED

This policy has been arranged by MIA Online Limited which is an appointed representative of Master Travel Insurance Consultants, who are authorised and regulated by the Financial Conduct Authority (FCA). Master Travel Insurance Consultants FCA registration number is 308012. Rock Insurance Services Limited is authorised and regulated by the Financial Conduct Authority (FCA). ROCK's FCA registration number is 300317.

**You** can check the regulatory status of Master Travel Insurance Consultants by visiting [www.fca.org.uk/register](http://www.fca.org.uk/register) or by telephoning 0800 111 6768.

## THE INSURERS

The insurer details provided below can be checked on the Financial Services Register by visiting: [www.fca.org.uk](http://www.fca.org.uk) or contacting the Financial Conduct Authority on 0800 111 6768.

## INSURER DETAILS

Benefits under this policy are provided by EUROP ASSISTANCE S.A, a French stock corporation, regulated by the French Insurance Code, having its registered office at 1, promenade de la Bonnette, 92230 Gennevilliers, France, registered in the Register of Commerce and Companies of Nanterre

(Reference number 451 366 405) acting through its Irish office (trading as EUROP ASSISTANCE S.A., Irish Branch) whose principal establishment is located at 4th Floor, 4-8 Eden Quay, Dublin 1, D01N5W8, Ireland, registered in the Irish Companies Registration Office under number 907089.

Europ Assistance S.A. (trading as Europ Assistance S.A. Irish Branch) is regulated in France by the Autorité de Contrôle Prudentiel et de Résolution (ACPR) of 61 rue Taïbout, 75436 Paris Cedex 09, France. Europ Assistance S.A. Irish Branch conducts business in Ireland in accordance with the Code of Conduct for Insurance Undertakings published by the Central Bank of Ireland.

## IMPORTANT INFORMATION

### ELIGIBILITY CRITERIA

- This policy is only available to residents of the **Republic of Ireland**.
- Insurance cannot be purchased once **your trip** has commenced.
- A family policy is for the main insured person, his/her spouse, Civil Partner or Common Law Partner, and any of their dependent children under 18 years of age (in full-time education and residing with them). For annual multi-trip policies, each insured adult can travel independently. All members of the family must live at the same address.
- A couple policy is for 2 adults in a relationship, living at the same address.

**You** should note that the policy will **NOT** cover **you** if:

- **You** reside outside the **Republic of Ireland**;
- **You** require Winter Sports cover but are over the age of 65.
- **You** are not registered with a General Practitioner in **your home country**.

### NON-TRAVELLING RELATIVES

This policy will **NOT** cover any claims under Cancellation or **Curtailment** arising directly or indirectly from any **medical condition** known to **you** prior to the start of **your period of insurance**, and before booking **your trip** affecting any **close relative**, travelling companion, or person **you** are going to stay with on **your trip** if:

- a terminal diagnosis had been received; or
- if they were on a waiting-list for, or had knowledge of the need for, surgery, inpatient treatment or investigation at any hospital; or if during the 90 days immediately prior to the start of the **period of insurance** they had:
  - required surgery, inpatient treatment or hospital consultations; or
  - required any form of treatment or prescribed medication.

### TRIP DURATION LIMITS

Single Trip Policies: The maximum **trip** in **your Home Country Limited Europe** or **Australia, New Zealand and Cook Islands** is 93 consecutive days. For **Whole of Europe** or **Limited Worldwide** the maximum **trip** duration is 38 days. For **Worldwide** the maximum **trip** duration is 31 days.

**You** must pay the appropriate premium for the full number of days for **you** planned **trip**. If **you** travel for more than the number of days for which **you** have paid for cover, **you** will not be covered after the last day for which **you** have paid. If **your** return is unavoidably delayed for an insured reason, cover will be extended free of charge until **you** are able to return.

### GEOGRAPHICAL LOCATIONS

#### Home Country

The **Republic of Ireland**.

**Limited Europe:** Austria, Belgium, Bulgaria, Croatia, Cyprus (but not Northern Cyprus), Czech Republic, Denmark (including Faeroe Islands), Estonia, Finland, France (including Corsica), Germany, Gibraltar, Hungary, Iceland, Ireland, Italy (including Aeolian Islands, Sardinia, Sicily), Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway (including Jan Mayen, Svalbard Is), Poland, Portugal (including Azores, Madeira Islands), Romania, Slovakia, Slovenia, Spain (including Balearic and Canary Islands), Sweden, Switzerland. For residents of the Isle of Man and Channel Islands travelling to the **United Kingdom**, the **United Kingdom** shall be considered as Europe.

**Whole of Europe:** All countries listed in **Limited Europe**, plus Albania, Andorra, Armenia, Azerbaijan, Belarus, Bosnia-Herzegovina, Channel Islands, Egypt, European Cruises, Georgia, Greece (including Greek Isles), Liechtenstein, Macedonia, Moldova, Monaco, Morocco, Northern Cyprus, Russia (European),

San Marino, Serbia/Montenegro (including Kosovo), Tunisia, Ukraine, and Vatican City.

**Limited Worldwide, excluding Australia, New Zealand and Cook Islands, USA, Canada, Caribbean and Mexico**

Means anywhere in the world except the United States of America, Canada, the Caribbean and Mexico.

**Australia, New Zealand and Cook Islands.**

**Worldwide, including USA, Canada, Caribbean and Mexico**

Means anywhere in the world.

#### Please note:

No cover is provided for **trips** where **you** have travelled to a specific country or to an area where, prior to **your trip** commencing, the Foreign and Commonwealth Office have advised against all (but essential) travel.

### COVER

This wording provides full details of all **your** cover.

The policy covers all persons named on the **certificate of insurance** for whom the premium has been paid.

This policy wording contains all possible levels of cover on offer. Sections of cover that apply to **your** policy will depend on **your** choice of cover, upgrade options and the premium **you** have paid and will be shown on **your certificate of insurance**.

If **you** are in any doubt about any aspect of this policy wording please contact **MIA** using the telephone number on **your certificate of insurance**.

### YOUR DUTY OF DISCLOSURE

It is vital that **you** answer any questions in relation to arranging or administering this insurance policy honestly and accurately. **You** must take reasonable care not to make any misrepresentation because inaccurate answers may result in a claim being declined.

### HOW TO MAKE A CLAIM

Please contact the following should **you** need to make a claim:

Contact Global Response on 00 44 (0)343 658 0345  
or email [travelclaims@global-response.co.uk](mailto:travelclaims@global-response.co.uk)

Claims under this section must be submitted within 28 days of **your** return **home**.

### CANCELLATION OF YOUR POLICY

**We** hope **you** are happy with the cover this policy provides. However, **you** have the right to cancel this policy, should it not meet **your** needs, within 14 days from either the date of purchase or receipt of **your certificate of insurance**, whichever is later, and provided that **you** have not already travelled.

If **you** do decide to cancel the policy during the 14 day cooling off period then **your** premium will be refunded in full, provided no claims have been made or no incidents have occurred that may give rise to a claim. Should **you** decide to cancel after the 14 day cooling off period no refund will be given.

**We** may cancel this policy at any time if **you** have not paid **your** premium or if there is reasonable evidence that **you** misled us or attempted to do so. By this **we** mean, if **you** are dishonest or use fraudulent means to benefit under this policy or if **you** give any false declaration or make a deliberate misstatement when applying for this cover or when making or supporting **your** claim.

**We** will contact **you** by email and tell you at your last known email address if **we** cancel **your** policy, or by letter if **we** do not hold an email address for **you**.

## FRAUD

If **you** or anyone acting on **your** behalf makes a false or fraudulent claim or supports a claim by way of false or fraudulent document(s), or statement, then this policy will be cancelled with immediate effect and any claim rejected. In these circumstances, **we** reserve the right to retain the premium **you** have paid and to recover any sums **we** have paid **you**. **We** may also pass **your** details to the police and share **your** details with other insurance companies.

## COMPLAINTS

**We** always aim to provide a first class service. However, if **your** complaint refers to the sale of **your** policy **you** should contact **us** in the first instance at:

MIA Online Ltd  
PC4 Stonham Barns Leisure & Retail Village,  
Pettaugh Road,  
Stonham Aspal,  
Suffolk  
IP14 6AT

Phone: 00 44 (0)1449 710 040

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

If **you** are still not satisfied **you** can contact:

The Financial Services Ombudsman's Bureau,  
Third Floor,  
Lincoln House,  
Lincoln Place,  
Dublin 2,  
Republic of Ireland  
Email: [enquiries@financialombudsman.ie](mailto:enquiries@financialombudsman.ie)  
Web: [www.financialombudsman.ie](http://www.financialombudsman.ie)  
Lo Call: 1890 88 20 90  
Tel: +353 1 6620899

Please note the Financial Services Ombudsman's Bureau will not consider **your** complaint until a final response letter has been issued. Please quote **your** insurance reference number and **your** claim number in all **your** correspondence to all parties involved with this procedure.

This procedure is intended to provide **you** with a prompt and practical service with any complaints that **you** may have.

## FINANCIAL SERVICES COMPENSATION SCHEME

MIA is covered by the Financial Services Compensation Scheme. **You** may be entitled to compensation from the scheme if **we** are unable to meet **our** obligations. Further information can be obtained from the Financial Services Compensation Scheme by visiting their website at [www.fscs.org.uk](http://www.fscs.org.uk).

## DATA PROTECTION

**We** will collect certain information about **you** in the course of considering **your** application and conducting **our** relationship with **you**. This information will be processed for the purposes of underwriting **your** insurance cover, managing any insurance issued, administering claims and fraud prevention. **We** may pass **your** information to a qualified **medical practitioner**, other insurers, reinsurers, other parties who provide services under the policy and loss adjusters for these purposes. This may involve the transfer of **your** information to countries which do not have data protection laws.

Some of the information may be classified as 'sensitive' – that is information about physical and mental health and employment records. Data protection laws impose specific conditions in relation to sensitive information including, in some circumstances, the need to obtain **your** explicit consent before the information may be processed. By finalising **your** insurance application, **you** consent to the processing and transfer of information described in this notice. Without this consent **we** would not be able to consider **your** application.

**We** agree to adhere to the provisions of the Data Protection Act 1998 and all successor legislation during the term of the policy.

## MEANING OF WORDS

The following words and expressions used in this policy shall mean the following wherever they appear in bold within this document:

**Bodily injury:** Accidental **bodily injury** caused solely and directly by external, violent and visible means.

**Carer:** A person travelling in the Insured's party who is competent to provide care for the Insured where the Insured is not able to care for themselves.

**Certificate of insurance:** The document showing details of the cover purchased and naming all **insured persons**.

**Close relative:** Mother, father, sister, brother, wife, husband, partner, son, daughter (including fostered/adopted son or daughter), grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step-parent, step-child, step-brother, step-sister, or legal guardian.

**Curtail/Curtailment:** Return early to **your home** after the commencement of the **outward journey**.

**Excess:** The first amount of a claim that **you** must pay as detailed in the travel insurance summary of cover.

**Golf equipment:** Golf clubs, golf balls, golf bag, non-motorised golf trolley and golf shoes.

**Holiday services:** Pre-booked, pre-paid elements of the **trip** including car hire, airport parking and excursion tickets.

**Home:** **Your** permanent residence in **your home country**.

**Home country:** The **Republic of Ireland** where **you** are ordinarily permanently resident, pay tax or are registered with a **medical practitioner**.

**Insolvency or Financial Failure:** An event causing the cancellation of all or part of **your trip** happening after **you** purchased this insurance which results in the **scheduled airline** no longer carrying on its business or service as a result of financial failure within the meaning of the Insolvency Act 1986 or any statutory modification or re-enactment thereof or a similar legal action in consequence of debt under the jurisdiction of a competent court in another country.

**Insured person:** Any person named on the **certificate of insurance** for whom the appropriate premium has been paid.

**Loss of limb:** Total loss of use by physical severance at or above the wrist or ankle.

**Loss of sight:** Total and permanent **loss of sight** without expectation of improvement in both eyes when **your** name is added to the Register of Blind Persons on the authority of a qualified ophthalmic specialist; or in one eye when the degree of sight remaining after correction is 3/60 or less on the Snellen Scale.

**Manual work:** Physical labour involving the use of tools or machinery or working at heights of over two metres (nursing and bar-work are not considered to be **manual work**).

**Medical condition:** Any medical or psychological disease, sickness, condition, illness or injury.

**Medical practitioner:** A doctor or specialist who is legally qualified, licensed and registered to practice medicine under the laws of the country in which they practice, excluding **you**, **your** travel companion, a member of **your close relative**, or **your** employee.

**Money:** Cash, postal and **money** orders, travellers' cheques held by **you** for social, domestic and pleasure purposes.

**Outward journey:** The initial journey in conjunction with **your trip from your home in your home country**.

**Permanent total disablement:** A disablement which prevents **you** from carrying out ANY occupation for a period of 12 months after an accident sustained during **your trip** and which is, at the end of that period, beyond reasonable hope of improvement.

**Period of insurance:** The **period of insurance** for all sections except cancellation commences when **you** leave **your home in your home country** to start **your trip** and ends when **you** have returned to **your home in your home country**. Cancellation cover for a Single Trip policy starts when **you** purchase this insurance or when **you** book **your trip**, whichever is the later. Cancellation cover for Annual Multi-trip policy will not commence until the start date shown on **your certificate of insurance** even if the premium has been paid earlier.

**Personal possessions:** Suitcases (or other luggage carriers) and their contents taken on **your trip** together with articles worn or carried by **you** for **your** individual use during **your trip**.

**Pre-existing medical condition:** Any **medical condition** where **you** have been prescribed medication, including repeat prescriptions, or received treatment or attended a GP or a specialist as an outpatient or inpatient in the last 2 years or for which **you** are currently on a waiting list for treatment or investigation;

Any illness for which **you** have received a terminal prognosis or any heart, heart-related or circulatory condition; or any respiratory condition; any stress, anxiety, depression or any other psychological condition; any cancerous condition; or any cerebral condition;

Any undiagnosed symptoms that may require treatment in the future (i.e. symptoms for which **you** are awaiting investigations/consultations, or awaiting results of investigations, or where the underlying cause of the symptoms has not been established).

**Public transport:** Airline, train, bus, coach, or ferry services, operating to a published timetable on which **you** are a fare-paying passenger or a tour operator's own transport service, or taxi, to join **your** booked travel itinerary.

**Ski equipment:** Skis (including bindings), ski boots, ski poles and snowboards.

**Strike or industrial action:** Organised action taken by a group of workers which prevents the supply of goods and/or services on which **your trip** depends.

**Act of terror:** any illegal actions, whether individual or collective, which involve the use of force against persons or property, performed for the purposes of achieving ideological, political, economic or religious goals, where such actions concurrently bring about a state of chaos, instill fear in the general population or result in a disruption of public life.

**Travelling Companion:** Any named person on your insurance certificate and/or booking invoice.

**Trip:** A journey starting and ending in **your home country** within the geographical area specified on **your certificate of insurance** during the **period of insurance**.

**United Kingdom:** England, Scotland, Wales, Northern Ireland, Channel Islands and the Isle of Man except under Geographical Limits where Channel Islands and the Isle of Man are considered to be part of Europe.

**Unattended:** When **you** cannot see and are not close enough to **your** property

to prevent unauthorised interference or theft of **your** property unless left in a safety-deposit facility.

**Valuables:** Jewellery, articles made of gold silver or other precious metals, precious or semi-precious stones, watches, binoculars, telescopes, photographic equipment, electronic audio or video equipment and any computer equipment (including software), furs, or leather clothing (apart from footwear).

**You/Your:** Each **insured person** named in the **certificate of insurance**.

**We/Us/Our:** The relevant insurer under each section of this policy.

## YOUR COVER

There are conditions and exclusions which apply to individual sections of the policy and general conditions, exclusions and warranties which apply to the whole policy. Please refer to the relevant section and read in conjunction with the General Conditions and General Exclusions.

### CANCELLATION AND CURTAILMENT

#### What you are covered for

**We** will pay **you** up to the amount shown in the summary of cover for the unused portion of **your** travel and accommodation costs that **you** have paid or contracted to pay and **you** suffer a financial loss because **you** cannot get a full refund if **you** cancel before the start of **your trip** or cut **your trip** short and return **home** early during the **period of insurance** because of the following:

1. the death, **bodily injury**, illness or being subject to quarantine of **you**, a **close relative** or any person **you** have arranged to travel or stay with during **your trip**; or
2. **you** being called for jury service or as a witness in a Court of Law (but not as an expert witness or where **your** employment would normally require **you** to attend court); or
3. **your** redundancy, provided that **you** were working at **your** current place of employment for a minimum of 2 years and that **you** were not aware of any impending redundancy at the time this policy was issued or the **trip** was booked; or
4. **your home** being made uninhabitable due to accidental damage, burglary, flooding or fire; or
5. the police requesting **your** presence following burglary or attempted burglary at **your home**; or
6. **your** passport, or the passport of any person **you** were intending to travel with, being stolen during the 7 days before the start date of **your** booked **trip**; or
7. **you**, or any person **you** intended to travel with, who is a member of the Armed Forces, emergency services, the nursing profession or a government employee being ordered to return to duty.

#### What you are NOT covered for

1. the **excess** shown in the summary of cover;
2. claims where **you** have failed to obtain a medical certificate from a **medical practitioner**, confirming that cancellation of the **trip** is necessary;
3. normal pregnancy, without any accompanying **bodily injury**, illness or complication;
4. claims arising directly or indirectly from any **pre-existing medical conditions** unless they have been declared and accepted by **us** in writing for cover;
5. any claims arising directly or indirectly from any **medical condition** affecting a non-travelling relative if:
  - a terminal diagnosis had been received; or
  - if they were on a waiting-list for, or had knowledge of the need for, surgery, inpatient treatment or investigation at any hospital or; or if during the 90 days immediately prior to the start of the **period of insurance** they had:
    - required surgery, inpatient treatment or hospital consultations; or
    - required any form of treatment or prescribed medication.
6. any extra charges from the company **you** booked with because of **your** failure to notify them immediately it was found necessary to cancel;
7. claims arising from prohibitive regulations by the government of any country;
8. theft of a passport which has not been reported immediately to the relevant authority;
9. travel tickets paid for using any airline mileage reward scheme or other reward points scheme;
10. accommodation costs paid for using any timeshare, holiday property bond or other reward points scheme;
11. any costs incurred by **you** which are recoverable from a tour operator, **public transport** operator, accommodation provider, **holiday services** provider or any other source, or for which **you** receive or are expected to receive compensation or other assistance;
12. any circumstance that could reasonably be anticipated at the time **you** booked **your trip**;
13. disinclination to travel or continue travelling, unless **your** change of travel plans is caused by one of the circumstances listed under "What you are covered for";

14. **your** being self-employed or accepting voluntary redundancy;
15. any claim resulting from **your** failure to obtain a valid passport and any required visa in time for the booked **trip**;
16. anything mentioned in the General Exclusions.

### EMERGENCY MEDICAL AND REPATRIATION EXPENSES

#### What you are covered for

If, during **your trip**, **you** become ill or sustain a **bodily injury we** will pay up to the amount shown in the summary of cover for costs incurred outside **your home country** that have been authorised by the emergency assistance company for:

1. emergency medical and surgical treatment in the nearest appropriate hospital, including **medical practitioner** fees, hospital expenses and charges for medical transportation;
2. dental treatment for the relief of pain or difficulty eating only;
3. reasonable and necessary additional accommodation (room only) and travelling expenses, including those of one relative or friend if **you** have to be accompanied **home** or if **you** are a child (under the age of 18) and require an escort **home**;

In the event of **your** death **we** will pay for:

1. the return of **your** body or ashes to **your home country** (but excluding the cost of burial or cremation); or
2. for local funeral expenses abroad up to the policy limit.

#### SPECIAL CONDITIONS

This is not a private health insurance policy. **We** will pay for private treatment only if there is no appropriate reciprocal health agreement in existence and no public service available and **we** reserve the right to organise a transfer from a private medical facility to a public medical facility where appropriate.

If **you** are taken into hospital or **you** think that **you** may have to **curtail** or extend **your trip** because of illness or a **bodily injury**, the emergency assistance company must be told immediately (see important contact numbers). **You** must contact **us** before incurring costs. Costs above €500 not authorised by **us** will not be covered. If **you** are physically unable to contact **us**, someone else must contact **us** on **your** behalf within 48 hours.

For travel to the United States of America **we** will only pay for reasonable and necessary emergency medical treatment, surgical, hospital, ambulance and nursing fees and charges. This 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.

If **you** become ill or sustain a **bodily injury we** have the right to bring **you** back to **your home country**, if the emergency assistance company **medical practitioner** states that **you** can safely travel. If **you** refuse to return **home**, no further costs will be covered.

#### What you are NOT covered for

1. the **excess** shown in the summary of cover;
2. costs in excess of €500 which have not been authorised by **us** in advance;
3. any treatment, investigations or tests in a private hospital or private clinic unless authorised and agreed by **us**;
4. treatment which takes place within **your home country**;
5. claims arising directly or indirectly from any **pre-existing medical conditions** unless they have been declared and accepted by **us** in writing for cover;
6. any sums which can be recovered by **you** and which are covered under any National Insurance Scheme, Reciprocal Health Arrangement or Private Health Insurance;
7. normal pregnancy and/or childbirth, without any accompanying **bodily injury**, illness or complication;
8. costs incurred for:
  - a) surgery or medical treatment which in the opinion of the attending **medical practitioner** and the emergency assistance company **medical practitioner** can be reasonably delayed until **your** return to **your home country**;
  - b) medication and/or treatment which at the time of departure is known to be required or to be continued outside **your home country**;
  - c) preventative treatment which can reasonably be delayed until **your** return to **your home country**;
  - d) Warfarin INR tests;
9. claims that are not confirmed as medically necessary by the attending **medical practitioner** or the emergency assistance company;
10. the cost of any elective (non-emergency) treatment or surgery, including exploratory tests;
11. the cost of any treatment not directly related to the illness or **bodily injury** which necessitated **your** admittance into hospital;
12. any additional hospital costs arising from single or private room accommodation unless medically necessary;
13. expenses incurred as a result of a tropical disease where **you** have not had the recommended inoculations and/or taken the recommended medication;
14. costs that arise more than 12 months after a claim was first notified;

15. any claim arising directly or indirectly from **you** participation in any sports or activities not listed under the sports and activities tables or which **you** have not paid the appropriate premium for;
16. anything mentioned in the General Exclusions.

## PERSONAL POSSESSIONS AND BAGGAGE

### What you are covered for

1. **We** will pay up to the amount shown in the summary of cover for the value or cost of repair of any of **your** **personal possessions** (not hired, loaned or entrusted to **you**) which are lost, stolen, damaged or destroyed (after making allowance for wear and tear and depreciation).
2. **We** will pay up to the amount shown in the summary of cover for the cost of buying replacement necessities if **your** baggage is delayed in reaching **you** on **your outward journey** for at least 12 hours and **you** have a written report from the carrier to confirm this.

### **SPECIAL CONDITIONS**

In the event of a claim for a pair or set of articles the maximum amount payable will be limited to the single article limit shown in the summary of cover.

Receipts will be necessary in the event of a claim.

Within 24 hours of the discovery of the incident **you** must report loss, theft or damage of **personal possessions** to the police or carrier as appropriate. Delayed baggage or **personal possessions** damaged in transit must be reported to the airline before leaving the baggage hall and a Property Irregularity Report (PIR) obtained.

Any amount **we** pay **you** under item 2 will be deducted from **your** claim if **your** baggage proves to be permanently lost and **you** make a claim for lost baggage.

### What you are NOT covered for

1. the **excess** shown in the summary of cover;
2. **you** not exercising reasonable care for the safety and supervision of **your** **personal possessions**;
3. loss, destruction, damage or theft of any items left **unattended** in a public place, or a place to which members of the general public have access;
4. the loss, damage or delay in transit of **your** **personal possessions**, if **you** do not notify the carrier (i.e. airline, shipping company, etc.) and obtain a written report within 24 hours of discovery of the damage or loss;
5. loss, destruction, damage or theft:
  - a) from confiscation or detention by customs or other officials or authorities;
  - b) sports gear whilst in use;
  - c) due to wear and tear, denting or scratching, moth or vermin;
  - d) of valuables not carried in your hand luggage (i.e. carried on or about your person) while in transit;
6. breakage of fragile or brittle articles being transported by a carrier;
7. **valuables** stolen from an **unattended** vehicle at any time;
8. mobile phones or smart phones;
9. **personal possessions** stolen from:
  - a) an **unattended** vehicle, unless it was in the locked glove compartment, or rear boot or luggage area of the vehicle and it is covered so as not to be visible from outside the vehicle, and unless there is evidence of forcible entry;
  - b) an **unattended** vehicle (other than motor caravans) left for any period between the hours of 9pm and 9am;
10. any depreciation in value;
11. any property more specifically insured or recoverable under any other source;
12. the cost of replacement locks;
13. anything mentioned in the General Exclusions.

## PERSONAL MONEY

### What you are covered for

**We** will pay **you** up to the amount shown in the summary of cover if **your** **own money** is lost or stolen whilst being carried on **your** person or left in a locked safety deposit box (or equivalent facility).

### What you are NOT covered for

1. the **excess** shown in the summary of cover;
2. claims arising from **you** not exercising reasonable care for the safety and supervision of **your** **money**;
3. loss or theft of **your** **money** left **unattended** in a public place, or a place to which members of the general public have access;
4. **money** stolen from:
  - a) an **unattended** vehicle, unless it was in the locked glove compartment, or rear boot or luggage area of the vehicle and it is covered so as not to be visible from outside the vehicle, and unless there is evidence of forcible entry;
  - b) an **unattended** vehicle (other than motor caravans) left for any period between the hours of 9pm and 9am;
5. any depreciation in value or exchange rates;

6. anything mentioned in the General Exclusions.

## LOSS OF PASSPORT

### What you are covered for

**We** will pay up to the amount shown in the summary of cover for:

1. the reasonable costs in obtaining a replacement passport or travel document (**you** are not covered for the cost of the document itself) to enable **you** to return to **your home country** following accidental loss or theft;
2. the reasonable costs in obtaining a replacement driving licence or green card following accidental loss or theft.

### What you are NOT covered for

1. the **excess** shown in the summary of cover;
2. the cost of the passport, travel document, driving licence or green card;
3. loss due to delay, detention, confiscation, requisition or damage by customs or other officials or authorities;
4. loss or theft unless **you** have reported the loss or theft to the nearest police authority within 24 hours of discovery and have obtained a written police report;
5. loss of or theft from an **unattended** vehicle at any time;
6. anything mentioned in the General Exclusions.

## MISSED DEPARTURE ON YOUR OUTWARD JOURNEY

This section does not apply to **trips** within **your home country**.

### What you are covered for

**We** will pay up to the amount shown in the summary of cover for necessary and reasonable travel and accommodation expenses required to reach **your** booked destination, if **you** miss **you** booked departure due to:

1. the vehicle **you** are travelling in to reach **your** international departure point breaking down or being involved in an accident; or
2. the **public transport** **you** are using to reach **your** international departure point being delayed, resulting in **you** arriving too late to commence **your** booked **trip**.

### What you are NOT covered for

1. the **excess** shown in the summary of cover;
2. claims where **you** have not allowed sufficient time to get to **your** international departure point to catch the booked **public transport**;
3. the **public transport** provider's failure unless **you** get a letter from the provider confirming that the service did not run on time;
4. the accident or breakdown of **your** vehicle unless **you** get confirmation of the delay from the authority you went to the accident or breakdown affecting the car **you** were travelling in;
5. breakdown of any vehicle in which **you** are travelling if the vehicle is owned by **you** and has not been serviced properly and maintained in accordance with manufacturer's instructions;
6. any delay caused by a riot, civil commotion, **strike** or **industrial action** which began or was announced before the start date of **your** policy and the date **your** travel tickets or confirmation of booking were issued;
7. anything mentioned in the General Exclusions.

## PERSONAL LIABILITY

### What you are covered for

**We** will pay up to amount shown in the summary of cover (inclusive of legal costs and expenses) if, during the **trip**, **you** become legally liable to pay damages in respect of:

1. accidental **bodily injury**, including death, illness and disease to a person; and/or
2. accidental loss of or damage to property.

### **SPECIAL CONDITIONS**

**You** or **your** legal representatives must give **us** written notice immediately **you** receive notice of any prosecution or inquest in connection with any circumstances which may give rise to a claim under this section.

No admission, offer, promise, payment or indemnity should be made by or on behalf of **you** without **our** prior written consent.

Every document issued to **you** must be forwarded to **us** immediately upon receipt.

**We** are entitled to take over and conduct in **your** name the defence or settlement of any claim or to prosecute in **your** name for **our** own benefit any claim for indemnity or damages against all other parties.

**We** may at any time pay the sum insured (after deduction of any sums already paid as compensation) or any lesser amount for which such claim(s) can be settled. Once this payment is made **we** will have no further liability for **your** claim.

### **What you are NOT covered for**

1. claims arising from accidental death of or physical injury to **you** or **your close relative**;
2. any liability resulting from **your** employment, trade, profession, business or that of **your close relative**;
3. **your** responsibility as an employer to anyone employed by **you** or **your close relative** in any trade, business or profession;
4. any agreement or contract which adds any liability which would not have existed otherwise;
5. any liability arising from **you** or **your close relative** owning or using aircraft, horse-drawn vehicles, motorised or mechanically propelled, assisted vehicles or towed vehicles, boats (other than rowing boats, punts), jet skis, jet bikes or wet bikes, animals (other than horses, domestic dogs or cats), firearms;
6. any liability resulting from wilful or malicious acts by **you**;
7. accidental injury or loss which has not been caused by **you**;
8. any claim for personal liability which is covered by any other insurance held by **you**;
9. any claims arising from the occupation, except temporarily for the purposes of the **trip**, or ownership of any land or building;
10. any claim if **you** engage in any activity where this policy states that Personal Liability cover is excluded;
11. anything mentioned in the General Exclusions.

### **LEGAL EXPENSES**

#### **What you are covered for**

**We** will pay up to the amount shown in the summary of cover for **legal expenses** to bring a claim for damages or compensation against a third party, if **you** suffer an incident that results in **bodily injury**, death or illness caused by a third party during the **trip**.

The following words and expressions used in this section of the policy shall mean the following wherever they appear in bold:

#### **Legal Expenses:**

- a) fees, expenses and other costs reasonably incurred (as determined by **our legal representative**) by a **legal representative** to pursue a claim or legal proceedings for damages and/or compensation against a third party who has caused **your bodily injury**, death or illness.
- b) costs that **you** are legally liable for following an award of costs by any court or tribunal or an out-of-court settlement made in connection with any claim or legal proceedings.

#### **Legal Representative:**

The solicitor or other suitably qualified person appointed by **us** in accordance with this section of the policy.

#### **SPECIAL CONDITIONS**

1. Written consent must be obtained from **us** prior to incurring **legal expenses**. This consent will be given if **you** can satisfy **us** that:
  - a) there are reasonable (as determined by **our legal representative**) grounds for pursuing the claim or legal proceedings; and
  - b) in the opinion of **our legal representative** the prospects of success and of recovering damages/enforcing a judgment is at least 51%.
2. All claims or legal proceedings including any appeal against judgement resulting from the same original cause, event, or circumstance, will be regarded as one claim.
3. If **you** are successful in any action, any **legal expenses** provided by **us** must be reimbursed to **us**.
4. **We** may at **our** discretion assume control at any time of any claim or legal proceedings in **your** name for damages and or compensation from a third party.
5. **We** may at **our** discretion offer to settle a claim with **you** instead of initiating or continuing any claim or legal proceedings for damages and or compensation from a third party. Any such settlement will be full and final in respect to the claim.
6. **We** may at **our** discretion offer to settle a counter-claim against **you** instead of continuing any claim or legal proceedings for damages and or compensation from a third party.
7. Only the costs incurred by a **legal representative** approved or appointed by **us** will be covered.
8. **We** shall have complete control over the legal proceedings through **legal representatives we** nominate up to the point where proceedings are issued at which point **you** are free to nominate a suitably qualified person, although **we** do not have to accept them.
9. Any **legal representative** will be appointed by **us** to represent **you** according to **our** standard terms, which may include a Conditional Fee Agreement or a Contingency Fee Agreement.
10. **You** must cooperate fully with **us** and the **legal representative** and follow their advice and provide any information and assistance required by them within a reasonable timescale.
11. **We** will have direct contact with the **legal representative** and **you** must authorise them to disclose any information or documentation **we** may ask for.

12. If **we** ask, **you** must have any legal costs taxed, assessed or audited.

#### **What you are NOT covered for**

1. the **excess** as shown in the summary of cover;
2. any claim **we** or **our legal representatives** believe is not likely to be successful or if **we** think the costs of taking action will be more than any award or the prospects of success and of recovering damages/enforcing a judgment is likely to be less than 51%;
3. any claim reported to **us** more than 3 months after incident which led to the claim;
4. **legal expenses** incurred in the defence against any civil claim or legal proceedings made or brought against **you**;
5. **legal expenses** incurred before receiving **our** prior written approval;
6. **legal expenses** incurred in connection with any criminal or wilful act committed by **you**;
7. **legal expenses** incurred for any claim or legal proceedings brought against:
  - a) a travel agent, tour operator, carrier, insurer or their agent;
  - b) a holiday accommodation provider;
  - c) **us**, **you**, or any company or person involved in arranging this policy;
  - d) any person named on this policy;
8. fines, compensation or other penalties imposed by a court or other authority;
9. **legal expenses** incurred after **you** have not accepted an offer from a third party to settle a claim or legal proceeding where the offer is considered by **our legal representative** to be reasonable or **you** not accepting an offer from **us** to settle a claim;
10. **legal expenses** which **we** consider to be unreasonable or excessive or unreasonably incurred (as determined by **our legal representative**);
11. **legal expenses** incurred in pursuing any claim for compensation against the manufacturer, distributor or supplier of any drug, medication or medicine.
12. any claim relating to:
  - a) an illness which gradually develops and is not caused by a specific or sudden event;
  - b) the driving of a motor vehicle for which **you** had no valid insurance;
  - c) judicial review or coroner's inquest;
  - d) defending **your** legal rights, except for the defence of any counterclaim.
13. any claim where **legal expenses** are based directly or indirectly on the amount of compensation awarded and specifically which is capable of being pursued under a Contingency Fee Agreement;
14. **legal expenses** incurred in any claim which is capable of being pursued under a Conditional Fee Agreement;
15. **legal expenses** incurred if an action is brought in more than one country;
16. anything mentioned in the General Exclusions.

### **SPECIAL SPORTS & ACTIVITIES COVER**

#### **What is covered:**

Benefits under the sections of cover already described under Sections 1 - 21 are extended to cover Special Sports and Activities as follows.

Please note that all terms, conditions and exclusions (except where these are amended under this upgrade) continue to apply for all sections. You must read these extensions in conjunction with all sections to which they relate and refer back to them when appropriate for full cover details.

This policy specifically excludes participating in or practising for certain sports and activities. Please see the following tables to confirm which sports and activities are covered on a non-competitive and non-professional basis during Your Trip

Abseiling (within organiser's guidelines)	Blade Skating
Angling	Board sailing (wind surfing)
Archery	Bobbing (i.e. apple bobbing)
Athletics	Body Boarding
Badminton	Bowling
Balroom dancing	Bowls
Bamboo Rafting	Breathing Observation Bubble (BOB)
Banana boating	Bridge Swinging
Bar Work	Bungee jumping (within organiser's guidelines)
Baseball	Camping
Basketball	Canoeing (up to grade 2 rivers only)
Billiards	Chess
Bird Watching	Climbing (on a climbing wall only)
Black Water Rafting/Canoeing/Tubing up to Grade 3	Cricket

Croquet	River Bugging
Curling	River Tubing up to grade 2 only - NOT through caves
Cycling (incidental) occasional not main purpose of trip	Roller Blading
Dancing	Roller skating/blading (wearing pads & helmets)
Deep sea fishing	Rounders
Donkey Ride	Rowing (except racing)
Downhill Mountain Biking	Running (non competitive)
Fell walking	Safari (organised by bona fide tour operator with no guns)
Fishing	Safari trekking in a vehicle (must be organised tour)
Football - Beach kick around	Safari trekking on foot (must be organised tour)
Football/Soccer (non-competitive)	Sailboarding
Fresh Water/Sea Fishing	Scuba diving to 10 metres with a dive buddy (within organiser's guidelines)
Glacier walking	Scuba Diving 10 to 18 metres with a dive buddy (within organiser's guidelines): PADI Open Water Qualified
Glass Bottom Boats	Scuba Diving 18 to 30 metres with a dive buddy (within organisers guidelines): PADI Advanced Open Water Qualified
Gliding (no cover for crewing or piloting)	Scuba Diving 10 to 20 metres with a dive buddy (within organisers guidelines): BSAC Ocean Diver Qualified
Golf	Scuba Diving 20 to 30 metres with a dive buddy (within organisers guidelines): BSAC Sports Diver Qualified
Gymnastics	Sea Fishing
Handball	Sea kayaking
Hiking/trekking/walking (below 2,500 metres)	Segway
Historical Research	Skateboarding (wearing pads and helmets, no tricks, jumping)
Hot air ballooning (organised pleasure rides only)	Sledging (pulled by horse or reindeer as a passenger)
Husky dog sleigh ride	Sleigh Rides (horse pulled only)
Husky safari	Snorkelling
Hydro Zorbing	Softball
Ice Skating	Sphereing
Indoor climbing (on climbing wall)	Squash
Indoor Skating	Stoolball
Inline Skating	Surfcasting
Jogging	Surfing
Kayaking (up to grade 3 rivers only)	Swimming
Keepfit	Swimming with dolphins
Kick Sledding	Table tennis
Kiting (on ground, not used to propel forward)	Ten pin bowling
Korfball	Tennis
Lasso throwing (not Rodeo)	Tubing
Mountain Biking - Recreational (General cross-country, off road cycling)	Tug of war
Netball	Volleyball
Octopush	Wakeboarding
Organised safari without guns	Walking
Orienteering	Water polo
Overland trips	Water skiing
Parascending over water	White water rafting/canoeing up to grade 3 (within organiser's guidelines)
Passenger Sledge (horse and carriage)	Windsurfing
Pedalo	Yoga
Petanque	Zorbing
Pilates	
Pony trekking	
Quoits	
Rackets	
Racquet ball	
Rambling	
Rap jumping/running (within organiser's guidelines)	
Reenacting	
Reindeer safari	
Reindeer sleigh ride	
Ringos	

**TABLE B**

The following sports and activities in Table B will also be covered **but no cover will apply in respect of any Personal Liability claims:**

Blowcarting (LAND SAILING - in a Kart)	Mountain Boarding (no jumping / racing / tricks)
Catamaran Sailing (if qualified)	Mud Buggyng
Clay Pigeon Shooting	Paintballing (wearing eye protection)
Darts	Pigeon Racing
Devil Karting (unpowered)	Pistol Shooting (within organisers guidelines)
Dinghy Sailing	Restaurant Work
Dirt Boarding (no tricks, jumps)	Rifle range Shooting
Dune Bashing	Sailing/Yachting in-shore - (Recreational, no racing)
Frisbee	Sandboarding
Go Karting	Shooting (within organiser's guidelines)
HobbieCat Sailing	Small Bore Target Shooting (within organiser's guidelines)
Jet Boating (no racing)	Snooker
Jet Skiing (no racing)	Softball
Karting	Stoopball
Kite Boarding on water	Target Rifle Shooting (within organiser's guidelines)
Kite surfing	Telemarking
Land Skiing (not on snow)	Wadi Bashing
Low Ropes (less than 1m from ground)	War Games (wearing eye protection)
Model Flying (not pilot or passenger carrying aircraft)	Wicker Basket Tobogganing
Model Sports (model radio controlled cars, aircraft, boats, etc)	Wind Tunnel Flying
Motorcycling (up to 125cc)	

**Note:** You will not be covered for any claims arising directly or indirectly from any sport or activity not listed in Table A or B above.

**If You are undertaking a pursuit or activity which is not listed in this policy or are in any doubt as to whether cover will apply, please call Our Travel Helpline on 01224 7000 (Dublin Local Number) or 00 44 (0)1449 710040.**

### OPTIONAL ADDITIONAL COVER

The following sections are only applicable if **you** have paid the appropriate additional premium. Any optional additional cover will be shown on **your certificate of insurance**.

### OPTIONAL WINTER SPORTS COVER

**This upgrade will be shown on your certificate of insurance.**

This policy excludes participating in or practising for certain winter sports and activities. Please ensure that the activity **you** are doing is covered.

This policy will cover <b>you</b> when <b>you</b> are engaging in the following winter sports on a non-competitive and non-professional basis during <b>your trip</b> when <b>you</b> have paid the additional winter sports premium:	
Cat skiing (with guides)	Snow blading (no jumping tricks)
Cross country skiing	Snow bobbing
Glacier skiing	Snow scooting
Ice hockey	Snow shoe walking
Langlauf (cross country skiing)	Snow shoeing
Monoskiing (not for time trials/speed skiing or racing)	Snow tubing
Skiing on piste	Snow blading
Skiing or snowboarding off piste (within local ski patrol guidelines)	Snow boarding on piste
Sledging/tobogganing	

The following activities will be covered but there will be no cover in respect of any Personal Liability claims:

Kite snowboarding	Snow carting
Snow go karting	Snowmobiling
Skidoo	Snowmobile safari

Even if the appropriate winter sports premium has been paid, the following activities will remain excluded:

Aerial skiing	Ski or ski bob
Air boarding	Ski race training



Biathlon	Ski racing
Bobsleigh	Ski randonee
Freestyle skiing	Ski stunting
Heli skiing or heli boarding	Ski touring
Ice climbing	Ski yawing
Ice diving	Skiing/snowboarding off piste (outside local ski patrol guidelines/ outside recognised and authorised areas)
Ice fishing by snowmobile	
Ice holing	
Ice marathon	
Ice speedway	Snow biking
Nordic skiing	Snow cat driving
Paraskiing	Snow kiting
Ski acrobatics/aerials	Snow parascenting
Ski jumping	Tandem skiing
Ski mountaineering	Use of skeletons

**You** are not covered when engaging in organised competitions or when skiing against local authority warning or advice.

If **you** are undertaking a pursuit or activity which is not listed in this policy or are in any doubt as to whether cover will apply, please call **our** Travel Helpline as quoted on **your certificate of insurance**.

Benefits under the sections of cover already described are extended to cover winter sports. Please note that all terms, conditions and exclusions (except where these are amended under this upgrade) continue to apply for all sections in respect of winter sports.

#### WINTER SPORTS CANCELLATION OR CURTAILMENT

##### What you are covered for

In addition to the Cancellation or **Curtailement** section **we** will pay up to the amount shown in the summary of cover for the cost of deposits **you** cannot recover, or payments **you** have made (or contracted to pay) for unused ski pass or ski school fees.

##### What you are NOT covered for

- anything mentioned in the exclusions relating to the Cancellation or **Curtailement** section;
- anything mentioned in General Exclusions.

#### SKIS, SKI EQUIPMENT & SKI PASS

##### What you are covered for

In addition to the **Personal Possessions** and Baggage section **we** will pay up to the amount shown in the summary of cover if:

- ski equipment** belonging to or hired by **you** is damaged, stolen, destroyed or lost in the course of a **trip**;
- your** ski pass that **you** are carrying on **your** person or have left in a safety box is lost, stolen, or damaged in the course of a **trip**.

#### SPECIAL CONDITIONS

**Ski equipment** is covered against damage or loss whilst in use, if being used correctly. Skis are covered when locked to a roof rack, which is itself locked to the roof of a vehicle.

**You** must take reasonable care of **your ski equipment** and ski pass and must not leave them **unattended** at any time in a place to which the public has access.

##### What you are NOT covered for

- anything mentioned in the exclusions relating to the **Personal Possessions** and Baggage section;
- anything mentioned in the General Exclusions.

#### PISTE CLOSURE

##### What you are covered for

If during a **trip you** are prevented from skiing at the pre-booked resort for more than 24 consecutive hours, because adverse weather conditions cause a total closure of the lift system (other than baby drags and lifts used for transport within the resort by non-skiers) **we** will pay up to the amount shown in the summary of cover:

- for all reasonable travel costs and lift pass charges **you** have to pay to travel to and from a similar area to ski; or
- as a cash benefit payable if no suitable alternative skiing is available.

##### What you are NOT covered for

- trips** in the Northern Hemisphere outside the period commencing 1st December and ending 31st March;
- trips** in the Southern Hemisphere outside the period commencing 1st May and ending 30th September;
- anything mentioned in the General Exclusions.

#### AVALANCHE OR LANDSLIDE

##### What you are covered for

If, following avalanches or landslides, access to and from the ski resort is blocked or scheduled **public transport** services are cancelled or **curtailed** **we** will pay up to the amount shown in the summary of cover for reasonable extra accommodation and travel expenses. Evidence of limited access will be required.

##### What you are NOT covered for

Anything mentioned in the General Exclusions.

#### SKI HIRE

##### What you are covered for

If **your ski equipment** is delayed on the **outward journey** of a **trip** for more than 12 hours, then **we** will pay **you** up to the amount shown in the summary of cover for hire of equivalent replacement **ski equipment**.

##### What you are NOT covered for

- the loss, damage or delay in transit of **your ski equipment** if **you** do not notify the carrier within 24 hours and obtain a Property Irregularity Report (PIR) or other report confirming the delay;
- anything mentioned in the General Exclusions.

#### OPTIONAL MEDICAL EQUIPMENT COVER

This section of cover is only applicable if you have paid the appropriate premium and it is noted in your certificate of insurance.

##### What you are covered for

If **your** medical equipment is lost or stolen, **we** will either:

- pay you the value of the equipment at the time of loss, or
- pay for the cost of hiring replacement medical equipment, where possible, up to the maximum amount shown in the summary of cover.

If **your** medical equipment is damaged, **you** will be covered for either:

- the repair costs, or
- the cost of hiring replacement medical equipment, where possible, up to the maximum sum insured shown in the summary of cover.

#### Special Conditions

**You** must take proper care of **your** medical equipment as if **you** were uninsured. **You** must retain the damaged medical equipment so that **we** may inspect it.

After any payment of a claim, the medical equipment will become **our** property. The sum insured under this policy must be a reasonable and accurate valuation of the medical equipment insured.

Whilst it is acceptable to increase the sum insured to take into account possible hire costs that may be necessary, **you** will not obtain any payment for the medical equipment which exceeds the retail value of the medical equipment up to a maximum of the sum insured.

##### What you are NOT covered for

- any claim which exceeds the amount shown in the summary of cover for the combination of both hire and replacement charges;
- loss, theft or damage to the medical equipment during **your** outward or return journey if **you** do not obtain a written Carriers report or Property Irregularity Report (PIR) in the case of an airline. If **you** cannot report the loss, theft or damage to the carrier straight away, then **you** must do so within 7 days;
- loss, theft or damage (if caused by a third party) to the medical equipment at any other time if **you** do not report the matter to the Police within 24 hours of the incident and obtain a written police report;
- claims for items that have not been serviced correctly;
- claims for manufacturer's faults or mechanical failure, wear & tear, moths, vermin, weather or atmospheric conditions;
- claims for items that have been left in an **unattended** motor vehicle between the hours of 8pm and 8am local time and there is no evidence of forced entry which must be confirmed by a written police report;
- claims for which **you** receive compensation from someone else;
- the excess shown in the summary of cover;
- anything mentioned in the General Exclusions.

#### OPTIONAL ADDITIONAL CARER COVER

This section of cover is only applicable if you have paid the appropriate premium and it is noted in **your certificate of insurance**.

##### What you are covered for

Provided that the **carer** is insured under a MIA Online Travel Insurance policy, if there is no other **travelling companion** who is able or competent to become **your carer**, then in the event that **your carer** becomes unable to care for the **you**, due to them suffering:

- bodily injury;

- illness;
- death or
- compulsory quarantine

**we** will pay up to the amount shown in the summary of cover for the additional costs of providing:

- An escort to return **you** to **your home country**. If necessary, this will be a medical escort who can assist with personal assistance, medication or medical requirements; usually carried out by your carer; Or
- Any necessary travel costs for a friend or relative to travel out to you and act as a replacement carer for you until your carer is fit and able to resume your care.

#### SPECIAL CONDITIONS

All medical history, medication, treatments and medical status must have been declared to and agreed by **MIA** prior to travel. This includes any changes that occur between the date of purchase and the date of travel.

**Your carer** must be insured with **MIA**.

**You** must have in your possession a certificate/letter from **your** GP/Consultant confirming **your** fitness to travel.

**You** must have sufficient medical supplies, equipment and medication with **you** for the duration of **your trip**

**You** must have in place contact details of someone to whom **you** will be taken, or who will come to assist **you** upon **your** return to **your home country**. Where no family or friends are available, **you** must have with **you** contact details for the community respite team with whom appropriate arrangements can be made.

Any pre-paid accommodation, travel or meal arrangements will be utilised by the replacement **carer** where appropriate.

#### What you are NOT covered for

1. costs in excess of **€500** which have not been authorised by **us** in advance
2. any claims arising directly or indirectly as a result of any **carer's pre-existing medical conditions**, unless **you/they** have declared ALL **pre-existing medical conditions to us** and **we** have written to **you** accepting them for insurance;
3. expenses incurred as a result of a tropical disease when the **carer** has not had the recommended inoculations and/or taken the recommended medication;
4. any costs where the transportation **home** has not been arranged by **us**;
5. any costs in respect of unused pre-paid travel costs when **we** have paid to repatriate **you**;
6. costs to extend **your** stay beyond **your** original return date (NB **your** insurance would expire from the date of **your** intended departure);
7. communication costs, including telephone, fax, email or mobile phone charges;
8. costs incurred in visiting **your** original **carer**;
9. costs which **you** would have incurred had **you** returned **home** with **your** original **carer**;
10. the **excess** shown in the summary of cover;
11. anything mentioned in the General Exclusions.

### OPTIONAL CHILD CARER COVER

This section of cover is only applicable if **you** have paid the appropriate premium for each child and it is noted in **your certificate of insurance**.

#### What you are covered for

If there is no other parent or **travelling companion** who is able or competent to become **your** child/children's **carer**, then in the event that **you** become unable to care for **your** child, as a result of **you**, or **your** spouse/partner suffering:

- bodily injury;
- illness;
- death or
- compulsory quarantine

**we** will pay up to the amount shown in the summary of cover for the additional costs of providing:

- A family member to travel to **your** destination and care for **your** child/children until **you** are fit and able to care for them or until the planned return date, whichever is sooner.
- Any additional accommodation costs incurred when the replacement **carer** is unable to stay in the pre-booked and paid for accommodation.
- Where there is no family member who can travel to **your** destination, **we** will provide an alternative **carer** until **you** are fit and able to care for them or until the planned return date, whichever is sooner.
- Any necessary travel costs for a friend or relative to act as a replacement **carer** for **your** child/children until **you** are fit and able to resume their care.
- Any necessary travel costs for returning **your** child to their **home** or other agreed residence in the **home country**.

#### SPECIAL CONDITIONS

All medical history, medication, treatments and medical status in respect of both **you** and **your** child/children must have been declared to and agreed by

**MIA** prior to travel. This includes any changes that occur between the date of purchase and the date of travel

**You** must pre-warn and have available the contact details of someone who would be prepared to travel to be with **your** child/children and where necessary to accompany them **home**, **you** must have in **your** possession a signed statement authorising the designated **carer** to be with and return **home** with **your** child/children. This must be signed by both parents where necessary.

**You** must pre-warn and have available the contact details of someone who would be prepared to look after **your** child/children within their **home country** on their return. The escort will then return them to this person.

Any pre-paid accommodation, travel or meal arrangements will be utilised by the replacement **carer** where appropriate.

Any entertainment costs for the replacement **carer** or **your** child will be paid by **you**.

#### What you are NOT covered for

1. costs in excess of **€500** which have not been authorised by **us** in advance
2. any claims arising directly or indirectly as a result of **your pre-existing medical conditions**, unless **you** have declared ALL **pre-existing medical conditions to us** and **we** have written to **you** accepting them for insurance;
3. expenses incurred as a result of a tropical disease when you have not had the recommended inoculations and/or taken the recommended medication;
4. any costs where the transportation **home** has not been arranged by **us**;
5. any costs in respect of unused pre-paid travel costs when **we** have paid to repatriate **you** or **your** child/children
6. costs to extend **your** child's stay beyond **your** original return date;
7. communication costs, including telephone, fax, email or mobile phone charges;
8. costs incurred in **your** child visiting **you**;
9. costs which **you** would have incurred had **your** child returned **home** with **you**;
10. the **excess** shown in the summary of cover;
11. anything mentioned in the General Exclusions.

### GENERAL CONDITIONS APPLICABLE TO ALL SECTIONS

1. All receipts must be retained and produced in the event of a claim. **Your** claim may be rejected if receipts are not produced.
2. If **we** require any medical certificates, information, evidence and receipts, these must be obtained by **you** at **your** expense.
3. In the event of a claim, if **we** require a medical examination **you** must agree to this and in the event of death **we** are entitled to a post mortem examination, both at **our** expense.
4. **You** must take all reasonable steps to recover any lost or stolen article.
5. **You** must take all reasonable steps to avoid or minimise any loss or damage likely to give rise to a claim under this policy. **You** must act as if **you** are not insured.
6. **We** will make every effort to provide all services stated in this document. Remote geographical locations or unforeseeable adverse local conditions may affect normal service.
7. **We** may at any time pay **our** full liability under this policy after which **we** will have no further liability.
8. If any claim is found to be fraudulent in any way this policy will not apply and all claims related or subsequent to the fraud will not be paid.

### GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS

**We** will not pay anything directly or indirectly caused by:

1. **your** suicide, deliberately injuring **yourself**, being under the influence of drugs (unless prescribed by a doctor), alcohol, alcoholism or other alcohol related illnesses, drug addiction, solvent abuse, self-exposure to needless danger (unless **you** are trying to save someone's life);
2. **you** climbing on top of, or jumping from a vehicle or jumping from a building or balcony, or sitting, planking, balconing, owling or lying on any external part of any building, or climbing or moving from any external part of any building to another (apart from stairs, ramps or walkways) and falling regardless of the height, unless **your** life is in danger or **you** are attempting to save human life;
3. **you** fighting, except in self-defence;
4. air travel (other than as a fare-paying passenger on a regular scheduled airline or licenced charter aircraft);
5. bankruptcy/liquidation of any tour operator, travel agent or transportation company;
6. consequential loss of any kind unless specifically provided for within this policy (for example, but not limited to, loss of earnings due to being unable to return to work following injury or illness or cost of replacement lock if keys are lost);

7. loss or damage to any property and expense or legal liability directly or indirectly caused by:
  - a) ionising radiations or radioactive contamination from any nuclear fuel or nuclear waste which results in burning of nuclear fuel or;
  - b) the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it;
8. loss or damage arising from war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion or uprising, blockade, military or usurped power;
9. any act of **terror** (this exclusion does not apply to Emergency Medical and Repatriation Expenses claims);
10. **you** riding on a motorcycle with an engine capacity in excess of 250cc or of any engine size if **you** fail to wear a crash helmet;
11. **you** riding on a quad bike;
12. **you** driving a motor vehicle or riding a motorcycle without an appropriate licence or when not insured under a motor insurance policy;
13. any sports or activities not listed under the sports and activities tables;
14. winter sports of any kind (unless the appropriate premium has been paid);
15. any payment which **you** would normally have made during **your** travels, if nothing had gone wrong (for example, meals);
16. **your** travel to a country or specific area or event to which the Travel Advice Unit of the Foreign and Commonwealth Office or the World Health Organisation has advised against all, or all but essential travel;
17. claims arising from **your** wilful, malicious or unlawful acts;
18. a **pre-existing medical condition** not declared to and accepted by **us** in writing;
19. **you** driving, or in charge of a vehicle where **your** blood/urine alcohol level is above the legal limit stated in the laws of the country where the incident occurs;
20. **your** failure to meet the eligibility criteria under this policy.

# CLEAR 2 GO

## IMPORTANT PHONE NUMBERS

**Travel Helpline** (non claims)

01224 7000 (Dublin Local Number) or  
00 44 (0) 1268 783383

**Medical Screening Helpline**

01224 7000 (Dublin Local Number) or  
0800 999 3333 or  
00 44 (0)1449 710 040

**Medical Emergency and Repatriation Number**

00 44 (0) 343 658 0342 or  
00 44 (0) 1293 652842

**Claims Helpline**

00 44 (0)343 658 0345

To ensure **We** are consistent in providing **Our** customers with quality service, **We** may record **Your** telephone call.

