



# STANDARD PLUS, PREMIER & PREMIER PLUS TRAVEL INSURANCE POLICY

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

This **policy** does not cover claims relating to **pre-existing medical conditions** unless declared to and accepted for cover by **us**.

## CONTENTS

DEMANDS AND NEEDS STATEMENT	3
ABOUT OUR INSURANCE SERVICES	3
RECIPROCAL HEALTH ARRANGEMENTS	5
PREGNANCY	5
COVER SUMMARY	6
DEFINITIONS	7
HEALTH DECLARATION AND HEALTH EXCLUSIONS	11
CHANGES IN HEALTH	12
WHEN YOUR COVER BEGINS AND ENDS	12
TRIP EXTENSIONS	13
AREA OF VALIDITY	13
SPORTS AND ACTIVITIES	14
DESCRIPTION OF COVER	17
A. TRIP CANCELLATION	17
B. TRIP INTERRUPTION	18
C. TRAVEL DELAY & MISSED DEPARTURE	20
D. BAGGAGE	20
E. BAGGAGE DELAY	21
F. EMERGENCY MEDICAL/DENTAL COVER ABROAD	21
G. EMERGENCY TRANSPORT	22
H. PERSONAL LIABILITY	23
I. TRAVEL ACCIDENT	24
J. TRAVEL SERVICES DURING YOUR TRIP	24
K. LOSS OF TRAVEL DOCUMENTS	24
L. PERSONAL MONEY	25
M. LEGAL EXPENSES	25
N. OPTIONAL SPORTS COVER	26
O. OPTIONAL CRUISE COVER	27
GENERAL EXCLUSIONS	28
GENERAL CONDITIONS	29
24-HOUR EMERGENCY MEDICAL ASSISTANCE INFORMATION	30
CLAIMS INFORMATION	31
COMPLAINTS INFORMATION	33
PRIVACY NOTICE	34
IMPORTANT CONTACT DETAILS	35

# DEMANDS AND NEEDS STATEMENT

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

The levels of cover may vary depending on where **you** travel (whether in **your country of residence** or **abroad**).

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

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

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

## ABOUT OUR INSURANCE SERVICES

This insurance is distributed by Allsafe Travel Insurance, a trading name of Brokersure Limited.

### 1 Whose insurance products are offered

This insurance is underwritten by AWP P&C S.A., a French company authorised in France acting through its UK Branch. AWP P&C S.A. is authorised and regulated by the Autorité de Contrôle Prudentiel et de Résolution. Deemed authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority.

### 2 The services provided

**You** will not receive any personal advice or a recommendation from **us** for travel insurance. Allsafe Travel Insurance may ask some questions to narrow down the products that they will give **you** details of. **You** will then need to make **your** own choice about how to go ahead.

### 3 What **you** will pay for this service

**You** will pay Allsafe Travel Insurance the premium for **your policy**. **You** do not pay Allsafe Travel Insurance a fee for arranging the **policy** on **your** behalf. AWP P&C S.A. pays Allsafe Travel Insurance for these services. The payment is a mixture of commission and other fees based on **our** costs for managing **your policy**.

### 4 Who regulates **us**

AWP P&C S.A. is a company registered in France with ID No 519490080 RCS Paris Registered Office 7 Rue Dora Maar, 93400 Saint-Ouen, France acting through its UK Branch, AWP P&C (UK Branch), registered in the United Kingdom. Registered Branch No. BR015275. Registered Office: 102 George Street, Croydon CR9 6HD. Authorised and regulated by L'Autorite de Controle Prudentiel et de Resolution in France. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority under FRN number 534384 and limited regulation by the Prudential Regulation Authority.

Allsafe Travel Insurance is a trading name of Brokersure Limited which is authorised and regulated by the Financial Conduct Authority (FCA 501719) and registered in England and Wales (Company No. 06902336). Registered Office: 6 The Square, Martlesham Heath, Ipswich, England, IP5 3SL.

The Financial Conduct Authority is the independent watchdog that regulates financial services. **You** can check the regulation status of both Allsafe Travel Insurance and AWP P&C S.A. by visiting the Financial Conduct Authority's website at [www.fca.org.uk/register](http://www.fca.org.uk/register) or by phoning them on **0800 111 6768**.

### 5 What to do if **you** have a complaint

For all complaints, please see page 33.

### 6 Cover under the Financial Services Compensation Scheme (FSCS)

For **your** added protection, AWP P&C S.A. is covered by the FSCS. **You** may be entitled to compensation from the scheme if **we** cannot meet **our** obligations to **you**, such as not being able to pay a claim.

The scheme covers 90% of any claim to do with **us** advising on and arranging this **policy**, with no upper limit. **You** can get more information about the compensation scheme from the FSCS by phoning **0800 678 1100** or **020 7741 4100**, or by visiting their website at [www.fscs.org.uk](http://www.fscs.org.uk).

## ABOUT THIS POLICY

This **policy** is **our** contract with **you**. Please read it carefully. **We** have tried to make it simple and easy to understand while also clearly describing the terms and conditions of **your** cover. If **you** have any questions, just visit [www.allsafeinsurance.co.uk](http://www.allsafeinsurance.co.uk) or call **0330 880 3604**. Further information is shown under 'Important contact details' at the end of this **policy**. If **your** travel arrangements change, please be sure to let Allsafe Travel Insurance know so they can make any necessary updates to **your policy**.

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

## ELIGIBILITY

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

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

For annual multi trip policies - Adults insured on the same **policy** may travel independently. Children aged 17 or under may only travel independently if travelling with at least one adult aged 18 or over and with the full knowledge and consent of an insured parent or guardian.

## AGE ELIGIBILITY

The person buying this insurance must be 18 years of age or over at the date of purchase. **You** must not be older than 69 years of age on the date **your policy** was issued. For further details please refer to the Policy Features Table on page 7.

## WHAT THIS POLICY INCLUDES AND WHOM IT COVERS

This travel insurance **policy** covers only the sudden and unexpected specific situations, events and losses included in this **policy** wording document, and only under the conditions described. Please review this **policy** wording carefully.

**Your policy** consists of two parts:

1. The **policy** certificate, which shows who is insured under **your policy**.
2. This **policy** wording document, which shows the full terms and conditions of **your policy** as well as the cover provided.

## NOTE:

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

## GOVERNING LAW

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

## CANCELLATION RIGHTS

If **your** cover does not meet **your** requirements, please notify Allsafe Travel Insurance within 14 days of receiving **your policy** certificate to request a refund of **your** premium.

**You** can contact Allsafe Travel Insurance by calling **0330 880 3604**, emailing [allsafeinsurance@brokersure.com](mailto:allsafeinsurance@brokersure.com) or writing to Allsafe Travel Insurance, Digital House, Threshelfords Business Centre, Feering, Kelvedon, Colchester, Essex CO5 9SE.

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

**For single trip policies:** **Your** cancellation rights are no longer valid after this initial 14 day period.

**For annual multi-trip policies:** If **you** cancel the **policy** at any time after the 14 day cooling off period, **you** will be entitled to a pro-rata refund of premium, in accordance with the amounts shown below, providing **you** have not made a claim or intend to make a claim:

Period of cover:	Refund due:
If cover has not started	100%
Up to 2 months	60%
Up to 3 months	50%
Up to 4 months	40%
Up to 5 months	30%
Up to 6 months	25%
6 months or over	No refund

## CONTRACTS (RIGHTS OF THIRD PARTIES) ACT 1999

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

## RECIPROCAL HEALTH ARRANGEMENTS

### EUROPEAN / GLOBAL HEALTH INSURANCE CARD (EHIC AND GHIC)

- If **you** already have a valid EHIC, it will continue to entitle **you** to reduced-cost, sometimes free, medical treatment that becomes necessary while **you** are in a European Economic Area (EEA) country or Switzerland. The EEA consists of the European Union (EU) countries plus Iceland, Liechtenstein and Norway. Cover will end on the expiry date of **your** EHIC.
- If **you** do not have a valid EHIC or it is due to expire before **you** travel, **you** can apply for a GHIC. This entitles **you** to reduced-cost, sometimes free, medical treatment that becomes necessary while **you** are in a European Union (EU) country.
- These cards give access to state-provided medical treatment only. Remember, this might not cover all the things **you** would expect to get free of charge from the NHS in the UK. **You** may have to make a contribution to the cost of **your** care.
- **You** may apply for a GHIC online at [www.ghic.org.uk](http://www.ghic.org.uk) or by calling 0300 330 1350.

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

#### NOTE:

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

### AUSTRALIA

- If **you** are travelling to Australia **you** can enrol in Medicare which will entitle **you** to subsidised **hospital** treatments and medicines. **You** can do this by contacting a local Medicare office in Australia.
- All claims for refunds under the Medicare scheme must be made before **you** leave Australia. For more information on Medicare visit: [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au) or email: [medicare@medicareaustralia.gov.au](mailto:medicare@medicareaustralia.gov.au)

### LEVEL OF MEDICAL COVER PROVIDED

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

## PREGNANCY

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

## COVER SUMMARY – (LIMITS ARE FOR EACH INSURED PERSON)

COVER SECTION	STANDARD PLUS	EXCESS	PREMIER	EXCESS	PREMIER PLUS	EXCESS
A - Trip Cancellation	£3,000	£100	£4,000	£75	£6,000	£40
B - Trip Interruption	£3,000	£100	£4,000	£75	£6,000	£40
C - Travel Delay & Missed Departure (under section benefit 1. A minimum delay of 12 full hours applies as well as a daily limit according to your level of cover)	£200 (But no more than £100 per day under section benefit 1.)	Nil	£750 (But no more than £250 per day under section benefit 1.)	Nil	£1,000 (But no more than £350 per day under section benefit 1.)	Nil
D - Baggage	£1,500 (But no more than £300 in total for all high value items)	£100	£2,000 (But no more than £300 in total for all high value items)	£75	£3,000 (But no more than £500 in total for all high value items)	£40
E - Baggage Delay (after a minimum delay of 12 complete hours)	£200	Nil	£300	Nil	£450	Nil
F - Emergency Medical/Dental Cover Abroad	£7,500,000 (But no more than £300 in total for dental care)	£100*	£10,000,000 (But no more than £400 in total for dental care)	£75*	£10,000,000 (But no more than £500 in total for dental care)	£40*
G - Emergency Transport	No limit (reasonable costs)	£100	No limit (reasonable costs)	£75	No limit (reasonable costs)	£40
Search and rescue costs	£2,000		£2,000		£2,000	
H - Personal Liability	£2,000,000	£100	£2,000,000	£75	£2,000,000	£40
I - Travel Accident	£15,000 in the event of permanent disability or death  Limit of £5,000 in the event of death of an insured aged 16 or under	Nil	£20,000 in the event of permanent disability or death  Limit of £5,000 in the event of death of an insured aged 16 or under	Nil	£30,000 in the event of permanent disability or death  Limit of £5,000 in the event of death of an insured aged 16 or under	Nil
J - Travel Services During Your Trip	Included	Nil	Included	Nil	Included	Nil
K - Loss of Travel Documents Emergency replacement costs Remaining value of lost passport	£300 Actual costs	Nil	£400 Actual costs	Nil	£500 Actual costs	Nil
L - Personal Money	£500	£100	£500	£75	£500	£40
M - Legal Expenses	£50,000	Nil	£50,000	Nil	£50,000	Nil

### OPTIONAL COVER SECTIONS (ONLY COVERED IF SHOWN AS BEING INCLUDED ON YOUR POLICY CERTIFICATE)

N - Optional Sports Cover Missed activity Sporting equipment cover Sporting equipment rental cover Search and rescue	£300 £400 £200  £1,000	Nil £100 Nil  £100	£300 £1,000 £400  £1,000	Nil £75 Nil  £75	£500 £1,000 £500  £1,000	Nil £40 Nil  £40
O - Optional Cruise Cover Missed port of call cover Cabin confinement cover Low / high water cover  Shore excursion cover Denied boarding cover	£250 (£50 per port) £500 (£50 per day) £500 (£50 per occurrence)  £250 £100	Nil Nil Nil  £100	£500 (£100 per port) £750 (£75 per day) £750 (£75 per occurrence)  £500 £100	Nil Nil Nil  £75	£750 (£150 per port) £1,000 (£100 per day) £1,000 (£100 per occurrence)  £750 £100	Nil Nil Nil  £40 Nil

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

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

## POLICY FEATURES TABLE

### Single Trip Policy Features

	Standard Plus	Premier	Premier Plus
Maximum age on the date <b>your policy</b> was issued	69	69	69
Maximum period per <b>trip</b> if aged 64 years or under	90 days	90 days	90 days
Maximum period per <b>trip</b> if aged 65 to 69 years	21 days	21 days	21 days

### Annual Multi-Trip Policy Features

	Standard Plus	Premier	Premier Plus
Maximum age on the date <b>your policy</b> was issued (travel to UK, Europe 1 & Europe 2)	69	69	69
Maximum age on the date <b>your policy</b> was issued (travel to outside of Europe)	65	65	65
Maximum period per <b>trip</b>	21 days	31 days	31 days
Trips within <b>your country of residence</b> (refer to definition of <b>trip</b> for further information)	Included	Included	Included
Winter sports (Activity Pack 5) – upon payment of an additional premium and shown on <b>your policy</b> certificate: - up to a total maximum of			
	21 days	21 days	31 days

## DEFINITIONS

Throughout this **policy**, words and any form of the word appearing in bold italics are defined in this section.

<b>Accident</b>	An unexpected and unintended event that causes <b>injury</b> , property damage or both.
<b>Accommodation</b>	A hotel or any other kind of lodging for which <b>you</b> make a reservation or where <b>you</b> stay and incur an expense.
<b>Adoption proceeding</b>	A mandatory formal proceeding or other meeting required by law to be attended by <b>you</b> as a prospective adoptive parent(s) in order to legally adopt a minor child.
<b>Baggage</b>	Personal property <b>you</b> take with <b>you</b> or buy on <b>your trip</b> .
<b>Climbing sports</b>	An activity using harnesses, ropes, belays, crampons or ice axes. It does not include supervised climbing on artificial surfaces intended for recreational climbing.
<b>Cohabitant</b>	A person <b>you</b> currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old.
<b>Complications of pregnancy or childbirth</b>	The following complications of pregnancy as certified by a <b>doctor</b> : toxæmia; gestational hypertension; pre-eclampsia; ectopic pregnancy; hydatidiform mole (molar pregnancy); hyperemesis gravidarum; ante partum haemorrhage; placental abruption; placenta praevia; postpartum haemorrhage; retained placenta membrane; miscarriage; stillbirths; medically necessary emergency caesarean sections/medically necessary termination; and any premature births or threatened early labour more than 12 weeks (or 16 weeks in the case of a multiple pregnancy) prior to the expected delivery date.
<b>Computer system</b>	Any computer, hardware, software, communication system or electronic device (including but not limited to smart phone, laptop, tablet, wearable device), server, cloud, microcontroller or similar system, including any associated input, output, data storage device, networking equipment or backup facility.
<b>Country of residence</b>	The country where <b>you</b> have <b>your primary residence</b> .
<b>Covered reasons</b>	The specifically named situations or events for which <b>you</b> are covered under this <b>policy</b> .
<b>Cyber risk</b>	Any loss, damage, liability, claim, cost or expense of any nature directly or indirectly caused by, contributed to by, resulting from or arising out of or in connection with, any one or more instances of any of the following: <ol style="list-style-type: none"> <li>1. Any unauthorised, malicious or <b>illegal act</b>, or the threat of such act(s), involving access to or the processing, use or operation of any <b>computer system</b>;</li> <li>2. Any error or omission involving access to or the processing, use or operation of any <b>computer system</b>;</li> <li>3. Any partial or total unavailability or failure to access, process, use or operate any <b>computer system</b>; or</li> <li>4. Any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any data, including any amount pertaining to the value of such data.</li> </ol>
<b>Departure date</b>	The date on which <b>you</b> are originally scheduled to begin <b>your</b> travel, as shown on <b>your</b> travel itinerary.
<b>Doctor</b>	Someone who is legally authorised to practise medicine or dentistry and is licensed if required. This cannot be <b>you</b> , a <b>travelling companion</b> , <b>your family member</b> , a <b>travelling companion's family member</b> , the sick or <b>injured</b> person or that person's <b>family member</b> .

**Epidemic**

A contagious disease recognised or referred to as an **epidemic** by a representative of the World Health Organization (WHO) or an official government authority.

**Family member**

**Your:**

1. Spouse (by marriage, domestic partnership or civil union);
2. **Cohabitants**;
3. Parents and stepparents;
4. Children, stepchildren, foster children, adopted children or children currently in the adoption process;
5. Siblings;
6. Grandparents and grandchildren;
7. The following in-laws: mother, father, son, daughter, brother, sister and grandparent;
8. Aunts, uncles, nieces and nephews;
9. Legal guardians and wards; and
10. Paid, live-in caregivers.

**First responder**

Emergency personnel (such as a police officer, paramedic or firefighter) who are among those responsible for going immediately to the scene of an **accident** or emergency to provide aid and relief.

**High-altitude activity**

An activity that includes or is intended to include, going above 4,500 metres above sea level, other than as a passenger in a commercial aircraft.

**High value items**

Collectibles, jewellery, watches, gems, pearls, furs, cameras (including video cameras) and related equipment, musical instruments, professional audio equipment, binoculars, telescopes, **sporting equipment**, mobile devices, smart phones, computers, radios, robots and other electronics, including parts and accessories for the aforementioned items.

**Hospital**

An acute care facility that has a primary function of diagnosing and treating sick and **injured** people under the supervision of **doctors**. It must:

1. Be primarily engaged in providing inpatient diagnostic and therapeutic services;
2. Have organised departments of medicine and major surgery; and
3. Be licensed where required.

**Illegal act**

An act that violates law where it is committed.

**Injury**

Physical bodily harm.

**Local public transportation**

Local, commuter or other urban transit system carriers (such as commuter rail, city bus, subway, ferry, taxi, for-hire driver or other such carriers) that transport **you** or a **travelling companion** less than 90 miles.

**Mechanical breakdown**

A mechanical issue, which prevents the vehicle from being driven normally, including an electrical issue, flat tyre or running out of fluids (except fuel).

**Medical escort**

A professional person contracted by **our** medical team to accompany an ill or **injured** person while they are being transported. A **medical escort** is trained to provide medical care to the person being transported. This cannot be a friend, **travelling companion** or **family member**.

**Medically necessary**

Treatment that is required for **your** illness, **injury** or medical condition, consistent with **your** symptoms and can safely be provided to **you**. Such treatment must meet the standards of good medical practice and is not for **your** or the provider's convenience.

**Natural disaster**

A large-scale extreme weather or geological event that damages property, disrupts transportation or utilities, or endangers people, including without limitation: avalanche, earthquake, fire, flood, hurricane or volcanic eruption.

**Pandemic**

An **epidemic** that is recognised or referred to as a **pandemic** by a representative of the World Health Organization (WHO) or an official government authority.

**Period of cover**

Annual multi trip cover:

The period of 12 months for which **we** have accepted the premium as stated in the **policy** certificate.

**You** are covered to travel as many times as **you** like within the **period of cover** provided no single **trip** lasts longer than the number of days as shown in the Policy Features Table on page 7. If any **trip** exceeds these durations for **your** age then there is absolutely no cover under this **policy** for any part of that **trip** (not even for the first 21 or 31 days of the **trip**), unless **you** have contacted **us** and **we** have agreed in writing to provide cover.

However any **trip** that had already begun when **you** purchased this insurance will not be covered, except where this **policy** replaces an existing annual multi trip **policy** with Allsafe Travel Insurance and Allianz Assistance, which expires during the **trip**.

If **you** have purchased a winter sports annual multi trip **policy**, cover is provided for those winter sports listed within Activity Pack 5 for the maximum number of days shown in the Policy Features Table on page 7 within the **period of cover**.

**Single trip cover:**

The period of the **trip**, for which **we** have accepted the premium as stated in the **policy** certificate, and terminating upon its completion. Cover does not apply for any **trip** that is booked to last over the maximum limit appropriate to **your** age and area of travel, as shown in the Policy Features Table on page 7.

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

<b>Personal money</b>	Any of the following that are held for personal and not business purposes: cash, postal or money orders, current postage stamps, traveller's cheques, admission tickets, travel tickets, coupons, gift cards or vouchers which have a monetary value.
<b>Policy</b>	The travel insurance cover purchased.
<b>Political risk</b>	Any kind of events, organised resistance or actions intending or implying the intention to overthrow, supplant or change the existing ruler or constitutional government, including but not limited to: <ul style="list-style-type: none"> <li>• Nationalisation;</li> <li>• Confiscation;</li> <li>• Expropriation (including Compulsory Purchase Orders, Selective Discrimination and Forced Abandonment);</li> <li>• Deprivation;</li> <li>• Requisition;</li> <li>• Revolution;</li> <li>• Rebellion;</li> <li>• Insurrection;</li> <li>• Civil commotion assuming to proportion of or amounting to an uprising;</li> <li>• Military and usurped power.</li> </ul>
<b>Pre-existing medical condition</b>	Any disease, illness or <b><i>injury</i></b> , including any psychological conditions that <b><i>you</i></b> or any insured person(s) are, or have, suffered from at the time of purchasing this <b><i>policy</i></b> or booking a <b><i>trip</i></b> .
<b>Primary residence</b>	Please refer to the 'Health Declaration and Health Exclusions' section for further details. <b><i>Your</i></b> permanent home address for legal and tax purposes either in the UK, Isle of Man or Channel Islands.
<b>Quarantine</b>	Mandatory involuntary confinement by order or other official directive of a government, public or regulatory authority, or the captain of a commercial vessel on which <b><i>you</i></b> are booked to travel during <b><i>your trip</i></b> , which is intended to stop the spread of a contagious disease to which <b><i>you</i></b> or a <b><i>travelling companion</i></b> have been exposed.
<b>Reasonable and customary costs</b>	The amount usually charged for a specific service in a particular geographic area. The charges must be appropriate to the availability and complexity of the service, the availability of needed parts/materials/supplies/equipment and the availability of appropriately-skilled and licensed service providers.
<b>Refund</b>	Cash, credit or a voucher for future travel that <b><i>you</i></b> are eligible to receive from a <b><i>travel supplier</i></b> , or any credit, recovery or reimbursement <b><i>you</i></b> are eligible to receive from <b><i>your</i></b> employer, another insurance company, a credit card issuer or any other entity.
<b>Return date</b>	The date on which <b><i>you</i></b> are originally scheduled to end <b><i>your</i></b> travel, as shown on <b><i>your</i></b> travel itinerary.
<b>Service animal</b>	Any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual or other mental disability. Examples of work or tasks include, but are not limited to guiding people who are blind, alerting people who are deaf and pulling a wheelchair. Guard dogs and emotional support animals as well as any other animal species (whether trained or untrained) are not included under this definition.
<b>Severe weather</b>	Hazardous weather conditions including, but not limited to: windstorms, hurricanes, tornados, fog, hailstorms, rainstorms, snow storms or ice storms.
<b>Sporting equipment</b>	Equipment or goods used to participate in a sport.
<b>Terrorist event</b>	An act carried out by an organised terrorist group, which has been recognised as terrorism by the government authority in <b><i>your country of residence</i></b> that injures people or damages property to achieve a political, ethnic or religious result. It does not include general civil protest, unrest, rioting or acts of war.
<b>Traffic accident</b>	An unexpected and unintended traffic-related event, other than <b><i>mechanical breakdown</i></b> , that causes <b><i>injury</i></b> , property damage or both.
<b>Travel carrier</b>	A company licensed to commercially transport passengers between destinations for a fee by land, air or water. It does not include: <ol style="list-style-type: none"> <li>1. Rental vehicle companies;</li> <li>2. Private or non-commercial transportation carriers;</li> <li>3. Chartered transportation, except for group transportation chartered by <b><i>your</i></b> tour operator; or</li> <li>4. <b><i>Local public transportation</i></b>.</li></ol>
<b>Travel supplier</b>	A travel agent, tour operator, airline, cruise line, hotel, railway company or other travel service provider.
<b>Travelling companion</b>	A person or <b><i>service animal</i></b> travelling with <b><i>you</i></b> or travelling to accompany <b><i>you</i></b> on <b><i>your trip</i></b> . A group or tour leader is not considered a <b><i>travelling companion</i></b> unless <b><i>you</i></b> are sharing the same room with the group or tour leader.

**Trip**

**Your** travel originally scheduled to begin on **your departure date** and end on **your return date** to, within and/or from a location:

- at least 60 miles away from **your primary residence**; or
- abroad; and
- outside **your** city/town of residence, provided that **your** travel includes an overnight stay.

It cannot include travel with the intent to receive health care or medical treatment of any kind, or moving, or commuting to and from work.

In the event of a claim **you** must be able to provide evidence of a return ticket.

No **trip** can last longer than the maximum number of days allowed according to **your policy** type, age and destination. See definition '**period of cover**' for further information.

**Uninhabitable**

A **natural disaster**, fire, flood, burglary or vandalism that has caused enough damage (including extended loss of power, gas or water) to make a reasonable person find their home or destination inaccessible or unfit for use.

**We, Us or Our**

AWP P&C S.A.

**You or Your**

All persons listed as being insured on the **policy** certificate.

# HEALTH DECLARATION AND HEALTH EXCLUSIONS

It is very important that **you** read the following and declare any **pre-existing medical conditions** to **us**.

**You** will not be covered for any claims arising as a direct or indirect result of **your pre-existing medical conditions** unless **you** told **us** about the medical condition and **we** have agreed in writing to cover it.

If **you** answer 'yes' to questions 1, 2 or 3 below either:

- at the point of purchase of the **policy**; or
- at any point after taking out this insurance;

then **you** must declare the relevant conditions to Allsafe Travel Insurance.

Based on the medical information **you** provide, **we** will confirm if cover can be offered for **your** declared **pre-existing medical conditions**.

Occasionally, **we** may need **you** to get extra medical information (at **your** cost) from **your doctor** to enable **us** to make a decision.

So that **we** can ensure **you** are provided with the best cover **we** can offer please read and answer the following questions accurately and carefully:

1. In the last 5 years - have **you** or anyone insured under this **policy** been diagnosed or received treatment (including taking medication) for:

Any type of heart or circulatory condition (including stroke, high blood pressure or raised cholesterol)?

Yes

If **you** have answered 'YES' to the questions on the left, there is no cover for claims related directly or indirectly to these conditions unless declared to **us** and confirmed in writing.

Please contact Allsafe Travel Insurance at [www.allsafeinsurance.co.uk](http://www.allsafeinsurance.co.uk) or by phone on 0330 880 3604.

In most cases, cover can be provided. If special terms are necessary, Allsafe Travel Insurance will explain them to **you** and confirm them in writing.

Please note calls may be recorded.

**We** do not have the facility to exclude medical conditions from cover.

If **your** answers to questions 1, 2 & / or 3 on the left changes to 'YES' after taking out this insurance, **you** must call Allsafe Travel Insurance by phone on 0330 880 3604 to inform **us** of this change in health or ongoing medication to ensure **you** are fully covered for **your trip**.

Any type of breathing condition (such as asthma)?

Yes

Any type of cancer (even if now in remission)?

Yes

Any type of liver condition?

Yes

Psychological conditions such as stress, anxiety, depression, eating disorders or mental instability?

Yes

2. Has **your doctor** altered **your** regular prescribed medication in the last 3 months?

Yes

3. In the last 2 years – have **you** or anyone insured under this **policy** been:

- treated for any medical condition,
- asked to take regular prescribed medication, or
- seen by a specialist, or consultant or at a hospital for tests, diagnosis or treatment?

Yes

**PLEASE NOTE:** failure to accurately and fully declare all medical condition(s) for **you** or anyone insured under this **policy** will affect **your** cover and may result in **your** claim being declined.

Full cover is available under this **policy**.

If **your** answers to any of the above change to YES after taking out this insurance, please contact Allsafe Travel Insurance by phone on 0330 880 3604.

## BE AWARE! We do not provide any cover for:

- Any medical condition **you** are aware of but for which **you** have not had a diagnosis.
- Any medical condition for which **you** are on a waiting list for or have the knowledge of the need for surgery, treatment or investigation at a **hospital**, clinic or nursing home.
- Any circumstances if **you** have received a terminal prognosis.
- Any circumstances that are not specified in **your policy**.

## EXCLUSIONS RELATING TO THE HEALTH OF SOMEONE NOT INSURED ON THIS POLICY, BUT WHOSE HEALTH MAY AFFECT YOUR DECISION WHETHER TO TAKE OR CONTINUE WITH YOUR TRIP

You will not be covered for any directly or indirectly related claims (see note at the end of this section) arising from the health of a **travelling companion**, someone **you** were going to stay with or a **family member** if at the time **your policy** was issued **you** were aware:

- they have been receiving medical treatment or consultation at any medical facility for a medical condition in the last 12 months;
- they have been awaiting medical treatment or consultation at any medical facility or have been under investigation for a medical condition;
- that a **doctor** had diagnosed them as having a terminal condition, or that their medical condition was likely to get worse in the next 12 months.

### NOTE: INDIRECTLY RELATED CLAIMS

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

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

## CHANGES IN HEALTH

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

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

then **you** must tell Allsafe Travel Insurance as soon as possible by calling **0330 880 3604**.

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

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

## WHEN YOUR COVER BEGINS AND ENDS

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

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

### SINGLE TRIP POLICIES:

Cover under section A (Trip Cancellation) commences at the time **you** book the **trip** or pay the insurance premium, whichever is later.

Cover under section A (Trip Cancellation) ends as soon as **you** leave **your primary residence** to start **your trip**.

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

Cover ends:

- when **you** return to **your primary residence**; or
- when **you** arrive at a medical facility in **your country of residence** for further care if **you** end **your trip** due to a medical reason; or
- at the end date as shown on **your policy** certificate;

whichever is earlier.

Cover cannot be provided to resume **your trip** or for further **trips**. No refund of premium will be given.

## ANNUAL MULTI TRIP POLICIES:

Cover under section A (Trip Cancellation) does not commence until **your** chosen start date as shown on **your policy** certificate.

Cover under all other sections starts when **you** leave **your primary residence** for any **trip** during **your period of cover**.

Cover for each **trip** within the **period of cover** ends:

- a. when **you** return to **your primary residence**; or
- b. when **you** arrive at a medical facility in **your country of residence** for further care if **you** end **your trip** due to a medical reason; or
- c. at the end date as shown on **your policy** certificate;

whichever is earlier.

Cover cannot be provided to resume **your trip**. No refund of premium will be given.

## TRIP EXTENSIONS

### TRIP EXTENSIONS IF YOU ARE UNABLE TO RETURN HOME FROM YOUR TRIP AS PLANNED

If **your** return travel is delayed due to a covered reason, **we** will extend **your period of cover** until the earlier of when **you** are able to return to **your primary residence**, or until the day **you** arrive at a medical facility in **your country of residence** for further care if **you** end that **trip** due to a medical reason.

### TRIP EXTENSIONS IF YOU DECIDE YOU WISH TO EXTEND YOUR TRIP

Please contact Allsafe Travel Insurance on **0330 880 3604** or by emailing [allsafeinsurance@brokersure.com](mailto:allsafeinsurance@brokersure.com) to discuss **your** requirements.

## AREA OF VALIDITY

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

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

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

**UK** - England, Scotland, Wales, Northern Ireland and the Isle of Man.

**EUROPE 1** - Those countries listed above in 'UK' and including: Albania, Andorra, Austria, Belarus, Belgium, Bosnia-Herzegovina, Bulgaria, Channel Islands (Guernsey, Jersey, Alderney and Sark), Corsica, Croatia, Czech Republic, Denmark (inc. Faroe Islands), Estonia, Finland, France, Germany, Gibraltar, Holland (Netherlands), Hungary, Italy, Kosovo, Latvia, Lithuania, Luxembourg, Moldova, Monaco, Montenegro, North Macedonia, Poland, Portugal (inc. Azores), Republic of Ireland, Romania, San Marino, Sardinia, Serbia, Slovakia, Slovenia, Sweden, Switzerland, Ukraine, Vatican City.

**EUROPE 2** - Those countries listed above in 'EUROPE 1' and including: Cyprus, Greece (including Greek Islands), Iceland, Liechtenstein, Madeira, Malta, Norway, Russia (West of Urals), Spain (including Balearic and Canary Islands) and Turkey.

**AUS/NZ** - Australia and New Zealand.

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

**WORLDWIDE INCLUDING** - Anywhere in the world.

### NOTE (applies to single trip policies only):

- A stopover of up to a maximum of 10 hours is allowed in Worldwide Excluding if travelling to AUS/NZ.
- A stopover of up to a maximum of 10 hours is allowed in Worldwide Including if travelling to Worldwide Excluding.

# SPORTS AND ACTIVITIES

## ACTIVITY PACK 1 – INCLUDED

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

### Please note:

Section H – Personal liability is excluded if marked with +.

Section I – Travel accident is excluded if **you** are operating motorcycles with 125cc or larger engine capacity \*.

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

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

- participating in, or training for any professional or semi-professional sporting competition or event; or
- participating in, or training for any amateur sporting competition while on **your trip**. This does not include participating in informal recreational sporting competitions and tournaments organised by hotels, resorts or cruise lines to entertain their guests.
- participating in, or training for any sport or activity with a company that (where required) is not regulated or licensed or where the sport or activity is otherwise prohibited by law.
- participating in, or training for any sport or activity not listed.

## ACTIVITY PACK 1 – INCLUDED

If the sport or activity **you** wish to participate in is not listed or **you** wish to be covered for optional Section N – Optional Sports Cover whilst undertaking **your** activity listed below then please contact Allsafe Travel Insurance on **0330 880 3604** or email [allsafeinsurance@brokersure.com](mailto:allsafeinsurance@brokersure.com) to enquire as to whether cover may be provided.

Aerobics	Darts	Model Sports+	Segway
Angling	Diving (indoor up to 5 metres)	Motorcycling ( <b>EU ONLY</b> - on road and provided <b>you</b> hold an appropriate UK licence for the capacity of the motorcycle <b>you</b> are riding)*	Shooting+ (target range-not hunting)
Animal Sanctuary/Refuge Work (excluding big cat)	Elephant/Camel Riding	Mountain Biking (not downhill or freeriding)	Snooker
Archery+	Fell Walking	Netball	Snorkelling
Athletics (track & field)	Fencing	Orienteering	Softball
Badminton	Flag Football	Outward-Bound Pursuits (ground level only)	Squash
Ballooning - Hot Air (as passenger only)	Flowriding/Flow Boarding	Paddle Boarding	Stoolball
Banana Boating	Flying a kite	Paintballing (including Airsoft)+	Surfing
Baseball	Football	Parascending/Parasailing (over water) towed by boat	Swimming (not open water)
Basket Ride	Foot Golf	Petanque	Swimming with Dolphins
Basketball	Fresh Water/Sea Fishing (not Deep Sea Fishing)	Pigeon Racing	Sydney Harbour Bridge
Beach Games	Frisbee (not Ultimate Frisbee)	Pony Trekking	Table Tennis
Billiards	Glass Bottom Boats	Pool	Ten Pin Bowling
Bird Watching	Golf	Quoits	Tennis
BMX (excluding freestyle, stunts, obstacles & racing)	Gymnastics (including cheerleading)	Rackets	Trampolining
Board Sailing	Handball	Racquet Ball	Tree Top Canopy Walking
Body Boarding	Helicopter (sightseeing as a passenger)	Rambling (up to 3,000m)	Tug of War
Bowling	Highland games	Rifle Range+	Volleyball
Bowls	Hiking/Trekking/Walking up to 3,000m excluding the use of ropes or guides	Ringos	Wake Boarding
Bungee Jumping (maximum of 2 jumps)	Horse Riding (no hunting, jumping or polo)	River Walking	Water Polo
Camel/Elephant Riding	Ice Skating (ice rink only)	Roller Blading / Roller Skating	Water Skiing (no jumping)
Camping	Indoor Climbing (on climbing wall)	Rounders	Whale Watching
Canoeing/Kayaking/Rafting/Tubing (not white water) river only	Jet Boating/Power Boating (as a passenger, no racing)+	Rowing (not ocean rowing)	Windsurfing
Catamaran Sailing (inside territorial waters)+	Jet Skiing+	Running Sprint/Long Distance (up to and including Marathon distance)	Working (excluding manual labour but including bar & restaurant work, office & clerical work, music performance & singing and fruit picking (not involving the use of machinery))
Clay Pigeon Shooting+	Jogging	Safari (animal) but not an aerial safari	Yachting (inside territorial waters)+
Cricket+	Keepfit	Sail Boarding	Yoga

Croquet	Korfball	Sailing including dinghy's (inside territorial waters)+	Zip Lining
Curling	Low Ropes	Scuba Diving to 30m if qualified and not diving alone, or down to 18 metres if not qualified and must be accompanied by a qualified instructor	Zorbing (including Hydro Zorbing)
Cycling including e-cycles (excluding touring, BMX & mountain biking)	Marathons (Maximum of 2 and not extreme marathons)	Sea Kayaking as a beach activity (within sight of the shore)	
Dancing	Model Flying+		

## ACTIVITY PACKS 2, 3, 4, & 5 – OPTIONAL

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

**Your policy** will cover **you** under Sections A to N during **your trip**, for the sports and activities listed under **your** chosen Activity pack 2, 3, 4 or 5 when **you** are participating on a recreational and amateur basis. This is subject to the payment of an additional premium and the activity pack being shown as covered on **your policy** certificate.

Please note:

Section H – Personal liability is excluded if marked with +.

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

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

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

ACTIVITY PACK 2 – SUBJECT TO AN ADDITIONAL PREMIUM AS SHOWN ON YOUR POLICY CERTIFICATE			
Abseiling	Dry Slope Skiing/Snowboarding (including indoor artificial snow slopes)	Hockey (not Ice Hockey)+	Swim Trekking
Aerial Safari (animal)	Falconry	Hurling+	Summer Tobogganing
Breathing Observation Bubble (BOB)	Fell Running	Lacrosse+	Swimming Open Water (organised and subject to boat escort e.g. swim trek. No cover for across channel etc...)
Cross Country Running	Fives	Octopush	Triathlon (not extreme)
Cycle Touring including e-cycles	Go Karting (motorised)+	Roller Hockey+	Ultimate Frisbee
Deep Sea Fishing (inside territorial waters)	Gorge Walking	Shinty	War Games+
Dragon Boating	Gorilla Trekking	Street Hockey+	

ACTIVITY PACK 3 – SUBJECT TO AN ADDITIONAL PREMIUM AS SHOWN ON YOUR POLICY CERTIFICATE			
Canoeing/Kayaking/Rafting/Tubing (white water), Grade 1 & 2, rivers only	Land Yachting/ (including Blow Carting & Kite Buggying)+	Sand Boarding	Sand Dune Surfing/Skiing+

ACTIVITY PACK 4 – SUBJECT TO AN ADDITIONAL PREMIUM AS SHOWN ON YOUR POLICY CERTIFICATE			
Black Water Rafting	Canyoning	Hiking/Trekking/Walking up Kilimanjaro or Inca Trail	Shark Cage Diving
Canoeing/Kayaking/Rafting/Tubing (white water), Grade 3 rivers only	Kite Boarding/Kite Surfing+	Mud Run and Obstacle course	

**ACTIVITY PACK 5 – SUBJECT TO AN ADDITIONAL PREMIUM AS SHOWN ON YOUR POLICY CERTIFICATE**

Airboarding	Ice Windsurfing	Skiing (Nordic)	Snowboarding (off-piste) except in areas considered to be unsafe by local resort management)
Biathlon	<b>Kick Sledging</b>	Skiing (off-piste) except in areas considered to be unsafe by local resort management)	Snow Mobilng (as driver + or passenger)
Big Foot Skiing	<b>Langlauf</b>	Skiing (Telemark)	Snow Parascending
Blade Skating	<b>Ski Blading</b>	Ski Randonnee	Snow Shoe Walking
Cat Skiing (with a guide)	Ski Boarding	Ski Run Walking	Snow Surfing
Cross-Country Skiing	Ski-Dooing (as driver + or passenger)	Ski Touring	Snow Tubing
Glacier Skiing/Walking (up to 3,000m)	Skiing	Sledge/Sleigh Riding as a passenger (pulled by horse or reindeer)	
Husky Dog Sledding (as passenger, with experienced local driver)	Skiing (Alpine)	Sledging/Tobogganing (on snow)	
Ice Go Karting+	Skiing (Mono)	Snowboarding	

If the sport or activity **you** wish to participate in is not listed then please contact Allsafe Travel Insurance on **0330 880 3604** or email [allsafeinsurance@brokersure.com](mailto:allsafeinsurance@brokersure.com) to enquire as to whether cover may be provided.

## DESCRIPTION OF COVER

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

**NOTE:** Exclusions may apply.

### A. TRIP CANCELLATION

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

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

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

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

**Covered reasons:**

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

**The following condition applies:**

- a. A **doctor** advises **you** or a **travelling companion** to cancel **your trip** before **you** cancel it.

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

**The following condition applies:**

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

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

4. **You** or a **travelling companion** is **quarantined** before **your trip** due to having been exposed to:

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

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

**The following condition must apply:**

- a. **Your** or a **travelling companion**'s vehicle needs to be repaired because it is not safe to operate.

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

**The following condition applies:**

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

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

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

- a. a **natural disaster**;
- b. **severe weather**.

However, if **you** can get to **your** original destination another way, **we** will reimburse **you** for the following, up to maximum benefit for 'Trip Cancellation' shown in the 'Cover Summary':

- i. The necessary cost of the alternative transportation, less available **refunds**; and
- ii. The cost of any lost prepaid **accommodation** caused by **your** delayed arrival, less available **refunds**.

**The following condition applies:**

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

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

**The following conditions apply:**

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

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

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

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

**The following conditions apply:**

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

**The following cover exclusions apply:**

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

## B. TRIP INTERRUPTION

If **you** have to interrupt **your trip** or end it early due to one or more of the **covered reasons** listed below, **we** will reimburse **you**, less available **refunds**, up to the maximum benefit for 'Trip Interruption' shown in the 'Cover Summary', for:

1. The pro-rata portion of **your** unused non-refundable **trip** payments and deposits.
2. Additional **accommodation** fees **you** are required to pay, if **you** prepaid for shared **accommodation** and **your travelling companion** has to interrupt their **trip**.
3. Necessary transportation expenses **you** incur to continue **your trip** or return to **your primary residence**.
  - **We** will reimburse **you** either for the return **travel carrier** ticket to **your country of residence** or for the non-refundable portion of **your** original return ticket, but not both.
4. Necessary additional **accommodation** and transportation expenses if the interruption causes **you** to stay at **your** destination (or the location of the interruption) longer than originally planned. There is a maximum cover of £100 (Standard Plus Cover) or £150 (Premier & Premier Plus Cover) for each person insured under this **policy** per day for 10 days.

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

**Covered reasons:**

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

**The following conditions apply:**

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

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

**The following condition applies:**

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

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

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

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

**The following condition must apply:**

- a. The vehicle needs to be repaired because it is not safe to operate.

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

**The following condition applies:**

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

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

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

- a. A **natural disaster**; or
- b. **Severe weather**.

However, if **you** can get to **your** original destination another way, **we** will reimburse **you** for the following, up to maximum benefit for 'Trip Interruption' shown in the 'Cover Summary':

- i. The necessary cost of alternative transportation, less available **refunds**; and
- ii. The cost of any lost prepaid **accommodation** caused by **your** delayed arrival, less available **refunds**.

**The following condition applies:**

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

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

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

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

12. **You** miss at least 50% of the length of **your trip** due to one of the following:

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

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

**The following cover exclusions apply:**

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

## C. TRAVEL DELAY & MISSED DEPARTURE

If **your** or a **travelling companion's trip** is delayed for one of the **covered reasons** listed below, **we** will reimburse **you** for the following expenses, less available **refunds**, up to the maximum benefit for 'Travel Delay & Missed Departure' shown in the 'Cover Summary':

1. **Your** lost prepaid **trip** expenses and additional expenses **you** incur while and where **you** are delayed for meals, **accommodation**, communication and transportation. The delay must be for a minimum delay of 12 full hours and a maximum daily limit also applies as shown in the 'Cover Summary'.
2. If the delay causes **you** to miss the departure of **your** cruise or tour, necessary transportation expenses to either help **you** rejoin **your** cruise/tour or reach **your** destination.
3. If the delay causes **you** to miss the departure of **your** flight or train due to a **local public transportation** delay on **your** way to the departure airport or train station, necessary transportation expenses to either help **you** reach **your** destination or return home.

The delay must be due to one of the following **covered reasons**.

### Covered reasons:

1. A **travel carrier** delay (this does not include a **travel carrier's** cancellation prior to **your departure date**).
2. A strike, unless threatened or announced prior to date of booking **your trip** or this **policy** was purchased, whichever is the later.
3. **Quarantine** during **your trip** due to having been exposed to:
  - a. A contagious disease other than an **epidemic** or **pandemic**; or
  - b. An **epidemic** or **pandemic** (such as COVID-19), but only when the following conditions are met:
    - i. The **quarantine** is specific to **you** or a **travelling companion**, meaning that **you** or a **travelling companion** must be specifically and individually designated by name in an order or directive to be placed in **quarantine** due to an **epidemic** or **pandemic**; and
    - ii. The **quarantine** does not apply generally or broadly (a) to some segment or all of a population, geographical area, building or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from or through where the person is travelling. This condition (ii) applies even if the **quarantine** order or directive specifically designates **you** or a **travelling companion** by name to be **quarantined**.
4. A **natural disaster**.
5. Lost or stolen travel documents.
6. Hijacking, except when it is a **terrorist event**.
7. Civil disorder, unless it rises to the level of **political risk**.
8. A **traffic accident**.
9. A **travel carrier** denies **you** or a **travelling companion** boarding based on a suspicion that **you** or a **travelling companion** has a contagious medical condition (including an **epidemic** or **pandemic** disease such as COVID-19). This does not include being denied boarding due to **your** refusal or failure to comply with rules or requirements to travel or of entry to **your** destination.

## D. BAGGAGE

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

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

### The following conditions apply:

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

### The following items are not covered:

1. Animals, including remains of animals.
2. Cars, motorcycles, motors, aircraft, drones, watercraft and other vehicles and related accessories and equipment.
3. Bicycles, skis and snowboards (except while they are checked with a **travel carrier**).
4. Hearing aids, prescription eyewear and contact lenses.
5. Artificial teeth, prosthetics and orthopaedic devices.
6. Wheelchairs and other mobility devices.
7. Consumables, medicines, medical equipment/supplies and perishables.
8. Tickets, passports, deeds, blueprints, stamps and other documents.
9. Money, currency, credit cards, notes or evidences of debt, negotiable instruments, travellers' cheques, securities, bullion and keys.

10. Rugs and carpets.
11. Antiques and art objects.
12. Fragile or brittle items.
13. Firearms and other weapons, including ammunition.
14. Intangible property, including software and electronic data.
15. Property for business or trade.
16. Property **you** do not own.
17. **High value items** stolen from a vehicle, locked or unlocked.
18. **Baggage** while it is:
  - a. Shipped, unless with **your travel carrier**;
  - b. In or on a car trailer;
  - c. Unattended in an unlocked motor vehicle; or
  - d. Unattended in a locked motor vehicle, unless **baggage** cannot be seen from the outside.

## E. BAGGAGE DELAY

If **your baggage** is delayed by a **travel supplier** during **your trip**, **we** will reimburse **you** for expenses **you** incur for the essential items **you** need until **your baggage** arrives, up to the maximum benefit for 'Baggage Delay' shown in the 'Cover Summary'.

**The following conditions apply:**

1. **Your baggage** must be delayed for at least the 'Minimum required delay' listed under 'Baggage delay' as shown in the 'Cover Summary'.
2. **You** must provide purchase receipts for all essential items claimed. Cover will not be provided for items if **you** cannot produce the receipt.
3. Only available for **your** outbound travel (not **your** return travel).

## F. EMERGENCY MEDICAL/DENTAL COVER ABROAD

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

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

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

**The following conditions and additional exclusions apply:**

- a. The care must be **medically necessary** to treat an emergency condition and such care must be provided by a **doctor**, dentist, **hospital** or other provider authorised to practice medicine or dentistry.
- b. **We** will not pay for any care provided after **your trip** ends.
- c. **We** will not pay for any care for any illness, **injury** or medical condition that did not originate during **your trip** abroad.
- d. **We** will not pay for any non-emergency care or services in general and the following care and services in particular:
  1. Elective cosmetic surgery or care;
  2. Annual or routine examinations or consultations;
  3. Long-term care;
  4. Allergy treatments (unless life threatening);
  5. Examinations, consultations or care related to or loss of/damage to hearing aids, dentures, eyeglasses and contact lenses;
  6. Physiotherapy, rehabilitation or palliative care (except as necessary to stabilise **you**);
  7. Experimental treatment; and
  8. Any other non-emergency medical or dental care.
- e. **You** must not have travelled against the orders or advice of any government or other public authority at any location to, from or through which **you** are travelling on **your trip**.
- f. **You** must be fit to travel on **your trip** and not travel against the advice of a **doctor** or where **you** would have been if **you** had sought their advice before commencing **your trip**.

## G. EMERGENCY TRANSPORT

### IMPORTANT:

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

### Emergency Evacuation (Transporting you to the nearest appropriate medical facility)

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

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

### The following conditions apply to items 1 and 2 above:

- a. **You** or someone on **your** behalf must contact **us** and **we** must make all transportation arrangements in advance. If **we** did not authorise and arrange the transportation, **we** will only pay up to what **we** would have paid if **we** had made the arrangements. **We** will not assume any responsibility for any transport arrangements that **we** did not authorise or arrange.
- b. All decisions about **your** evacuation must be made by medical professionals licensed in the countries where they practice.
- c. **You** must comply with the decisions made by **our** assistance and medical teams. If **you** do not comply, **you** effectively relieve **us** from any responsibility and liability for the consequences of **your** decisions and **we** reserve the right to not provide cover.
- d. One or more emergency transportation providers must be willing and able to transport **you** from **your** current location to the identified **hospital** or facility.
- e. **You** must not have travelled against the orders or advice of any government or other public authority at any location to, from or through which **you** are travelling on **your trip**.
- f. **You** must be fit to travel on **your trip** and not travel against the advice of a **doctor** or where **you** would have been advised not to travel if **you** had sought their advice before commencing **your trip**.

### Medical Repatriation (Getting you home after you receive care)

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

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

### The following conditions apply:

- a. Special requirements must be **medically necessary** for **your** transport (for example, if more than one seat is **medically necessary** for **you** to travel).
- b. **You** or someone on **your** behalf must contact **us** and **we** must make all transport arrangements in advance. If **we** did not authorise and arrange the transport, **we** will only pay up to what **we** would have paid if **we** had made the arrangements. **We** will not assume any responsibility for any transport arrangements that **we** did not authorise or arrange.
- c. All decisions about **your** repatriation must be made by medical professionals licensed in the countries where they practice.
- d. **You** must comply with the decisions made by **our** assistance and medical teams. If **you** do not comply, **you** effectively relieve **us** from any responsibility and liability for the consequences of **your** decisions and **we** reserve the right to not provide cover.
- e. One or more emergency transportation providers must be willing and able to transport **you** from **your** current location to **your** chosen destination.
- f. **You** must not have travelled against the orders or advice of any government or other public authority at any location to, from or through which **you** are travelling on **your trip**.
- g. **You** must be fit to travel on **your trip** and not travel against the advice of a **doctor** or where **you** would have been advised not to travel if **you** had sought their advice before commencing **your trip**.

### Transport to Bedside (Bringing a friend or family member to you)

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

**The following conditions apply:**

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

**Return of Dependents (Getting minors and dependents home)**

If **you** die or are told by the treating **doctor** **you** will be hospitalised for more than 24 hours during **your trip**, **we** will arrange and pay to transport **your travelling companions** who are under the age of 18 or are dependents requiring **your** full-time supervision and care to one of the following:

1. **Your primary residence**; or
2. A location of **your** choice in **your country of residence**.

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

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

**The following conditions apply:**

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

**Repatriation of Remains (Getting your remains home)**

**We** will arrange and pay for the reasonable and necessary services and supplies to transport **your** remains to one of the following:

1. A funeral home near **your primary residence**; or
2. A funeral home located in **your country of residence**.

**The following conditions apply:**

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

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

**Search and Rescue**

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

## H. PERSONAL LIABILITY

**IMPORTANT:**

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

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

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

**The following cover exclusions apply:**

1. Any liability for something which:
  - a. is suffered by anyone employed by **you** or a family member and is caused by the work they are employed to do;
  - b. is caused by something **you** deliberately did;
  - c. is caused by something **you** deliberately did not do, but should have;
  - d. is caused by **your** employment or the employment of a **family member**;
  - e. is caused by **you** using any firearm or weapon;
  - f. is caused by any animal **you** own, look after or control; or
  - g. **you** agree to take responsibility for, if **you** would not have otherwise been held responsible for it.
2. Any contractual liabilities.

3. Any liability for bodily ***injury*** suffered by ***you***, a ***family member*** or a ***travelling companion***.
4. Compensation or other costs caused by accidents arising from ***you*** owning, hiring or using:
  - a. any land or building (except for ***you*** staying in the ***accommodation you*** are using on ***your trip***);
  - b. motorised or mechanical vehicles and any trailers attached to them; or
  - c. aircraft, motorised watercraft or sailing vessels.

**The following conditions apply:**

1. ***You*** must give ***us*** a detailed account of the circumstances surrounding the claim, including photographs and video evidence (if appropriate).
2. ***You*** must give ***us*** any writ, summons or other correspondence ***you*** receive from a third party.

**NOTE:** ***You*** must not admit liability, offer to make any payment or correspond with any third party without ***our*** permission in writing.

3. ***You*** must give ***us*** full details of any witnesses and any written statements, if possible.

## I. TRAVEL ACCIDENT

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

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

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

There is a limit of £5,000 in the event of the death of an insured person who is aged 16 or under

The following conditions apply.

Cover will be provided for a permanent physical disability which:

- prevents ***you*** from doing any paid work;
- results in total and permanent loss of sight in one or both eyes; or
- results in total and permanent loss of use of one or both hands or one or both feet.

**The following cover exclusions apply:**

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

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

## J. TRAVEL SERVICES DURING YOUR TRIP

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

**Finding a Doctor or Medical Facility**

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

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

## K. LOSS OF TRAVEL DOCUMENTS

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

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

#### **The following conditions apply:**

**You** must:

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

#### **The following exclusions apply:**

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

## **L. PERSONAL MONEY**

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

#### **The following conditions apply:**

**You** must:

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

#### **The following exclusions apply:**

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

## **M. LEGAL EXPENSES**

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

1. Nominate an appointed adviser to act for **you**. This could be a solicitor or a suitably qualified person or company (including **us**). If **you** and **we** cannot agree on an appointed adviser, the matter can be referred to an alternative resolution facility.
2. Pay legal costs of up to the amount shown in the Cover Summary for **you** (but not more than twice this amount in total for all people insured under this **policy**) for each event giving rise to a claim.

#### **The following conditions apply:**

a. **You** must:

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

## The following exclusions apply:

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

## N. OPTIONAL SPORTS COVER

The cover under this section only applies when the appropriate 'Optional Sports Cover' premium has been paid for Activity packs 2-5 and this is shown in **your policy** certificate. Cover for taking part in Activity pack 1 activities, automatically applies under sections A-M, but there is no cover under section N, unless **you** have paid the additional premium to have this included, and it is shown in **your policy** certificate.

### Missed activity

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

#### Covered reasons:

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

#### The following conditions apply:

- a. The illness, **injury** or medical condition must be disabling enough to make a reasonable person not participate in the activity; and
- b. A **doctor** advises **you** or a **travelling companion** not to participate in the activity before the activity takes place. If that isn't possible, a **doctor** must either examine or consult with **you** or the **travelling companion** within 48 hours of the activity or as soon as reasonably possible, to confirm the decision not to attend.

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

#### The following condition applies:

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

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

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

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

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

#### The following condition applies:

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

### Sporting Equipment Cover

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

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

#### The following conditions apply:

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

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

The following are not covered:

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

#### **Sporting Equipment Rental cover**

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

#### **The following condition applies:**

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

#### **Search and Rescue**

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

## **O. OPTIONAL CRUISE COVER**

The cover under this section only applies when the appropriate 'Optional Cruise Cover' premium has been paid and this is shown in **your policy** certificate. The cover provided under sections A-M still applies for **trips** involving a cruise, even if the premium for cover under this section has not been paid.

#### **Missed port of call**

If **you** are on a cruise that misses a scheduled port of call indicated on **your** original itinerary or replaces it with another port of call, **we** will pay **you** the per port amount listed on **your** Cover Summary for each port **you** missed, up to the maximum benefit listed for Missed Port of Call cover.

#### **Low/High water**

**We** will pay **you** the per occurrence amount listed on **your** Cover Summary, up to the maximum limit listed for Low/High Water cover, for each cruise interruption of **your** river cruise caused by insufficient or excess water levels, where the **travel supplier** provides only land-based alternative **accommodation** or require that **you** change ships.

**We** will not pay for covered losses caused by the same event under more than one of: Low/High Water cover, Missed Port of Call cover, or Travel Delay & Missed Departure cover.

#### **Cabin confinement**

**We** will pay **you** the amount listed on **your** Cover Summary if a **doctor** on board **your** cruise ship advises **you**, individually and personally, not to leave **your** cabin because of an **injury** or illness during **your trip**.

**We** will not pay for covered losses caused by the same event under more than one of: Cabin Confinement cover, Travel Delay & Missed Departure cover, or Trip Interruption cover. There is also no cover where confinement applies broadly to all guests on the vessel rather than just to **you** individually.

#### **Shore excursions cover**

**We** will reimburse **you**, less available **refunds**, up to the amount listed on **your** Cover Summary for the cost of excursions **you** have pre-paid but cannot go on during **your trip** because:

- a. a **doctor** on board **your** cruise ship has advised **you** not to go on the excursion because of **your** illness, **injury**, or a medical condition (including being diagnosed with an **epidemic** or **pandemic** disease such as COVID-19) during **your trip**; or
- b. **your** cruise ship cannot make a scheduled stop at a port because of bad weather or other restrictions;

We will not pay for covered losses caused by the same event under more than one of: Missed Port of Call cover, Trip Interruption cover, or Shore Excursions cover.

#### Denied boarding

We will pay **you** the amount listed on **your** Cover Summary for meals, communication expenses and **local transportation**, if **you** are denied boarding the cruise ship that **you** are scheduled to travel on for **your trip**, based on a suspicion that **you** have a contagious medical condition.

## GENERAL EXCLUSIONS

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

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

1. Any loss, condition or event that was known, foreseeable, intended or expected when **your trip** was booked or this **policy** was purchased, whichever is the later.
2. **Pre-existing medical conditions**, unless declared to and accepted for cover by **us**.
3. **Your** intentional self-harm or if **you** attempt or commit suicide.
4. Normal, complication-free pregnancy or childbirth.
5. Fertility treatments.
6. The use or abuse of alcohol or drugs, or any related physical symptoms. This does not apply to drugs prescribed by a **doctor** and used as prescribed.
7. Acts committed with the intent to cause loss or damage.
8. Operating or working as a crew member (including as a trainee or learner/student) aboard any aircraft or commercial vehicle or commercial watercraft.
9. Participating in or training for any professional or semi-professional sporting competition or event.
10. Participating in or training for any amateur sporting competition while on **your trip**. This does not include participating in informal recreational sporting competitions and tournaments organised by hotels, resorts or cruise lines to entertain their guests.
11. Participating in, or training for, any sport or activity, unless **you** have paid the necessary premium (if applicable) and this is shown on **your policy** certificate. Please see the Sports and activities section on pages 14, 15 and 16 of this **policy** for further details.

In all cases, for **your** sports and activities to be covered, they must:

- take place within the duration of **your trip**;
- be provided by a company that is regulated or licensed where required; and
- not be prohibited by law.

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

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

30. Acts, travel alerts/bulletins or prohibitions by any government or public authority, except when expressly referenced in and covered under Trip Cancellation or Trip Interruption.
31. Any **travel supplier's** complete cessation of operations due to financial reasons, with or without involving insolvency or bankruptcy.
32. A **travel supplier's** restrictions on any **baggage**, including medical supplies or equipment.
33. Ordinary wear and tear or defective materials or workmanship.
34. An act of gross negligence by **you** or a **travelling companion**.
35. Travel against the orders or advice of any government or other public authority.

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

**IMPORTANT:** **You** are not eligible for reimbursement under this **policy** if:

1. **Your travel carrier** tickets do not show travel date(s); or
2. **You** intend to receive health care or medical treatment of any kind while on **your trip**.

## GENERAL CONDITIONS

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

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

**We** have the right to do the following:

9. Cancel the **policy** if **you** tell **us** something that is not true and this influences **our** decision to provide cover.
10. Cancel the **policy** and make no payment if **you** or anyone acting for **you**:
  - a. make a claim that is dishonest, intentionally exaggerated or fraudulent in any way; or
  - b. provide any false or misleading information when supporting a claim.

In these circumstances **we** may report the matter to the police.
11. Only provide cover if **your trip** starts and ends in **your country of residence**.
12. Take over and deal with, in **your** name, any claim **you** make under this **policy**.
13. Take legal action in **your** name (but at **our** expense) and ask **you** to give **us** any details **we** need, and to fill in any necessary forms, which will help **us** to recover any payment **we** have made under this **policy**.
14. With **your** or **your** personal representative's permission, get information from **your** medical records to help **us** or **our** representatives deal with any claim. This could involve **you** being medically examined or having a post-mortem after **your** death. **We** will not give personal information about **you** to any other organisation without **your** permission.
15. Return **you** to **your country of residence** at any time during **your trip** if **you** are taken ill or injured. **We** will only do this if the **doctor** treating **you** and **our** medical advisers agree. If there is a dispute, **we** will ask for an independent medical opinion.
16. Not accept liability for the costs of repatriation or treatment if **you** refuse to follow advice from the **doctor** treating **you** and **our** medical advisers.
17. Refuse to pay any claim under this **policy** for any amounts covered by another insurance or by anyone or anywhere else (for example, any amounts **you** can get back from private health insurance, any reciprocal health agreement, **travel suppliers**, home contents insurers or any other claim amount that can be recovered by **you**). In these circumstances **we** will only pay **our** share of the claim.
18. Ask **you** to pay **us** back any amounts that **we** have paid which are not covered under this **policy**.
19. If **you** cancel **your trip** or cut it short for any reason other than those specified as being covered in section A - Trip Cancellation or section B - Trip Interruption, **we** will cancel all cover provided by **your policy** for that **trip**, without **refunding** **your** premium.

## 24-HOUR EMERGENCY MEDICAL ASSISTANCE INFORMATION

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

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

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

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

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

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

Please quote the scheme name which is Allsafe Travel Insurance.

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

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

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

# CLAIMS INFORMATION

The fastest and easiest way to make a claim is online at [www.rpclaims.com/allsafe](http://www.rpclaims.com/allsafe).

The process should take approximately 10-15 minutes to complete (depending on the type of claim). Please quote scheme code: **A01133** when prompted and ensure **you** have **your policy** certificate, **trip** dates, supporting documentation and details of the incident available.

**You** can also obtain a claim form by:

- sending an email to: [claim@rpclaims.com](mailto:claim@rpclaims.com); or
- phoning: **020 8667 2461**
- writing to: Rightpath Claims, PO Box 6430, Basildon, SS14 0QT

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

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

## For all claims

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

## Trip Cancellation

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

## Trip Interruption

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

## Travel Delay & Missed Departure

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

## Baggage and Personal Money

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

## **Baggage Delay**

- Report the loss to the **travel carrier** and obtain a written report from them. For airlines, **you** must obtain a Property Irregularity Report (PIR) from the airline or their handling agent. This should be done within 7 days of any delay, loss or damage. **You** then have 21 days to write to the airline confirming the details of any essential replacement items purchased.
- Original receipts, vouchers or other suitable evidence of purchase for essential replacement items.

## **Emergency Medical/Dental Benefits Abroad and Emergency Transport**

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

## **Personal Liability**

- A detailed account of the circumstances surrounding the claim(s), including photographs and video evidence (if this applies).
- Any writ, summons or other correspondence received from any third party.

**NOTE:** **You** should not admit liability, offer to make any payment or correspond with any third party without **our** written consent.

- Full details of any witnesses, providing written statements where available.

## **Travel Accident**

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

## **Loss of Travel Documents**

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

## **Legal Expenses**

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

## **Optional Sports Cover**

### **Missed Activity**

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

### **Sports Equipment**

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

## **Optional Cruise Cover**

- Medical evidence from the treating **doctor** to confirm the illness or **injury** and treatment given, including dates of cabin confinement if this applies.
- If **you** are advised by an on-board **doctor** that **you** cannot take part in **your** pre-booked excursions because of medical reasons, **you** should obtain a medical certificate from them confirming this.
- A letter from the **travel supplier** confirming the reason and dates the cruise ship was unable to dock.
- Written confirmation from **your travel supplier** of whether any **refunds** can or have been made.

# COMPLAINTS INFORMATION

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

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

a) In the first instance, please contact:

Allsafe Travel Insurance, Digital House, Threshelfords Business Centre, Feering, Kelvedon, Colchester, Essex CO5 9SE.  
Tel: **0330 880 3604** Email: [allsafeinsurance@brokersure.com](mailto:allsafeinsurance@brokersure.com)

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

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

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

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

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

Visit: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

Write to: Financial Ombudsman Service, Exchange Tower, London E14 9SR

Phone: **0800 023 4567** or **0300 123 9 123** or

Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

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

a) In the first instance, please contact:

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

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

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

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

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

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

Visit: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

Write to: Financial Ombudsman Service, Exchange Tower, London E14 9SR

Phone: **0800 023 4567** or **0300 123 9 123** or

Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

# PRIVACY NOTICE

We care about **your** personal data.

This summary and **our** full privacy notice explain how AWP P&C S.A. protects **your** privacy and uses **your** personal data. **Our** full privacy notice is available at [www.allianz-assistance.co.uk/privacy-notice/](http://www.allianz-assistance.co.uk/privacy-notice/). Allsafe Travel Insurance's privacy policy is available at [www.allsafeinsurance.co.uk/privacy-policy](http://www.allsafeinsurance.co.uk/privacy-policy).

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

## How will we obtain and use **your** personal data?

We will collect **your** personal data from a variety of sources including:

- Data that **you** or other people named on the **policy** or **your** representative(s) provide to **us**;
- Data from **your** insurance arranger or partners, such as brokers, other insurers or other companies who act as insurance distributors including the provider of goods and services associated with this insurance; and
- Data that may be provided about **you** from certain third parties, such as **your doctor** in the event of a claim.

We will collect and process **your** personal data to comply with **our** contractual obligations and/or for the purposes of **our** legitimate interests including:

- Entering into or administering contracts with **you**;
- Informing **you** of products and services which may be of interest to **you**.

## Who will have access to **your** personal data?

We may share **your** personal data:

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

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

## How long do we keep **your** personal data?

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

## Where will **your** personal data be processed?

**Your** personal data may be processed both inside and outside the United Kingdom (UK) and the European Economic Area (EEA).

Whenever **we** transfer **your** personal data outside the UK and the EEA to other Allianz Group companies, **we** will do so on the basis of Allianz's approved binding corporate rules (BCR). Where Allianz's BCR do not apply, **we** take steps to ensure that personal data transfers outside the UK and the EEA receive an adequate level of protection.

## What are **your** rights in respect of **your** personal data?

**You** have certain rights in respect of **your** personal data. **You** can:

- Request access to it and learn more about how it is processed and shared;
- Request that **we** restrict any processing concerning **you**, or withdraw **your** consent where **you** previously provided this;
- Request that **we** stop processing it, including for direct marketing purposes;
- Request that **we** update it or delete it from **our** records;
- Request that **we** provide it to **you** or a new insurer; and
- File a complaint.

## Automated decision making, including profiling

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

## How can **you** contact **us**?

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

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

By telephone: 020 8603 9853

By email: [AzPUKDP@allianz.com](mailto:AzPUKDP@allianz.com)

## IMPORTANT CONTACT DETAILS

<b>Sales &amp; Customer Service:</b> (Monday to Friday – 9am to 5pm)	0330 880 3604
<b>24-hr Emergency medical assistance:</b> (for medical emergency or <i>trip</i> interruption requests) See page 30 for full details	UK +44 (0)1444 465553
<b>Non Emergency Claims:</b> (Monday to Friday – 9am to 5pm)	020 8667 2461

This insurance is distributed by Allsafe Travel Insurance (a trading name of Brokersure Limited), which is authorised and regulated by the Financial Conduct Authority (FCA 501719) and registered in England and Wales (Company No. 06902336). Registered Office: 6 The Square, Martlesham Heath, Ipswich, England, IP5 3SL.

This insurance is underwritten by AWP P&C S.A., a company registered in France with ID No 519490080 RCS Paris Registered Office 7 Rue Dora Maar, 93400 Saint-Ouen, France acting through its UK Branch, AWP P&C (UK Branch), registered in the United Kingdom. Registered Branch No. BR015275. Registered Office: 102 George Street, Croydon CR9 6HD. Authorised and regulated by L'Autorite de Controle Prudentiel et de Resolution in France. Authorised by the Prudential Regulation Authority (PRA). Subject to regulation by the Financial Conduct Authority (FCA) and limited regulation by the PRA. Details about the extent of our regulation by the PRA are available from us on request.

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

Ref: 7884TVL ALLSAFE STD/PREM V7 01/26

