

## Policy Wording

### Schedule of Benefits - Maximum Sums Insured Per Person

| Single Trip and Annual Multi Trip Policies |                                  |  |  |
|--|----------------------------------|--|--|
|  |                                  | Gold   | Silver   |
| <b>A</b>                                   | Cancellation or Curtailment*     | Up to £3,000   | Up to £1,250   |
| <b>B</b>                                   | Medical Expenses*                | Up to £10,000,000  | Up to £10,000,000  |
|  | Dental Limit                     | Up to £250   | Up to £250   |
|  | Hospital Benefit                 | £10 per 24 hours up to £500                                    | No Cover   |
| <b>C</b>                                   | Personal Accident<br>Death       | £25,000  | £5,000   |
|  | Loss of Limb/Sight               | £25,000  | £5,000   |
|  | Permanent Total Disablement      | £25,000  | £5,000   |
| <b>D</b>                                   | Travel Delay                     | £15 for the first 12 hours, £15 per next 12 hours up to £1,000 | £10 for the first 12 hours, £10 per next 12 hours up to £100 |
|  | Abandonment*                     | Up to £3,000 after 24 hours                                    | Up to £1,250 after 24 hours                                  |
|  | Missed Departure*                | Up to £500   | Up to £250   |
| <b>E</b>                                   | Personal Possessions*            | Up to £2,500   | Up to £1,250   |
|  | Single Item Limit                | Up to £250   | Up to £150   |
|  | <b>VALUABLES</b> Limit           | Up to £500   | Up to £150   |
|  | Spectacles/Sunglasses            | Up to £250   | Up to £75  |
|  | Delayed Baggage (after 24 hours) | Up to £250   | Up to £100   |
| <b>F</b>                                   | Personal Money*                  | Up to £250   | Up to £150   |
| <b>G</b>                                   | Loss of Passport*                | Up to £200   | Up to £200   |
| <b>H</b>                                   | Personal Liability*              | Up to £2,000,000   | Up to £2,000,000   |
| <b>I</b>                                   | Legal Costs and Expenses*        | Up to £25,000  | Up to £10,000  |
| <b>J</b>                                   | Hijack                           | £40 per day up to £500   | No Cover   |
| <b>K</b>                                   | Petcare                          | £30 per day up to £200   | No Cover   |
| *  | <b>*EXCESS</b>                   | £75  | £250 Section B Medical Expenses<br>£100 all other Sections   |

Please note reduced sums insured apply to certain age groups.

Policy excesses are applied on a, per person, per claim, per section basis.

**YOUR** attention is drawn to important features of this policy including:

➤ **INSURANCE POLICY WORDING:**

**YOU** should read this document carefully as it gives **YOU** full details of what is and what is not covered and the conditions of the cover.

➤ **CONDITIONS AND EXCLUSIONS:**

Conditions and exclusions will apply to individual sections of this policy while general exclusions and general conditions will apply to the whole of this policy.

➤ **HEALTH/PRE-EXISTING MEDICAL CONDITIONS:**

This policy contains health restrictions that apply to the cover provided under the "Section A – Cancellation Or Curtailment", "Section B – Medical & Other Expenses" and "Section C – Personal Accident" (see the exclusions applying to Sections A, B & C). This policy operates on the following basis:

1. To be covered, **YOU** must be healthy, fit to travel and to undertake **YOUR** planned trip;
2. This policy will not cover **YOU** when **YOU** are travelling against medical advice or with the intention of obtaining medical treatment or consultation abroad.

Further to the above, any claim arising directly or indirectly from a **PRE-EXISTING MEDICAL CONDITION** affecting **YOU** will not be covered unless:

- **YOU** have declared that **PRE-EXISTING MEDICAL CONDITION** to **US**; and/or
- **YOU** have declared any changes in **YOUR** health or prescribed medication; and
- **WE** have accepted that condition for insurance in writing.

Each **INSURED PERSON** who has a **PRE-EXISTING MEDICAL CONDITION** must have declared their condition to us either through our website or by telephone on 0844 887 1495 before each **PERIOD OF INSURANCE**.

Additionally, any claim arising directly or indirectly from a **PRE-EXISTING MEDICAL CONDITION** affecting, a close relative, travelling companion or person with whom you intend to stay whilst on **YOUR** trip will not be covered.

If **YOU** require medical attention in a country with a reciprocal health care agreement with the UK such as the countries of the European Union, Switzerland, Australia and New Zealand **YOU** must ensure that the medical treatment **YOU** obtain is provided wherever possible at hospitals or by Medical Practitioner's working within the terms of the agreement.

➤ **HAZARDOUS PURSUITS, DANGEROUS SPORTS OR PASTIMES:**

This policy contains conditions and exclusions relating to dangerous activities, sports or pastimes where there is a risk of injury, or can be expected to aggravate an existing infirmity. Please see the hazardous pursuits in this policy under "Important Information and Conditions Applying to All Sections".

➤ **PROPERTY CLAIMS:**

These claims are paid based on the value of the goods at the time of loss and not on a "new for old" replacement cost basis. Claims for **SPORTS EQUIPMENT** damaged whilst in use are not covered. Loss or damage of property not belonging to **YOU** is also not covered.

➤ **POLICY LIMITS:**

Most sections of this policy have limits on the amount **WE** will pay under that section. Some sections also include other specific limits, for example: for any one item or for **VALUABLES** in total. **YOU** are advised to check this policy if **YOU** intend taking expensive items with **YOU**. Items such as camcorders, jewellery etc., should be fully insured under **YOUR** Household policy.

➤ **POLICY EXCESSES:**

Under most sections of this policy, claims will be subject to an **EXCESS**. This means that **YOU** will be responsible for paying the first part of the claim. **EXCESSES** are applied on a per person, per claim per section basis.

➤ **REASONABLE CARE:**

**YOU** need to take all reasonable care to protect yourself and **YOUR** property, as **YOU** would if **YOU** were not insured.

➤ **COMPLAINTS:**

This policy has in it a "Complaints Procedure" section which tells **YOU** what steps **YOU** can take if **YOU** wish to make a complaint.

➤ **COOLING OFF PERIOD:**

However, if after reading this certificate, this policy does not meet with **YOUR** requirements, please return it to **YOUR** issuing agent within 14 days of receipt and **WE** will refund **YOUR** premium, provided **YOU** have not travelled or made a claim.

**SCHEME NAME: MEDISAFE****SCHEME NO:**

Dear Traveller,

This policy wording is to confirm that those persons who have paid the required premium are insured under the Master Policy No L14AEL0152 issued by AmTrust Europe Limited. This policy wording gives the full terms, exceptions and conditions.

AmTrust Europe Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. These details can be checked on the Financial Services Register by visiting: [www.fca.org.uk](http://www.fca.org.uk), Financial Services Register number 202189. Member of the Association of British Insurers. Registered in England: company number 1229676. Registered address: Market Square House, St James's Street, Nottingham NG1 6FG.

This policy wording, **SCHEDULE** and any endorsement issued by **US**, constitutes a contract between **YOU** and **US** and is based upon the information that **YOU** provided during **YOUR** application.

This is **YOUR** insurance policy wording and contains all the information **YOU** need to know about **YOUR** travel insurance. However, this insurance is only operative once a valid Confirmation Email or **SCHEDULE** showing proof of payment of premium, sums insured, geographical area, **PERIOD OF INSURANCE & INSURED PERSONS**.

Please read this policy wording carefully and remember this travel insurance is designed to cover events which may happen during **YOUR TRIP**, but **WE** cannot cover all expenses and possibilities. **YOU** will find full details of the cover and the conditions and exclusions in this policy wording. If **YOU** have any queries, or if **YOU** require additional cover please contact the agent who sold this policy to **YOU**. Please note that for **OUR** mutual protection, telephone calls to **US** or our agents may be monitored and/or recorded. If **YOU** need to make a claim or declare a health condition please call the relevant numbers shown in this policy. Please keep this Travel Insurance Policy in a safe place and carry it with **YOU** when **YOU** go on **YOUR TRIP**.

**WHAT TO DO IF YOU WISH TO MAKE A CLAIM**

Please contact Global Response:

Global Response, Regus House, Falcon Drive, Cardiff Bay, Cardiff, United Kingdom, CF10 4RU

**TEL:** 02920 474220**FAX:** 02920 468797**E-MAIL:** Operations@global-response.co.uk

Calls may be monitored or recorded for training purposes. Please quote **YOUR** policy number, the name of your agent and state under which Section(s) a claim is being made. This will ensure **YOU** are sent the correct claim form(s).

**PLEASE DO NOT FORWARD ANY DOCUMENTS WITHOUT THE COMPLETED CLAIM FORM.**

**IMPORTANT:** To assist **YOU** in making **YOUR** claim, please read below:

Please read the claim form carefully and ensure that **YOU** provide all the documentation requested. Failure to fully complete the claim form or forward all the requested documentation in support of **YOUR** claim will prevent the claims company from reviewing **YOUR** claim. Please note that additional information or documentation may be required to substantiate **YOUR** claim if it is considered necessary. **YOU** must keep the policy and Confirmation Email or **SCHEDULE** and send them to the claims company if **YOU** make a claim

**24HR EMERGENCY MEDICAL ASSISTANCE SERVICE**

Contact the Emergency Medical Assistance Service on:

**TEL:** +44 (0) 2920 474142**FAX:** +44 (0) 2920 468797

Ref: Medisafe

**YOU** can use this service outside the **UNITED KINGDOM** during **YOUR TRIP**. If **YOU** have a medical emergency please contact the assistance company as soon as possible.

The assistance company medical practitioner and nurses and other technical support staff are on call 24 hours a day throughout the year. Please give the assistance company **YOUR** age and **YOUR** policy number.

The service is available if medically necessary and when **YOU** have a valid insurance. It includes:

- a guarantee to pay hospital or medical practitioner fees;
- a translation service;
- repatriation arrangements to send **YOU** home by land, sea or air (accompanied by a nurse or medical practitioner if necessary);
- necessary travel arrangements for **YOUR** next-of-kin or the person with whom **YOU** are travelling (if covered under this policy); and
- an ambulance service to a hospital or nursing home or **YOUR HOME** when **YOU** arrive in the **UNITED KINGDOM** (if necessary)

**OUTPATIENT TREATMENT**

For simple out-patient costs **YOU** should settle the clinic bill directly and claim this back upon **YOUR** return. If **YOUR** outpatient treatment is likely to cost more than £500, **YOU** must contact the assistance company immediately.

**RECIPROCAL HEALTH AGREEMENTS****EU, EEA OR SWITZERLAND**

If **YOU** are travelling to countries within the European Union (EU), the European Economic Area (EAA) or Switzerland, **YOU** are strongly advised to obtain a European Health Insurance Card (EHIC) application from **YOUR** local Post Office. **YOU** can also apply either online through [www.dh.gov.uk/travellers](http://www.dh.gov.uk/travellers) or by telephoning 0845 606 2030. This will entitle **YOU** to benefit from the reciprocal health care arrangements which exist between countries within the EU/EEA or Switzerland.

In the event of liability being accepted for a medical expense which has been reduced by the use of a European Health Insurance Card **WE** will not apply an **EXCESS** under Section B - Medical and Other Expenses.

**AUSTRALIA AND NEW ZEALAND**

If **YOU** require medical treatment in Australia or New Zealand, **YOU** must enrol with a local MEDICARE office or equivalent. **YOU** do not need to enrol on arrival but **YOU** must do this after the first occasion **YOU** receive treatment. Inpatient and outpatient treatment at a public hospital is then available free of charge. Details of how to enrol and the free treatment available can be found in the health advice for traveller's booklet available from **YOUR** local Post Office.

Alternatively, please call the assistance company for guidance.

If **YOU** are admitted to hospital contact must be made to the assistance company as soon as possible and their authority obtained in respect of any treatment NOT available under MEDICARE.

Contact the assistance company on telephone number +44 (0) 2920 474142.

**IMPORTANT MEDICAL DECLARATION****PRE-EXISTING MEDICAL CONDITIONS**

This policy is primarily designed for travellers with existing medical conditions. For the purposes of this insurance, **YOU** are considered to have a **PRE- EXISTING MEDICAL CONDITION** if any of the following statements apply to **YOU**, which **YOU** were asked when **YOU** applied for insurance with **US**:

1. Any medical condition which **YOU** or any person on whom travel depends has been diagnosed with or treated for any heart or circulatory condition (problems with blood flow, including strokes, high blood pressure, and cholesterol), breathing condition or cancer.
2. A condition for which **YOU** or anyone in **YOUR** party has been prescribed medication, or received treatment or attended a **MEDICAL PRACTITIONERS** surgery in the past two years.
3. Any psychological condition which **YOU** or anyone in **YOUR** party has ever been diagnosed with or treated for, such as stress, anxiety, depression, or any psychiatric condition such as eating disorders, drug or alcohol abuse or mental instability.
4. A condition which **YOU** or anyone in **YOUR** party has attended a hospital or clinic as an out-patient or in-patient in the last two years.
5. A condition which **YOU** or anyone in **YOUR** party have been currently put on a waiting list for treatment or investigation.
6. A condition which **YOU** or anyone in **YOUR** party has been given a terminal prognosis.

**NOTE:** If **PRE EXISTING MEDICAL CONDITIONS** are disclosed then all Medical conditions must be disclosed whether they are **PRE EXISTING MEDICAL CONDITIONS** or not.

**Please note:**

1. **YOU** must be fit to undertake **YOUR** planned **TRIP**;
2. **YOU** must not travel against medical advice or with the intention of obtaining medical treatment or consultation abroad;
3. **WE** will cover **YOU** for **PRE-EXISTING MEDICAL CONDITIONS** that **YOU** have declared to **US** and which **WE** have accepted in writing.
4. If **YOU** declare some **PRE-EXISTING MEDICAL CONDITIONS** and not others this policy may be cancelled or treated as if it never existed and or **YOUR** claims may be rejected or not fully paid.
5. **WE** will not cover **YOU** if **YOUR** state of health was worse than **YOU** declared to **US** at the time **YOU** purchased this policy;
6. Please check that the information set out in the "Medical Declaration" is correct. If not, **YOU** must call **US** on 0844 887 1495. If the information is incorrect this policy may be cancelled or treated as if it never existed and or **YOUR** claims may be rejected or not fully paid.
7. **YOUR** policy may be cancelled or treated as if it never existed and/or **YOUR** claims may be rejected or not fully paid if a claim is made relating to a medical condition, illness or injury of the **INSURED PERSON(S)**, or any person who **YOUR** travel depends on, which **YOU** or they knew about before **YOU** bought this insurance, or which develops before **YOUR TRIP** starts where **WE** have not been notified.

**TO DECLARE A CHANGE IN YOUR STATE OF HEALTH OR PRESCRIBED MEDICATION, YOU SHOULD CONTACT US DURING OFFICE HOURS ON 0844 887 1495 TO SEE IF WE CAN CONTINUE TO PROVIDE COVER.**

**TRAVELLING WHEN PREGNANT**

Pregnancy is not a medical condition, so **YOU** are able to travel until **YOU** are quite late into **YOUR** pregnancy. Airlines and ferry/shipping companies including cruise liners have their own restrictions due to health and safety requirements. **YOU** should check with them or any other mode of transport **YOU** propose to take before **YOU** book. Please make sure that **YOUR MEDICAL PRACTITIONER** and Midwife are aware of **YOUR** travel plans, that there are no known complications and that **YOU** are not travelling against any medical advice.

**BY AIR**

After 28 weeks most airlines will require a letter from **YOUR MEDICAL PRACTITIONER** or Midwife confirming **YOUR** estimated date of delivery and stating that there are no complications. **YOU** may travel, but **YOUR** travel must be completed by 32 weeks and 6 days in to **YOUR** pregnancy.

**BY SEA**

Ferry companies and cruise liners have their own restrictions and may refuse heavily pregnant women beyond 32 weeks.

**BY CAR, COACH AND TRAIN**

There are no known restrictions. Please make sure **YOUR MEDICAL PRACTITIONER** or Midwife are aware of **YOUR** travel plans and that there are no known complications

**DEFINITIONS:**

The following words or expressions carry the meaning shown below whenever they appear within the wording of this policy, **SCHEDULE** or endorsement. There are also more specific definitions which apply only to the specific section of this policy.

**ADVANCED BOOKING** - Any booking made at least 24 hours prior to the scheduled departure time shown on **YOUR** confirmation.

**BODILY INJURY-** shall mean injury which is caused solely by accidental means and is independent of any other cause.

**BUSINESS ASSOCIATE** - shall mean any persons whose absence from business for one or more complete days at the same time as **YOUR** absence prevents the proper continuation of that business.

**CLOSE RELATIVE** - Mother, father, wife, husband, son, daughter, brother, sister, grandmother, grandfather, grandchild, parent-in-law or son or daughter-in-law or fiancé (e).

**CURTAIL/CURTAILMENT** - Abandonment of the planned **TRIP** by return to the **UNITED KINGDOM** after commencement of the outward journey.

**EXCESS** - The amount **YOU** will have to pay towards the cost of each claim under this policy after the application of the policy limits. **EXCESSES** are applied on a, per person, per claim, per section basis.

**FAMILY** - A single parent or two parents travelling together with their child or children (under 18 years) for whom they are the legal guardians.

**GEOGRAPHICAL AREA** - The area (as detailed below) or country shown on **YOUR** Confirmation Email or **SCHEDULE** and for which the appropriate premium has been paid.

**United Kingdom:** means United Kingdom, and Isle of Man only

**Europe 1** means the continent of Europe west of the Ural Mountains including the Republic of Ireland and the Channel Islands, all countries bordering the Mediterranean Sea, Madeira, The Azores and Commonwealth of Independent States (west of the Ural Mountains **EXCLUDING** Algeria, Cyprus, Egypt, Israel, Jordan, Malta, Spain, Syria, Tunisia & Turkey.

**Europe 2** means Europe 1 above but **INCLUDING** Spain & Malta.

**Worldwide 1** means Worldwide **EXCLUDING** the USA, Canada, the Caribbean, Afghanistan, Cuba, Liberia and Sudan.

**Worldwide 2** means anywhere in the world excluding Afghanistan, Cuba, Liberia or Sudan.

**HAZARDOUS PURSUITS** - Any pursuit or activity where it is recognised there is an increased risk of injury or accident or can be reasonably expected to aggravate any existing infirmity (please see part 3 of the "Important Information and Conditions Applying to All Sections").

**HIJACK** - The unlawful seizure or wrongful exercise of control of the aircraft or ship (or the crew thereof) in which **YOU** are travelling as a fare-paying passenger.

**HOME** - An **INSURED PERSON'S** usual place of residence within the **UNITED KINGDOM**.

**INSURER/WE/OUR/US** – AmTrust Europe Limited

**MEDICAL PRACTITIONER** - A registered doctor who is not **YOU** or related to **YOU**, who is currently registered with the General Medical Council in the **UNITED KINGDOM** (or foreign equivalent) to practice medicine.

**MONEY** - cash taken for private purposes.

**PASSPORTS/TICKETS AND DOCUMENTS** - Passports, travel tickets, green cards and driving licences.

**PRE -EXISTING MEDICAL CONDITION** -

1. Any medical condition which **YOU** or any person on whom travel depends has been diagnosed with or treated for any heart or circulatory condition (problems with blood flow, including strokes, high blood pressure, and cholesterol), breathing condition or cancer.
2. A condition for which **YOU** or anyone in **YOUR** party has been prescribed medication, or received treatment or attended a **MEDICAL PRACTITIONERS** surgery in the past two years.
3. Any psychological condition which **YOU** or anyone in **YOUR** party has ever been diagnosed with or treated for, such as stress, anxiety, depression, or any psychiatric condition such as eating disorders, drug or alcohol abuse or mental instability.
4. A condition which **YOU** or anyone in **YOUR** party has attended a hospital or clinic as an out-patient or in-patient in the last two years.
5. A condition which **YOU** or anyone in **YOUR** party have been currently put on a waiting list for treatment or investigation.
6. A condition which **YOU** or anyone in **YOUR** party has been given a terminal prognosis.

**PERIOD OF INSURANCE** - The Confirmation Email or **SCHEDULE** will show the issue date and start date and duration (or end date) of **YOUR** policy being the period of cover **YOU** are insured for. The time that cover for particular sections starts and ends is given in more detail below:

For Single Trip Cover **CANCELLATION** cover starts when **YOU** book **YOUR** trip or when the policy was issued (whichever is the later) and finishes when **YOU** start **YOUR TRIP**. For Annual Multi Trip Cover **CANCELLATION** cover starts when you book **YOUR TRIP** or the start date of the policy (Whichever is the later) and finishes when **YOU** start **YOUR TRIP**.

Cover under all other sections begins when **YOU** start **YOUR TRIP** and ends upon **YOUR** return home from the **TRIP**. **YOUR** outward and return journey must take place during the period of cover shown on the Confirmation Email or **SCHEDULE** and for which the correct premium has been paid.

If **YOU** have chosen an Annual Multi Trip Insurance the outward and return journey must take place during the start and end date shown on the Confirmation Email.

**PERSONAL POSSESSIONS** - Baggage, clothing, personal effects including **VALUABLES**, gifts purchased outside the United Kingdom, subject to the limits and exclusions detailed under Section E.

**SCHEDULE** - The document showing details of the cover and which should be read in conjunction with this policy.

**SPORTS EQUIPMENT** - Those articles which are usually worn, carried or held in the course of participating in a recognised sport.

**TERRORISM** - shall mean an act, or acts, of any person, or group of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear, including but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of a terrorist activity can either be acting alone, or on behalf of, or in connection with any organisation or government.

**TRIP - YOUR** holiday or journey starting from the time that **YOU** leave **YOUR HOME** in the **UNITED KINGDOM** or from the start date shown on **YOUR SCHEDULE**, whichever is the later, until arrival back at **YOUR HOME** address in the **UNITED KINGDOM**. Annual Multi trip insurance covers **YOU** for any number of **TRIPS** taking place during the **PERIOD OF INSURANCE** shown on the Confirmation Email or **SCHEDULE**. The total duration of any one **TRIP** is limited to a maximum of 31 days, any **TRIP** exceeding this duration will not be covered in whole or in part. **TRIPS** within the **UNITED KINGDOM** must involve at least 2 nights pre-booked accommodation away from **YOUR HOME** in order to be insured by this policy. All **TRIPS** outside the **UNITED KINGDOM** must include a pre-booked outward and return journey for the insurance to be valid

**UNATTENDED** - means left away from **YOUR** person where **YOU** are unable to clearly see and get hold of **YOUR PERSONAL POSSESSIONS** or **MONEY** or **PASSPORTS, TICKETS AND DOCUMENTS**.

**UNITED KINGDOM** - The British Isles and the Channel Islands.

**UTILISATION OF NUCLEAR, CHEMICAL OR BIOLOGICAL WEAPONS OF MASS DESTRUCTION** - shall mean the use of any explosive nuclear weapon or device; or the emission, discharge, dispersal, release or escape of: fissile material emitting a level of radioactivity, or any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins), or any solid, liquid or gaseous chemical compound which, when suitably distributed; which is capable of causing incapacitating disablement or death amongst people or animals.

**VALUABLES** - Jewellery, articles made of gold silver or other precious metals, precious or semi-precious stones, watches, binoculars, telescopes, photographic equipment, electronic audio or video equipment including tapes, compact discs, cartridges,

ipods/ipod touch discs, MP3/4 or mini-disc players, ebook readers and musical instruments, furs, or leather clothing, but excluding footwear.

**YOU/YOUR** - Any person under the age of 55 years named on the Confirmation Email or **SCHEDULE** who is eligible to be Insured and for whom premium has been paid.

**WAR** - shall mean armed conflict between nations including forces acting for any international authority whether war be declared or not, invasion, act of foreign enemy, hostilities or war-like operations, civil war, rebellion, revolution, insurrection, military or usurped power or martial law.

## **IMPORTANT INFORMATION AND GENERAL CONDITIONS APPLYING TO ALL SECTIONS**

### **1. ELIGIBILITY**

This policy is only available to **UNITED KINGDOM** Residents, **YOU** must have resided in the **UNITED KINGDOM** for no less than 6 consecutive months, have a permanent **UNITED KINGDOM** address and be registered with a UK **MEDICAL PRACTITIONER**.

### **2. LIMIT OF COVER**

Cover must be effected prior to the **TRIP** starting for insurance to be valid. Each section of the Schedule of Benefits shows the most **YOU** can claim, but other limits may apply. For example, under section E (**PERSONAL POSSESSIONS**), there is a limit for any single item and a total limit for all **VALUABLES**. Please note that if the Schedule of Benefits shows NIL cover then that section of the policy is not applicable.

### **3. ASSIGNMENT**

This policy or any benefit may not be assigned by **YOU** without **OUR** written consent.

### **4. CANCELLATION OF THE POLICY**

**YOU** may cancel this policy, by giving 30 days' notice. Please contact the agent who sold **YOU** this insurance.

**WE** may cancel this policy or any cover hereunder by giving you 30 days this policy is cancelled the premium for the period up to the date when the cancellation takes effect shall be calculated and **WE** shall return any unearned portion of the premium paid provided no claims have been advised or paid. Where **YOU** cancel this policy the unearned portion of the premium paid will be subject to a minimum charge of £10 inclusive of insurance premium tax (IPT).

Note: Please refer to the Cooling-Off Period in respect of cancellation within the first 14 days of cover.

### **5. INTEREST**

No sum payable under this policy shall carry interest.

### **6. REASONABLE PRECAUTIONS**

**YOU** must take all reasonable steps to avoid or minimise any loss or damage likely to give rise to a claim under this policy.

### **7. RIGHTS OF THIRD PARTIES**

The Contracts (Rights of Third Parties) Act 1999 or any amendment thereto shall not apply to this policy. Only **YOU** and **WE** can enforce any terms of this policy which may be varied or cancelled without consent of any third party.

### **8. TELL US ABOUT A CHANGE**

**YOU** must tell **US** as soon as possible about any change in the information **YOU** have given **US** which is relevant to this insurance, for example, if there is any change in the information **YOU** gave **US** when the insurance started or was last renewed. If **you** do not tell **US**, **YOUR** insurance may not be valid or may not cover **YOU** fully. If **YOU** are not sure whether any information is relevant, **YOU** should tell **US** anyway. **WE** have the right to change any conditions of this insurance when **YOU** tell **US** about a change.

### **9. HAZARDOUS PURSUITS**

**YOU** are not covered for taking part in any **HAZARDOUS PURSUIT** unless it is listed below and you have paid the appropriate premium. If **YOU** are going to take part in any activity which may be considered dangerous or hazardous that is not detailed below

please contact the selling agent who will contact **US** to see if **WE** can provide cover. Cover is available provided that **YOU** follow the safety guidelines for the activity concerned and where applicable **YOU** use the appropriate and recommended safety equipment. Also the activity must not be part of a competition or tournament; or on a professional basis.

## CATEGORY A

**YOU** are automatically covered for the following activities Please note that under Section H (Personal Liability) there is no cover:

- Aerobics
- Archery
- Badminton
- Basketball
- Beach games
- Bowls
- Cricket
- Cycling (but not BMX and mountain bikes and no racing)
- Fell walking, rambling and trekking
- Fishing
- Ice-skating (rink only)
- Parascending (towed by boat)
- Rafting, canoeing and kayaking (including white water up to grade 3)
- Roller skating
- Scuba diving (to 18 metres)
- Skateboarding
- Snooker, pool and billiards
- Snorkelling
- Squash
- Surfing
- Swimming (in pool or on inland waters or coastal waters within a 12-mile limit from land)
- Table tennis
- Tennis
- Volleyball
- Water-skiing (only on inland waters or coastal waters within a 12-mile limit from land)
- Windsurfing (only on inland waters or coastal waters within a 12-mile limit from land)
- Yachting, boating, sailing and rowing (only on inland waters or coastal waters within a 12-mile limit from land)

## CATEGORY B

Provided **YOU** have paid the appropriate premium **YOU** will be covered for all of the activities listed in Category A plus the following activities. Please note that under Section H (Personal Liability) there is no cover:

- Bungee Jump No cover under Section C (Personal Accident)
- Camel/Elephant Riding/Horse/Animal Riding (not Polo, Hunting, Jumping)
- Cycle Touring (no racing)
- Flying as a passenger in a private or small aircraft
- Go Karting (Specific use)
- Hot Air Ballooning (non-UK organised)
- Hydro Zorbing
- Kayaking
- Manual Work (ground level only, no machinery)
- Martial Arts (Training only)
- Motorcycling (limited to 250cc - no racing)
- Quad Biking (no racing)
- Safari (not involving use of firearms)
- Scuba Diving (between 19 and 30 metres)
- Sea Canoeing
- Trekking/Hiking (between 2,000 and 5,000 metres altitude)
- White Water Canoeing/Rafting (up to Grade 4)

## 10. EXTENSION OF COVER

If **YOU** request any extension of the **PERIOD OF INSURANCE** after the commencement of travel **YOU** must advise **US** of any circumstances which at the time of such request could reasonably be expected to cause a claim under this policy and **YOUR** policy must not have expired.

## 11. FRAUD

If any person makes any deliberate misrepresentation or concealment in obtaining this policy or in support of any claim the insurance by this policy will be void and premiums paid retained by **US**.

## 12. OTHER INSURANCES

**WE** will not be liable in respect of any claim where the event leading to the claim is insured by any other existing policy or policies, except in respect of any amount beyond that which is payable under such other policy or policies.

## 13. PRECEDENTS TO LIABILITY

The due observance and fulfilment of the terms, provisions and conditions and endorsements of this policy in so far as they relate to anything to be done or complied with by **YOU** will be a condition precedent to **OUR** liability to make any payment.

## 14. LAW AND JURISDICTION

This policy, **SCHEDULE** and any endorsements shall be governed by and construed in accordance with the law of England and Wales. Each party agrees that the Courts of England and Wales shall have exclusive jurisdiction in respect of any dispute which may arise out of or in connection with this policy or any claim.

## 15. DATA PROTECTION

### Data Transfer Consent

By purchasing this policy with AmTrust Europe Limited, **YOU** have consented to the use of data as described below.

### Data Protection Policy

**WE** are committed to protecting **YOUR** privacy including sensitive personal information; please read this section carefully as acceptance of this policy will be regarded as having read and accepted these Terms and Conditions.

### Sensitive Information

Some of the personal information asked may be sensitive personal data, as defined by the Data Protection Act 1998 (such as information about health or criminal convictions). **WE** will not use such sensitive personal data except for the specific purpose for which it is provided and to provide the services described in this policy.

### How the information is used and protected and who it is shared with

**WE** will use the information to manage this policy, including underwriting and claims handling. This may include disclosing it to other insurers, administrators, third party underwriters and reinsurers.

The information comprises of all the details **WE** hold including transactions and information obtained from third parties. **WE** may use and share this information with other members of the AmTrust group companies (The Group). **WE** will provide an adequate level of protection to the data.

**WE** do not disclose the information to anyone outside the Group except:

- Where **WE** have **YOUR** permission
- Where required or permitted to do so by law
- To credit reference and fraud prevention agencies
- Other companies that provide a service to **YOU** or **US**

**WE** may transfer the information to other countries and jurisdictions on the basis that anyone to whom it is passed provides an adequate level of protection. However, such information may be accessed by law enforcement agencies and other authorities to prevent and detect crime and comply with legal obligations.

### Your Rights

Under the Data Protection Act 1998 **YOU** have certain rights regarding access to **YOUR** information. **YOU** have the right to see a copy of the personal information held about **YOU**, if **YOU** believe that any of the information **WE** are holding is incorrect or incomplete, please let **US** know as soon as possible. To provide a copy of the information **WE** may ask you for a small fee.

### Marketing

AmTrust Europe Limited will not use the data for marketing purposes. All information provided is used to manage this policy only.

## 16. RENEWAL OF ANNUAL TRAVEL INSURANCE POLICIES

All renewals are at **OUR** discretion. **WE** will notify **YOU** that **YOUR** policy is due for renewal 28 days before it expires and include a quotation based closely on **YOUR** current cover type.

Where possible we will automatically renew **YOUR** policy for a further 12 months. Automatic credit card renewal ensures that **YOU** never have to worry about travelling uninsured. **WE** will debit **YOUR** payment card annually. Contact details will be provided along with **YOUR** renewal quotation so that **YOU** can get in touch if **YOU** need to make any changes to **YOUR** cover, for instance; declare a

medical condition, add extra cover for sports or activities, and change the geographic area or the level of cover required.

Payment will be taken from **YOUR** card on the renewal date.

If **WE** are unable to renew your policy for any reason, **WE** will contact **YOU** by email, letter or telephone.

If **YOU** would prefer not to automatically renew **YOUR** annual travel insurance you can let **US** know by email, telephone or letter at any time. In this instance **WE** will contact **YOU** to let you know when **YOUR** policy is due to expire but will not issue a new policy or charge **YOUR** card unless **YOU** instruct us to do so.

Once **YOUR** policy has been renewed, whether automatically or after your instruction, **YOU** have a 14 day cooling off period, when **YOU** can cancel the cover and receive a full refund, provided no claim has been made.

**WE** are unable to automatically renew **YOUR** policy if **YOU** have any **PRE-EXISTING MEDICAL CONDITIONS**.

## 17. COOLING OFF PERIOD

If this cover does not meet **YOUR** requirements, **YOU** may return the insurance documentation to **YOUR** agent within fourteen (14) days of the cover starting or the day on which **YOU** receive the documents, whichever is the later.

**WE** will refund all premiums paid within thirty (30) days from the date **WE** receive the notice of the cancellation from **YOU**. **WE** will not refund premiums if **YOU** have made a claim or the **PERIOD OF INSURANCE** has expired within the fourteen (14) days. Please contact **YOUR** agent who issued this policy to obtain this refund, their address and telephone number will appear on the agent's correspondence to **YOU**.

Any amendments to or cancellation of a policy, outside the 14 day cooling off period, will be subject to an administration fee of £10.

## CLAIMS CONDITIONS

### YOUR DUTIES

1. **YOU** must advise **US** of any occurrence that may give rise to a claim within 30 days or as soon as is reasonably possible after the date of such occurrence and shall supply to **US** all such accounts and other documents as **WE** may reasonably require. Any expenses incurred because of an unreasonable delay in notifying **US** will not be paid.
2. **YOU** must at all times act in a reasonable manner to prevent or mitigate a claim.
3. **YOU** shall in a timely fashion provide assistance and co-operate with **US** or **OUR** representatives, in obtaining any other records deemed necessary to evaluate the incident or claim. In no event are **WE** liable to pay any claim unless **YOU** co-operate fully with **US** and/or **OUR** representatives in the investigation of the claim.

### OUR RIGHTS

1. No admission, offer, promise, payment or indemnity will be made or given by **YOU** or on **YOUR** behalf without **OUR** written consent.
2. **WE** will be entitled to take over and conduct in **YOUR** name the defence or settlement of any claim or to prosecute in **YOUR** name to **OUR** own benefit in respect of any claim for indemnity or damages or otherwise, and will have full discretion in the conduct of any proceedings or in the settlement of any claim and **YOU** must give all such information and assistance as **WE** may require.
3. In case of illness or injury **WE** may approach any Medical Practitioner who may have treated **YOU** during the period of three years prior to the claim, and **WE** may at **OUR** own expense and upon reasonable notice to **YOU** or **YOUR** legal personal representative, arrange for **YOU** to be medically examined as often as required, or in the event of death have a post mortem examination of **YOUR** body.
4. **YOU** must supply at **YOUR** own expense a **MEDICAL PRACTITIONER'S** certificate in the form required by **US** in support of any medical related claim.

## CLAIMS EVIDENCE REQUIRED

### CANCELLATION OR CURTAILMENT

If **YOU** cancel **YOUR TRIP** for medical reasons please obtain a claim form. **YOUR** own **MEDICAL PRACTITIONER** should complete the Certificate on the claim form. If the **TRIP** is curtailed for medical reasons obtain a medical certificate from the treating **MEDICAL PRACTITIONER** in the locality where the incident occurred. **YOU** must:

- Keep receipts or account for all expenses incurred
- In the event of cancellation immediately notify the Supplier/Tour Operator or Travel Agency where **YOUR** trip was booked and obtain a cancellation invoice. Any cancellation claim will be settled at the time **YOU** were aware **YOU** had to cancel the **TRIP** and the amount payable will be based on the Suppliers/Tour Operators/Travel Agencies cancellation scale at that time.
- Call the claims number, as soon as **YOU** know that there is a possibility of **YOUR TRIP** not taking place.
- Obtain authorisation from the assistance company or from **US** before incurring any expenses in **CURTAILING YOUR TRIP**.
- Provide any other documents **WE** may ask for.

### OUTPATIENT MEDICAL EXPENSES.

- **YOU** must keep receipts or accounts for all expenses incurred.
- **YOU** should pay the hospital/clinic/Medical Practitioner for routine or simple outpatient treatment and claim back on **YOUR** return to the **UNITED KINGDOM**. If **YOU** think the level of treatment is excessive please consult the assistance company for guidance.
- Provide any other documents **WE** may ask for.

### PERSONAL ACCIDENT

- Obtain a medical certificate from the treating **MEDICAL PRACTITIONER**.
- In the event of a death **WE** will require a Death Certificate.
- Provide any other documents **WE** may ask for.

### DELAY

- Obtain a letter from the Airline, Railway Company or Shipping Line, or their handling agent, confirming the reason for the delay and detailing the scheduled and actual departure times.
- Provide any other documents **WE** may ask for.

### PERSONAL POSSESSIONS & SPORTS EQUIPMENT

- For all loss or damage in transit claims, including delayed **PERSONAL POSSESSIONS** report to the Airline, Railway or Shipping Line, or their handling agents and obtain a written report from them before leaving the baggage reclaim area
- For all damage claims obtain an estimate for repairs.
- In all circumstances, **YOU** must retain receipts or vouchers for items lost or damaged as these will help **YOU** to substantiate **YOUR** claim.
- In the case of lost or misplaced **PERSONAL POSSESSIONS** on the outward journey, **YOU** must produce receipts for the purchase of essential replacement items.
- **YOU** must report all theft or losses to the Police within 24 hours of discovery and obtain a written Police report. Also report to **YOUR** Courier or Hotel/Apartment Manager whenever it is appropriate.
- In the event of loss of, theft of or damage to **YOUR PERSONAL POSSESSIONS** during **YOUR** outward or return journey **YOU** must get a written 'carrier's report', or a 'Property Irregularity Report' in the case of an airline.
- Provide any other documents **WE** may ask for.

### MONEY, PASSPORTS, TICKETS OR DOCUMENTS

- **YOU** must report all theft or losses to the Police within 24 hours of discovery and obtain a written Police report. Also report to **YOUR** Courier or Hotel Apartment Manager whenever it is appropriate.
- **YOU** must enclose confirmation from **YOUR** bank or bureau de change of the issue of foreign currency. In the case of Sterling **YOU** must produce documentary evidence.
- For a lost or destroyed Passport **YOU** need to supply **US** with a letter from the Consulate where the loss was reported and

retain all receipts that relate to the necessary costs in replacing the Passport.

- Provide any other documents **WE** may ask for.

### PERSONAL LIABILITY

- **YOU** must supply full details of the circumstances giving rise to the claim plus any supporting evidence.
- **YOU** must give **US** notice in writing immediately if **YOU** or **YOUR** legal representatives have knowledge of any impending prosecution, inquest or fatal injury inquiry in connection with any occurrence for which there may be liability under Section H of this policy.
- Provide any other documents **WE** may ask for.

### GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

**WE** shall not be liable for any claim arising as a result of:

- (a) **WAR**, whether declared or not;
- (b) **TERRORISM**. This exclusion will not apply to Section B – Medical and Other Expenses, or Section C – Personal Accident, provided that the **INSURED PERSON** suffering personal accident injury or illness has not participated in or conspired in such activities. Provided also that in the event of benefit being payable the maximum payable in respect of any one claim or series of claims arising from a single act of terrorism or series of acts of terrorism occurring within a 72 hour period is £2,500,000 in the aggregate;
- (c) Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly;
- (d) **YOU** being exposed to the **UTILISATION OF NUCLEAR, CHEMICAL OR BIOLOGICAL WEAPONS OF MASS DESTRUCTION**;
- Any other loss connected to the event **YOU** are claiming for, unless **WE** provide cover under this policy;
- Flying or aerial activity of any kind (other than as a fare paying passenger in a fully licensed passenger carrying aircraft);
- YOUR** wilful, malicious or unlawful acts or whilst under the influence of alcohol or drugs;
- HAZARDOUS PURSUITS** that are not specified under this policy and agreed by **US** in writing;
- YOU** aged 55 years or over;
- Persons aged under 18 years old travelling without an insured adult named on the **SCHEDULE**;
- Cruise Holidays unless the appropriate premium has been paid;
- Any circumstances that are known at the time of purchasing this insurance or at the time of booking **YOUR TRIP**, whichever is later, which could reasonably be expected to give rise to a claim;
- Any claim arising as a result of **YOUR** travel to a country or specific area or event to which the Travel Advice Unit of the Foreign and Commonwealth Office or the World Health Organisation has advised against all, or, all but essential travel;
- YOU** not being allowed to board a flight, train, sea vessel, coach or bus for any reason whatsoever;
- A **PRE – EXISTING MEDICAL CONDITION** unless **YOU** have declared these to **US** prior to **YOUR** departure and **WE** have written to **YOU** accepting them for this insurance;
- A **TRIP** in, to or through the following countries: Afghanistan, Cuba, Liberia or Sudan;
- Civil riots, blockades, strikes or industrial action of any type (except for strikes or industrial action which were not public knowledge when **YOU** booked **YOUR TRIP** or purchased this insurance, whichever is the later);
- The tour operator, airline or any other company, firm or person becoming insolvent, or being unable or unwilling to fulfil any part of their obligation to **YOU**;
- Motor racing, rallying or vehicle racing of any kind;
- YOU** acting in a way which goes against the advice of a medical practitioner;
- YOU** failing to get the inoculations and vaccinations that **YOU** need in relation to **YOUR TRIP**;
- YOUR** disinclination to travel;
- Any costs which **YOU** would have had to or would have chosen to pay had the reason for the claim not occurred (for example, the cost of food which **YOU** would have paid for in any case);

21. **YOUR** suicide or attempted suicide; or **YOU** injuring **YOURSELF** deliberately or putting **YOURSELF** in danger (unless **YOU** are trying to save a human life);
22. Any search and rescue costs;
23. the influence of intoxicating liquor or of a drug or drugs (unless prescribed by a **MEDICAL PRACTITIONER**), or substance or solvent abuse or venereal disease.

**PLEASE NOTE THAT THE FOLLOWING SECTIONS OF COVER ONLY APPLY IF A SUM INSURED IS SHOWN IN THE SCHEDULE OF COVER**

### SECTION A – CANCELLATION OR CURTAILMENT

**NOTE: If you have opted to remove this section then the following cover will not apply.**

What is covered:

**WE** will indemnify **YOU** up to the limit shown in the Schedule of Benefits for:

1. Unused charges associated with **YOUR TRIP** that are not refundable and which were incurred before **YOUR** departure date if **YOU** have to cancel **YOUR TRIP**; or
2. The extra cost of a one way airfare of a standard no greater than the class of journey on the outward journey or the applicable fee charged by the airline to change **YOUR** scheduled return date, and the unused non-refundable prepaid accommodation costs and other land arrangements following **CURTAILMENT** of **YOUR TRIP**;

As a result of any of the circumstances detailed below:

1. **YOUR** death, accidental **BODILY INJURY** or illness, or that of a relative or a friend with whom **YOU** have arranged to travel or stay, or of **YOUR CLOSE RELATIVE** or of a **BUSINESS ASSOCIATE**.
2. **YOU** or any person with whom **YOU** have arranged to travel or stay being subject to compulsory quarantine or being summoned for Jury Service or as a witness (but not as an expert witness) in a Court of Law or for Military Service.
3. **YOUR** redundancy (qualifying **YOU** to claim for payment under current Redundancy Payment Legislation) provided that such notice of redundancy is advised to **US** within 14 days of its announcement and that **YOU** were not aware of any impending redundancy at the time of booking the **TRIP** or when this policy was issued whichever is later.
4. **YOUR HOME** becoming uninhabitable following fire, storm or flood, or **YOUR** presence being required by the Police following burglary at **YOUR HOME**.
5. Reasonable additional travelling expenses incurred by **YOU** in returning to **YOUR HOME**, where such return is urgently necessitated by the death, serious illness or severe injury of **YOUR CLOSE RELATIVE** or a **BUSINESS ASSOCIATE** provided that such **CLOSE RELATIVE** or **BUSINESS ASSOCIATE** is resident in the **UNITED KINGDOM**.

**IN THE EVENT THAT YOUR TRIP IS CURTAILED DUE TO YOUR BODILY INJURY OR ILLNESS A MEDICAL PRACTITIONER AT THE RESORT OR THE NEAREST TOWN MUST CONFIRM THAT SUCH CURTAILMENT WAS MEDICALLY NECESSARY. ALL CURTAILMENT COSTS MUST BE AUTHORISED IN ADVANCE BY THE ASSISTANCE COMPANY OR BY US.**

### SPECIFIC EXCLUSIONS APPLYING TO SECTION A

What is not covered:

1. The **EXCESS**;
2. Any expense following **YOUR** disinclination to travel or to continue with **YOUR TRIP** or loss of enjoyment on **YOUR TRIP**
3. Any expense arising from circumstances which could reasonably have been anticipated at the time **YOU** booked **YOUR TRIP**;
4. Any expense which **YOU** have agreed to pay, if **YOUR TRIP** is cancelled due to a **PRE-EXISTING MEDICAL CONDITION** relating to **YOU**, or any person whose illness or death would cause **YOU** to cancel or **CURTAIN YOUR TRIP**, unless **YOU** have declared the condition to **US** prior to **YOUR** departure and **WE** have written to **YOU** accepting it for this insurance policy;



5. If at the start of **YOUR TRIP**, during **YOUR TRIP** or on **YOUR** return date, **YOU** are more than 36 weeks and 6 days pregnant for a single pregnancy, or more than 32 weeks and 6 days for a multiple pregnancy by air;
6. Avios Awards, Loyalty card vouchers or points or unused Timeshare points;
7. **YOU** being unable to travel due to **YOUR** failure to obtain a passport or visa.

(See also the Specific Exclusions applying to Sections A, B and C)

### SPECIAL PROVISION TO SECTION A

The amount payable, in the event of **CURTAILMENT** will be the unused proportion of **YOUR** irrecoverable pre-paid charges calculated from the date of **YOUR** return to the **UNITED KINGDOM**.

### SECTION B – MEDICAL & OTHER EXPENSES

What is covered:

If **YOU** sustain actual **BODILY INJURY** or suffer illness outside the **UNITED KINGDOM** **WE** will indemnify **YOU** up to the limit shown in the Schedule of Benefits against the following expenses which **YOU** necessarily incur outside the **UNITED KINGDOM**:

1. Necessary Emergency Medical Expenses including hospital charges and in-patient treatment authorised by **US** and ambulance charges for conveyance to hospital. Dental treatment up to the limit shown in the Schedule of Benefits is included only for the alleviation of sudden pain, and does not apply to the provision of dentures or artificial teeth and work involving the use of precious materials
2. Reasonable additional travelling expenses in returning to **YOUR HOME** and reasonable additional accommodation expenses for **YOU** and one relative or friend required on medical advice and authorised by **US** and **OUR** assistance company to remain with or to travel with **YOU**.
3. The expense of a qualified medical attendant or other person authorised by **US** required on medical advice to escort **YOU HOME**
4. The cost of returning **YOUR** body or ashes to the **UNITED KINGDOM**. This cover includes the cost of a standard transportation container but does not include the cost of an ornamental casket or urn and must be authorized by the assistance company. Alternatively **WE** will pay the cost of burial abroad in the country where death occurs up to a maximum limit of £3,000.
5. If **YOU** sustain actual **BODILY INJURY** or suffer illness outside the **UNITED KINGDOM** during the **PERIOD OF INSURANCE** resulting in admission to a hospital overseas as an in-patient **WE** will pay **YOU** a daily benefit shown in the Schedule of Benefits for each complete 24 hours **YOU** are hospitalised up to the limit shown in the Schedule of Benefits.

### SPECIAL PROVISION TO SECTION B

In accepting the cover provided by Section B **YOU** have given **US** or **OUR** assistance company permission to approach **YOUR** UK General Practitioner for details of **YOUR** medical records in the event **YOU** require any form of in-patient treatment following a medical emergency whilst outside the **UNITED KINGDOM**.

### SPECIFIC EXCLUSIONS APPLYING TO SECTION B

What is not covered:

1. The **EXCESS**;
2. Any surgery or MRIS, CT scans or invasive procedure including but not restricted to cardiac catheterisation or organ transplants unless pre-approved by the assistance company prior to it being performed;
3. Any in-patient hospital treatment or treatment costs in excess of £250 or additional travelling expenses not specifically authorised by **US** or **OUR** assistance company;
4. Any expense which **YOU** incur more than twelve months after the occurrence of the injury or illness to which the claim refers;
5. Any expense which is not usual, reasonable or customary for the medical services and/or supply;
6. Any expense for non-essential or on-going treatment or where treatment can be reasonably delayed until **YOU** are returned to the **UNITED KINGDOM**;
7. The cost of a single bed ward unless authorised by **OUR** assistance company;

8. The service of a chiropractor, chiropodist or osteopath or for non-medical costs;
9. Any private medical treatment carried out in countries operating a reciprocal health care agreement with the UK unless specifically authorised by **OUR** assistance company and only in circumstances where a transfer to a public hospital is impossible;
10. Claims arising directly or indirectly as a result of **YOUR PRE-EXISTING MEDICAL CONDITION(S)** unless **YOU** have declared these to **US** prior to **YOUR** departure and **WE** have written to **YOU** accepting them for this insurance;
11. Any medical treatment that **YOU** receive because of a medical condition or an illness related to a medical condition which **YOU** knew about at the time of purchasing this insurance and / or at the time of commencing travel and which could reasonably be expected to lead to a claim unless declared to **US** and accepted for cover in writing;
12. Any costs **YOU** have to pay when **YOU** have refused to come back to the **UNITED KINGDOM** and the Medical Emergency Assistance Company considered **YOU** fit to return **HOME**;
13. Any treatment or medication of any kind that **YOU** receive after **YOU** return to the **UNITED KINGDOM**;
14. Any expenses incurred as a result of a where **YOU** have not had the recommended inoculations and/or taken the recommended medication before **YOU** departed from **YOUR HOME** and/or completed a course of treatment or medication in accordance with the instructions from **YOUR** doctor and/or for the recommended medication.

(See also the Specific Exclusions applying to Sections A, B and C)

### SECTION C – PERSONAL ACCIDENT

What is covered:

If **YOU** sustain a **BODILY INJURY** caused solely by accidental, violent, external and visible means and such **BODILY INJURY** solely and directly results within twelve months in **YOUR** death or disablement, **WE** will pay to **YOU** or **YOUR** legal representative the benefits shown in the Schedule of Benefits in accordance with the following items:

**ITEM 1** Death.

**ITEM 2** Permanent loss by physical severance of hand or foot at or above the wrist or ankle or the total and permanent loss of use of an entire hand or arm or of an entire foot or leg or total and irrecoverable loss of all sight in one or both eyes.

**ITEM 3** Permanent total disablement resulting in **YOUR** permanent and absolute inability to attend to any profession, business or gainful occupation of any and every kind.

### SPECIAL PROVISION TO SECTION C

If **YOU** are under 16 years of age the benefit under Item 1 is limited to £1,500

### SPECIFIC EXCLUSIONS APPLYING TO SECTION C

What is not covered:

No compensation will be payable:

1. Under more than one of items 1,2 or 3 and on payment of a claim under any one of these items **OUR** liability under this Section will cease;
2. In respect of claims arising from any medical condition or treatment or illness or disease.

(See also the Specific Exclusions applying to Sections A, B and C)

### EXCLUSIONS APPLYING TO SECTION A, B & C

What is not covered:

Claims arising from:

1. All **PRE-EXISTING MEDICAL CONDITIONS** that have not been declared and accepted by **US** or if **YOU** are awaiting or undergoing treatment or **YOU** are undergoing or awaiting any medical investigations or consultation with a specialist or awaiting diagnosis or test results or treatment;
2. Travel arrangements made or undertaken:
  - a. against the advice of a **MEDICAL PRACTITIONER**;
  - b. for the purpose of obtaining medical treatment abroad;

3. Emotional, psychological or psychiatric disorder, or whilst suffering from any condition of anxiety, stress or depression;
4. Normal pregnancy, without any accompanying **BODILY INJURY**, illness, disease or complication. This section is designed to provide cover for unforeseen events, accidents, illnesses and diseases and normal childbirth would not constitute an unforeseen event;
5. The cost of any visa required in connection with **YOUR TRIP**;
6. If **YOU** are travelling by air at the start of **YOUR TRIP**, during **YOUR TRIP** or on **YOUR** return date, **YOU** are more than 32 weeks and 6 days pregnant;
7. Avios Awards, Loyalty card vouchers or points or unused Timeshare points.

#### SECTION D – TRAVEL DELAY & MISSED DEPARTURE

What is covered:

1. If as a direct result of strike, industrial action, weather conditions or mechanical/ electrical breakdown affecting scheduled public transport which has been the subject of **ADVANCED BOOKING** by **YOU**, **WE** will indemnify **YOU** as shown below:
  - a. Travel Delay as stated in the Schedule of Benefits;
  - b. for irrecoverable travel or accommodation deposits or charges paid or contracted to be paid up to the limit stated in the Schedule of Benefits, if **YOU** elect to abandon the **TRIP** after a delay exceeding 24 hours
2. **WE** will pay **YOU** up to the limit shown in the Schedule of Benefits, for additional accommodation (room only, not including food, drink and telephone expenses) and travel expenses necessarily incurred in reaching **YOUR** overseas destination or returning to **YOUR HOME** if during the **TRIP YOU** fail to arrive at the international departure point in time to board the scheduled public transport on which **YOU** are booked to travel as a result of:
  - a) the failure of scheduled public transport;
  - b) an accident to or other breakdown of, the vehicle in which **YOU** are travelling (this would not include **YOUR** vehicle running out of petrol, oil or water, having a flat tyre, puncture or flat battery);
  - c) an accident or breakdown occurring to another vehicle ahead of **YOU** on a road which causes an unexpected delay to the vehicle in which **YOU** are travelling;
  - d) strike, industrial action or adverse weather.

#### SPECIAL PROVISION TO SECTION D

1. Any payment **WE** make in respect of 1 a. will be deducted from any subsequent payment made under 1 b.
2. In respect of Travel Delay **YOU** must check-in according to the itinerary provided by the Tour Operator or Carrier, and obtain written confirmation of the delay from such Tour Operator or Carrier.
3. Compensation as described in 1 b. above is only payable in respect of delays on the international outward journey from the **UNITED KINGDOM**.
4. **YOU** must produce independent evidence in writing to support any claim.
5. **OUR** limit of liability under 1 b. will not exceed the amount stated in the Schedule of Benefits for Section A (Cancellation or Curtailment).
6. In respect of Travel Delay **YOU** must take all reasonable steps to arrive at the departure point at or before the recommended check in time and have allowed sufficient time for **YOUR** journey.
7. **YOU** may only claim under one of the following covers under Section D; Travel Delay, Missed Departure and Abandonment.

#### SPECIFIC EXCLUSIONS APPLYING TO SECTION D

What is not covered:

1. Circumstances which could reasonably have been anticipated at the date this insurance was effected or at the time of booking the **TRIP**;
2. Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Civil Aviation Authority or a Port Authority or any similar body in any country
3. The **EXCESS**;
4. **YOUR** disinclination to travel;
5. **YOUR** failure to check in at **YOUR** departure point on time
6. Any repair costs to **YOUR** private motor vehicle;
7. Any upgrade in **YOUR** originally booked accommodation;

8. Additional expenses where the scheduled public transport operator has offered alternative travel arrangements.

#### SECTION E – PERSONAL POSSESSIONS

**NOTE:** If **YOU** have opted to remove this section then the following cover will not apply.

What is covered: **WE** will indemnify **YOU** on a **TRIP**:

1. For loss of or theft of or damage to **PERSONAL POSSESSIONS** belonging to **YOU** up to the amount stated in the Schedule of Benefits (no single article being insured for more than the limit shown in the Schedule of Benefits. A camera or camcorder with all accessories, a bracelet or necklace with any attachment and any similar set or pair of items will be considered as one article).
2. For loss of or theft of or damage to **SPORTS EQUIPMENT** belonging to **YOU** up to the amount stated in the Schedule of Benefits (no single article being insured for more than the limit shown in the Schedule of Benefits).
3. For the cost of necessary purchase of replacement clothing and toiletries if **YOU** are temporarily deprived of **YOUR PERSONAL POSSESSIONS** on the outward journey for a period of more than 24 hours from the time of arrival at **YOUR** destination due to delay or misdirection of a scheduled public transport operator up to the amount shown in the Schedule of Benefits under Delayed Baggage.

#### SPECIAL PROVISION TO SECTION E

1. **YOU** must take all reasonable precautions for the safety of the property insured.
2. **OUR** liability in respect of **VALUABLES** is limited to a total amount shown in the Schedule of Benefits.
3. **WE** will work out how much **WE** will pay **YOU** for baggage claims based on the value of the items at the time of the loss, including wear and tear, not the cost of replacing them.
4. Any claims payment made in respect of temporary deprivation of **PERSONAL POSSESSIONS** will be deducted from any subsequent claim where the property insured proves to be permanently lost. **YOU** must keep receipts for all replacement purchases.
5. **YOU** must supply at **YOUR** own expense a Statutory Declaration regarding any claim arising under this section of this policy if **WE** so require.
6. If the repair cost is higher than either the replacement cost of an item at the date of damage or the single article limit **WE** will assess the claim as if the item has been lost.
7. Any reimbursement received from **YOUR** scheduled public transport operator or other transport carrier, will be deducted from the amount of **YOUR** claim under this section.
8. **WE** may replace, or repair the lost, stolen or damaged baggage or **VALUABLES** at **OUR** sole discretion.
9. **YOU** must report all losses, thefts or delays to the relevant authorities and obtain a written report from them within 24 hours of the incident.
10. Prescription glasses or sunglasses are limited to the amount shown in the Schedule of Benefits.
11. If the loss, theft or damage to **YOUR** property is only noticed after **YOU** have left the airport, **YOU** must contact the airline in writing with full details of the incident within seven days of leaving the airport and get a written report from them.

#### SPECIFIC EXCLUSIONS APPLYING TO SECTION E

What is not covered:

1. The **EXCESS**;
2. Claims where **YOU** are unable to provide receipts or other reasonable proof of ownership wherever possible for the items being claimed;
3. Loss or damage arising from wear and tear or depreciation or deterioration or any process of cleaning or repairing or restoring or atmospheric or climatic conditions or moth or vermin or electrical or mechanical breakdown or derangement;
4. Loss of or theft of or damage to contact or corneal lenses, dentures, hearing aids, mobile telephones, smart phones and/or accessories, computers/games consoles (including handheld consoles) laptops, iPads, computer tablets or similar and/or accessories, samples or merchandise or property used in connection with **YOUR** business or trade, bonds, coupons, securities, stamps or documents of any kind, vehicles or accessories, antiques, pictures, **SPORTS EQUIPMENT** whilst in use, boats and/or ancillary equipment including windsurfing

- equipment and sailboards, caravan awnings, glass, china or any other articles of a brittle or fragile nature;
5. Loss of or damage to property shipped as freight or under a bill of lading;
  6. Any loss, theft or damage to **VALUABLES** which **YOU** do not carry in **YOUR** hand luggage while **YOU** are travelling on public transport or on an aircraft;
  7. If **YOUR** property is delayed or detained by Customs, the police or other officials;
  8. Losses caused by mechanical or electrical breakdown or damage caused by leaking powder or fluid carried within **YOUR PERSONAL POSSESSIONS**;
  9. Any claim for loss, theft, damage or delay to **PERSONAL POSSESSIONS** and baggage which **YOU** do not report to the relevant airline or transport company within 24 hours of discovering it and which **YOU** do not get a written report for.

(See also the Specific Exclusions applying to Sections E, F and G)

## SECTION F - PERSONAL MONEY

**NOTE:** If you have opted to remove this section then the following cover will not apply.

What is covered:

**WE** will indemnify **YOU** up to the amount stated in the Schedule of Benefits in respect of accidental loss or theft of **MONEY** whilst on **YOUR** person or whilst in a safety deposit box within a hotel or whilst in **YOUR** securely locked accommodation under **YOUR** control during a **TRIP**.

### SPECIAL PROVISION TO SECTION F

1. **YOU** take reasonable precautions for the safety of the property insured.
2. **YOU** must supply at **YOUR** own expense a Statutory Declaration regarding any claim arising under this section of the Policy if so required.
3. **OUR** limit of liability in respect of cash being carried on any one person is up to the amount stated in the Schedule of Benefits (for persons aged under 16 years the loss of cash limit is £50).
4. **YOU** must report all losses or thefts to the relevant authorities and obtain a written report from them within 24 hours of the incident.

### SPECIFIC EXCLUSIONS APPLYING TO SECTION F

What is not covered:

1. Shortages of **MONEY** due to error or omission or depreciation in value or currency transfers costs;
2. The **EXCESS**;
3. Claims where **YOU** are unable to provide receipts or other reasonable proof of ownership wherever possible for the **MONEY** being claimed;

(See also the Specific Exclusions applying to Sections E, F and G)

## SECTION G – PASSPORT

What is covered:

**WE** will indemnify **YOU** up to the amount shown in the Schedule of Benefits for the reasonable costs in obtaining a replacement passport (or travel document) to enable **YOU** to return to the **UNITED KINGDOM** following the accidental loss or theft of **YOUR** Passport whilst on a **TRIP**.

(See also the Specific Exclusions applying to Sections E, F and G)

### EXCLUSIONS APPLYING TO SECTIONS E, F & G

What is not covered:

1. Loss due to delay, detention, confiscation, requisition or damage by Customs or other Officials or Authorities;
2. Loss or theft unless **YOU** have reported the loss or theft to the nearest Police authority within 24 hours of discovery and **YOU** have obtained a written Police report;
3. Loss of or theft of:
  - a. **VALUABLES**, Passports or **MONEY** from an **UNATTENDED** vehicle at any time;

- b. Other property insured from an **UNATTENDED** motor vehicle unless the vehicle was securely closed and locked, and such property placed out of sight in the locked boot or in a locked compartment within the vehicle, but in any event excluding all property insured whilst left in an **UNATTENDED** motor vehicle between 20:00 hours and 08:00 hours local time, other than motor homes or caravans which are being occupied by **YOU** as **YOUR** holiday accommodation;
4. Theft of property left **UNATTENDED** other than as provided above or whilst in **YOUR** securely locked accommodation;
5. Loss of, theft of or damage to **VALUABLES** or **MONEY** whilst in a suitcase or holdall or bag or similar receptacle outside **YOUR** immediate control.

## SECTION H – PERSONAL LIABILITY

What is covered:

**WE** will pay up to the limit shown in the Schedule of Benefits if **YOU** become legally liable to pay damages in respect of:

1. Accidental bodily injury, including death, illness and disease to a person; and/or
2. Accidental loss of or damage to material property (property that is both material and tangible);

arising during the **TRIP**, **WE** will indemnify **YOU** for all such damages in respect of each occurrence or a series of occurrences arising directly or indirectly from one source or original cause.

### SPECIAL PROVISION TO SECTION H

1. **YOU** or **YOUR** legal representatives will give **US** written notice immediately if **YOU** have received notice of any prosecution or inquest in connection with any circumstances which may give rise to liability under this section.
2. No admission, offer, promise, payment or indemnity shall be made by or on behalf of **YOU** without **OUR** prior written consent.
3. Every claim notice, letter, writ or process or other document served on **YOU** shall be forwarded to **US** immediately upon receipt.
4. **WE** shall be entitled to take over and conduct in **YOUR** name the defence or settlement of any claim or to prosecute in **YOUR** name for **OUR** own benefit any claim for indemnity or damages against all other parties or persons.
5. **WE** may at any time pay **YOU** in connection with any claim or series of claims the limit stated in the Schedule of Benefits (after deduction of any sums already paid as compensation) or any lesser amount for which such claim(s) can be settled. Once this payment is made **WE** shall relinquish the conduct and control and be under no further liability in connection with such claim(s) except for the payment of costs and expenses recoverable or incurred prior to the date of such payment.

### EXCLUSIONS APPLYING TO SECTIONS H

What is not covered:

1. the **EXCESS**;
2. **WE** will not pay any liability for:
  - a) Bodily injury, illness or disease of any person who is **YOUR CLOSE RELATIVE**, a travelling companion, or under a contract of employment, service or apprenticeship with **YOU** when the bodily injury, illness or disease arises out of and in the course of their employment to **YOU**;
  - b) Loss or damage to property belonging to or held in trust by or in the custody or control of **YOU** other than temporary accommodation occupied by **YOU** in the course of the **TRIP**;
  - c) Bodily injury or damage caused directly or indirectly in connection with the ownership, possession or use by **YOU** or on behalf of **YOU** of:
 

Aircraft, hovercraft, watercraft (other than non-mechanically powered watercraft less than 30 feet in length used on inland waters), mechanically propelled vehicles (other than golf buggies used on golf courses and not on public roads), firearms (other than sporting guns);
  - d) Bodily injury caused directly or indirectly in connection with:
 

The ownership, possession or occupation of land or buildings, immobile property or caravans or trailers, any wilful or malicious act, carrying on of any trade, business or profession, any racing activity;
  - e) Fraudulent, dishonest or criminal acts of **YOU** or any person authorised by **YOU**;

- f) Any claim resulting from venereal disease, sexually transmitted diseases, infection with the Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) howsoever this syndrome has been acquired or may be named;
- g) Any claim assumed by **YOU** under any contract or agreement unless such liability would have attached in the absence of such contract or agreement;
- h) Punitive or exemplary damages.

## SECTION I - LEGAL COSTS AND EXPENSES

What is covered:

If **YOU** suffer an incident that results in bodily injury, death or illness caused by a third party during the **TRIP**, **WE** will indemnify **YOU** for **LEGAL EXPENSES** incurred in pursuit of a claim for damages or compensation against the third party up to the limit stated in the Schedule of Benefits for any one **TRIP**.

### SPECIFIC DEFINITIONS APPLICABLE TO SECTION I

**LEGAL EXPENSES** shall mean:

1. Fees, expenses and other disbursements reasonably incurred (as determined by **OUR** legal counsel) by a **LEGAL REPRESENTATIVE** in pursuing a claim or legal proceedings for damages and/or compensation against a third party who has caused **YOUR** bodily injury, death or illness.
2. Fees, expenses and other disbursements reasonably incurred (as determined by **OUR** legal counsel) by a **LEGAL REPRESENTATIVE** in appealing or resisting an appeal against the judgement of a court tribunal or arbitrator.
3. Costs that **YOU** are legally liable for following an award of costs by any court or tribunal or an out-of-court settlement made in connection with any claim or legal proceedings.

**LEGAL REPRESENTATIVE** shall mean: a solicitor, firm of solicitors, lawyer, or any appropriately qualified person, firm or company, appointed by **US** to act on **YOUR** behalf.

### SPECIAL PROVISION TO SECTION I

1. Written consent must be obtained from **US** prior to incurring **LEGAL EXPENSES**. This consent will be given if **YOU** can satisfy **US** that:
  - a) There are reasonable (as determined by **OUR** legal counsel) grounds for pursuing or defending the claim or legal proceedings; and
  - b) It is reasonable (as determined by **OUR** legal counsel) for **LEGAL EXPENSES** to be provided in a particular case.

The decision to grant consent will take into account the opinion of **YOUR LEGAL REPRESENTATIVE** as well as that of **OUR** own advisers. **WE** may request, at **YOUR** own expense, an opinion of counsel as to the merits of the claim or legal proceedings. If the claim is admitted, **YOUR** costs in obtaining this opinion will be covered by this Policy.
2. All claims or legal proceedings including any appeal against judgement resulting from the same original cause, event, or circumstance, will be regarded as one claim.
3. If **YOU** are successful in any action, any **LEGAL EXPENSES** provided by **US** will be reimbursed to **US**.
4. **WE** may at **OUR** discretion assume control at any time of any claim or legal proceedings in **YOUR** name for damages and or compensation from a third party.
5. **WE** may at **OUR** discretion offer to settle a claim with **YOU** instead of initiating or continuing any claim or legal proceedings for damages and or compensation from a third party, and any such settlement will be full and final in respect to the claim.
6. **WE** may at **OUR** discretion offer to settle a counter-claim against **YOU** instead of continuing any claim or legal proceedings for damages and or compensation from a third party.

### EXCLUSIONS APPLYING TO SECTIONS I

**WE** will not be liable for:

1. The **EXCESS**;

**WE** will not pay any liability for:

1. Any claim reported to **US** more than 12 months after the beginning of the incident which led to the claim;

2. **LEGAL EXPENSES** incurred in the defence against any civil claim or legal proceedings made or brought against **YOU**;
3. **LEGAL EXPENSES** incurred before receiving **OUR** prior written approval, unless such costs would have been incurred subsequently to **OUR** approval;
4. **LEGAL EXPENSES** incurred in connection with any criminal or wilful act committed by **YOU**;
5. **LEGAL EXPENSES** incurred for any claim or legal proceedings brought against:
  - (i) A travel agent, tour operator, carrier, insurer or their agent; or
  - (ii) **US**, **YOU**, or any company or person involved in arranging this policy;
6. Fines, compensation or other penalties imposed by a court or other authority;
7. **LEGAL EXPENSES** incurred after **YOU** have not accepted an offer from a third party to settle a claim or legal proceeding where the offer is considered by all parties to be reasonable or **YOU** not accepting an offer from **US** to settle a claim;
8. **LEGAL EXPENSES** which **WE** consider to be unreasonable or excessive or unreasonably incurred (as determined by **OUR** legal counsel);
9. Actions between individuals named on the **SCHEDULE**;
10. **LEGAL EXPENSES** incurred in pursuing any claim for compensation against the manufacturer, distributor or supplier of any drug, medication or medicine.

## SECTION J – HIJACK

What is covered:

If **YOU** are prevented from reaching **YOUR** scheduled destination as a result of **HIJACK** of the aircraft or ship in which **YOU** are travelling during a **TRIP**, **WE** will pay **YOU** for each full 24 hours of delay up to the maximum stated in the Schedule of Benefits.

### SPECIFIC PROVISIONS APPLICABLE TO SECTION J

1. Compensation is only payable if no claim is made under Section A (Cancellation or Curtailment) or Section D (Travel Delay).
2. **YOU** must produce independent evidence in writing in support of any claim.

### EXCLUSIONS APPLYING TO SECTIONS J

**WE** will not be liable for any loss if **YOU** or **YOUR** family, travelling companion or **YOUR BUSINESS ASSOCIATES** have engaged in activities that could be expected to increase the risk of **HIJACK**.

## SECTION K - PETCARE

What is covered:

In the event of a delay of more than 12 hours to **YOUR** final planned inbound flight, rail or sea trip to the **UNITED KINGDOM**, **WE** will indemnify **YOU** up to the amount stated in the Schedule of Benefits in respect of additional kennel and/or cattery fees necessarily incurred as a direct result of the delay.

### SPECIFIC PROVISIONS APPLICABLE TO SECTION K

1. **YOU** must get written confirmation from the appropriate transport company or authority stating the reason for the delay and how long the delay lasted.
2. **WE** will only pay for pet cats or pet dogs that **YOU** own under this section.
3. **YOU** must get a written statement from the appropriate kennel or cattery confirming any extra charges that **YOU** have to pay.

### SPECIFIC EXCLUSIONS APPLYING TO SECTION K

What is not covered:

1. Any fees, if **YOUR** pet's stay does not exceed the pre-booked period of accommodation in the kennel or cattery;
2. Any kennel or cattery fees **YOU** pay outside **YOUR HOME**, as a result of quarantine regulations;
3. Adverse weather or strike or industrial action, existing or publicly declared before **YOU** purchased this insurance or at the time of booking the **TRIP** (whichever is the later);
4. Any fees which did not form part of the original pre-booked duration for **YOUR** pet;

5. **YOU** not having checked in for the **TRIP** at the final international departure point at or before the recommended time.

### **HOW TO MAKE A COMPLAINT**

**WE** are committed to treating our customers fairly. However, **WE** realise that there may be times when things go wrong. If this happens, please use the most suitable contact from the following and tell **US YOUR** name and **YOUR** claim number or policy number and the reason for your complaint. **WE** may record phone calls.

### **FOR COMPLAINTS ABOUT CLAIMS YOU SHOULD CONTACT:**

#### **GLOBAL RESPONSE**

Regus House, Falcon Drive, Cardiff Bay, Cardiff, United Kingdom, CF10 4RU

TEL: 02920 474220

FAX: 02920 468797

E-MAIL: [Operations@global-response.co.uk](mailto:Operations@global-response.co.uk)

If **YOU** have any other type of complaint please contact **OUR** Customer Relations Manager at [www.ancileinsurance.com/contact-us/](http://www.ancileinsurance.com/contact-us/) or at Ancile Insurance Ltd, Kao Hockham Building, Edinburgh Way, Harlow, Essex, CM20 2NQ

**YOU** will be contacted within five days of receiving **YOUR** complaint to inform **YOU** of what action is being taking.

We will try to resolve the problem and give **YOU** an answer within four weeks. If it will take longer than four weeks we will tell you when **YOU** can expect an answer.

If **YOU** have not been given an answer within eight weeks we will tell you how **YOU** can take **YOUR** complaint to the Financial Ombudsman Service for review.

Once **YOU** have received **YOUR** final response from us, and if **YOU** are still not satisfied **YOU** can contact the Financial Ombudsman Service:

The FOS address is:

Financial Ombudsman Service,

South Quay Plaza, 183 Marsh Wall, London, E14 9SR

Phone: 0800 023 4567 (free for people phoning from a "fixed line", i.e. a landline at home) or

0300 123 9123 (free for mobile-phone users who pay a monthly charge for calls to numbers starting 01 or 02)

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

Following this complaint procedure does not affect your right to take legal action.

### **FINANCIAL CONDUCT AUTHORITY**

AmTrust Europe Limited which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. These details can be checked on the Financial Services Register by visiting: [www.fca.org.uk](http://www.fca.org.uk),

Financial Services Register number 202189. Member of the Association of British Insurers. Registered in England: company number 1229676. Registered address: Market Square House, St James's Street, Nottingham NG1 6FG.

### **FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)**

**WE** are covered by the Financial Services Compensation Scheme (FSCS). **YOU** may be entitled to compensation from the scheme if in the unlikely event **WE** are unable to meet **OUR** obligations under this contract. A claim under this contract of general insurance is covered 90% of the claim without any upper limit.

Further information about the scheme is available from the Financial Services Compensation Scheme at the below address or on their website: [www.fscs.org.uk](http://www.fscs.org.uk). 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU and on Telephone: +44 (0)20 7892 7300 or Facsimile: +44 (0)20 7892 7301