

## Elect – Policy Summary

This Policy Summary is to help you understand the insurance that your Policy provides. It details the key features, benefits, limitations, and exclusions, but you still need to read the Evidence of Insurance for a full description of the terms of the insurance, including the definitions, together with the Schedule, and any endorsements, applying to your policy. The levels of cover and excesses which apply to your insurance are detailed in the Schedule of Benefits on page 2 of your Evidence of Insurance. Important information is also detailed on page 1 & 3 of your Evidence of Insurance. This Policy Summary does not form part of the Evidence of Insurance.

**Insurer** – this insurance is underwritten by White Horse Insurance Ireland Limited.

**Purpose of this Insurance** –to provide financial protection and emergency assistance for your trip(s).

**Period of Cover** –as stated on your Policy Certificate.

Cover Limits and Excesses Per Insured Person									
Sections of Cover		Essentials		Silver		Gold		Platinum	
		Cover Limit	Excess	Cover Limit	Excess	Cover Limit	Excess	Cover Limit	Excess
A	Emergency Medical Expenses and Repatriation	£1,000,000	£200	£2,500,000	£125	£5,000,000	£125	£10,000,000	£100
	Emergency Dental Expenses	£200	£125	£200	£125	£200	£125	£200	£100
B	Hospital Benefit	No Cover	N/A	£15 for each complete 24hr period up to £120	Nil	£25 for each complete 24 hr period up to £500	Nil	£25 for each complete 24 hr period up to £2,000	Nil
C	Personal Accident	£10,000	Nil	£10,000	Nil	£10,000	Nil	£25,000	Nil
	Death	£5,000	Nil	£5,000	Nil	£5,000	Nil	£5,000	Nil
	Death (Insured's under 16)	£1,000	Nil	£1,000	Nil	£1,000	Nil	£1,000	Nil
D	Personal Liability	£250,000	£250	£500,000	£250	£1,000,000	£250	£2,000,000	£250
E	Legal Expenses	No Cover	N/A	£10,000	£125	£15,000	£100	£15,000	Nil
F	Missed Departure	No Cover	N/A	No Cover	N/A	£750	£100	£1,000	£100
G	Personal Possessions	No Cover	N/A	£500	£125	£750	£125	£2,000	£100
	Single Article Limit	No Cover	N/A	£150	£125	£150	£125	£150	£100
	Valuables Limit	No Cover	N/A	No Cover	N/A	£200	£125	£200	£100
	Travel Documents	No Cover	N/A	No Cover	N/A	£250	£100	£300	£100
	Baggage Delay	No Cover	N/A	No Cover	N/A	£150	£100	£150	£100
	Personal Money	No Cover	N/A	£100	£125	£150	£100	£150	£100
H	Cancellation and Curtailment	No Cover	N/A	£750	£125	£1,500	£125	£3,000	£100
I	Travel Delay	No Cover	N/A	No Cover	N/A	£20 for each full 12 hr delay up to £300	Nil	£20 for each full 12 hr delay up to £300	Nil
	Holiday Abandonment	No Cover	N/A	No Cover	N/A	£1,500	£125	£3,000	£100

Wintersports cover - additional benefits (applicable only where the additional premium has been paid)									
Cover Limits and Excesses Per Insured Person									
Sections of		Essentials		Silver		Gold		Platinum	
Cover		Cover Limit	Excess	Cover Limit	Excess	Cover Limit	Excess	Cover Limit	Excess
J	<b>Ski Equipment</b>								
	Owned	No Cover	N/A	No Cover	N/A	£350	£125	£500	Nil
	Hired	No Cover	N/A	No Cover	N/A	£175	£125	£250	Nil
	<b>Single Item Limit</b>	No Cover	N/A	No Cover	N/A	£175	£125	£250	Nil
K	<b>Ski Pack</b>	No Cover	N/A	No Cover	N/A	£75 for each complete 24hr period up to £150	Nil	£75 for each complete 24hr period up to £225	Nil
L	<b>Piste Closure</b>	No Cover	N/A	No Cover	N/A	£20 for each complete 24 hr period up to £120	Nil	£20 for each complete 24 hr period up to £200	Nil
M	<b>Avalanche</b>	No Cover	N/A	No Cover	N/A	£75 after full 12 hr delay	Nil	£100 after full 12 hr delay	Nil
N	<b>Ski hire</b>	No Cover	N/A	No Cover	N/A	£20 for each 24 hr period up to £300	Nil	£20 for each 24 hr period up to £500	Nil
Business cover - additional benefits (applicable only where the additional premium has been paid)									
Cover and Limits Per Insured Person									
Sections of		Essentials		Silver		Gold		Platinum	
Cover		Cover Limit	Excess	Cover Limit	Excess	Cover Limit	Excess	Cover Limit	Excess
O	<b>Business Equipment</b>	No Cover	N/A	No Cover	N/A	No Cover	N/A	£2,000	£100
	<b>Single Article Limit</b>	No Cover	N/A	No Cover	N/A	No Cover	N/A	£500	£100
	<b>Emergency Courier of Business Equipment</b>	No Cover	N/A	No Cover	N/A	No Cover	N/A	£250	£100
P	<b>Delayed Business Equipment</b>	No Cover	N/A	No Cover	N/A	No Cover	N/A	£150 per complete 24hr period up to £450	Nil
	<b>Hire of alternative business equipment</b>	No Cover	N/A	No Cover	N/A	No Cover	N/A	£150 per complete 24hr period up to £450	Nil
Q	<b>Business Money</b>	No Cover	N/A	No Cover	N/A	No Cover	N/A	£250	£100
R	<b>Replacement Employee</b>	No Cover	N/A	No Cover	N/A	No Cover	N/A	£3,000	£100

Principal Exclusions and Limitations	Policy Reference
<b>Medical Health Requirements</b> Please note that cover can be afforded under any section of this insurance policy for any claim arising from or related to a pre-existing medical condition which you or anyone else upon whom your travel is dependant knew about, or could have reasonably been expected to have know about prior to the purchase of this insurance policy. You must complete the medical screening process when you purchase your policy, pay any relevant additional premium and have received written confirmation from Insure For Travel Limited that confirms that they have accepted cover for these conditions. Your failure to do this will result in claims for those undisclosed conditions not being paid. It is important that you refer to the Pre-Existing Medical Conditions section of the policy.	Important Conditions Relating To Health – Page 3
<b>Hazardous Sports and Activities</b> We will not pay any claim directly or indirectly resulting from participation in certain hazardous activities, professional or organised sports, racing, speed or endurance tests, or other dangerous activities. We may be prepared to offer cover for certain activities, so if you require such cover, or are unsure whether the particular activity / pursuit is considered hazardous by us, you should refer to the wording and/or contact Elect Travel Insurance to check that this insurance meets your needs.	Hazardous Sports Definition – Page 4
<b>Personal Possessions &amp; Personal Money</b> Cover is provided for loss, damage, or theft of your Personal Possessions (excluding Essentials cover), including Money and Loss of Travel Documents. We may, however, take off an amount for wear and tear when settling a claim, depending on the age and condition of the property. Cover is only provided up to maximum amounts for individual items, valuable items, and cash within the overall limit. The Evidence of Insurance provides full details of these limits.	Section G Page 6
<b>Excesses</b> Certain sections of cover are subject to an excess applying to each claim. An excess means that you are responsible for the first sum per person per incident when you claim. The amount of any excess is detailed in the Evidence of Insurance on the types and overall limits of cover table and under the Sections to which an excess applies.	The Schedule of Benefits – Page 2
<b>Duration of Cover</b> All trips must start from and end in the United Kingdom, and the policy must cover the whole duration of the trip, and cannot be effected once travel has commenced. A maximum duration of any one trip applies and the limit, including the limit for Winter Sports cover (if applicable), is stated in the Evidence of Insurance.	Definitions – Page 4
<b>If you change your mind</b> If, having examined your Evidence of Insurance, you decide the insurance does not meet your needs, you can cancel the insurance within 14 days from the date you receive the Evidence of Insurance, and we will refund the premium provided you have not taken a trip to which the insurance applies, and you have not made a claim. If you wish to cancel your insurance you should contact Elect Travel Insurance.	Important Information – Page 1

**MAKING A CLAIM** – Please telephone White Horse Administration Services Limited on 0871 664 7995 or write to White Horse Administration Services Limited, PO BOX 5633, Walsall, WS6 9BB. When contacting the claims handler please quote reference WHIIL/ELECT/02/2011 and make sure You have the relevant information to hand as failure to do so may result in your claim being delayed. Please refer to the Evidence of Insurance for more information.

**YOUR RIGHT TO COMPLAIN** – Should you have any queries or complaints regarding this insurance or in the way your claim has been dealt with, in the first instance please write to: The Customer Services Manager, White Horse Administration Services Limited, PO BOX 5633, Walsall, WS6 9BB. Please always quote your insurance reference number and claim number. Also, please enclose any copies of the relevant documentation. This procedure is intended to provide you with a prompt and practical service with any complaints. If you are still not satisfied with Your decision, please refer to The Financial Services Ombudsman’s Bureau, Third Floor, Lincoln House, Lincoln Place, Dublin 2, Republic of Ireland

White Horse Insurance Ireland Limited is covered by the Financial Services Compensation Scheme. If White Horse Insurance Ireland Limited cannot meet their obligations you may be entitled to compensation from The Financial Services Compensation Scheme. The Financial Services Compensation Scheme provides funds for liquidators so that they may pay the valid claims of insolvent insurers. The scheme will provide an amount up to £2,000 or 90% of the net loss, whichever is less. You can get more information about compensation scheme arrangements from the Financial Services Authority.

# ElectTravel Insurance

THIS WORDING CONSTITUTES A VALID EVIDENCE OF INSURANCE ONLY WHEN ATTACHED TO THE APPROPRIATE, DULY VALIDATED, CERTIFICATE ENDORSEMENT SLIP COVERING THE RELEVANT TRAVEL OR JOURNEY

This travel insurance has been arranged by Crispin Speers & Partners on behalf of Elect Travel Insurance which is a trading name of Insure for Travel Limited  
This Evidence of Insurance is to confirm that those persons who have paid the appropriate premium are insured under Master Certificate Number **WHIIL/ELECT/02/2011**  
This document only constitutes a valid evidence of insurance when it is issued in conjunction with a validation certificate issued between 1st February 2011 and 31st January 2012. All single trip and annual multi trip travel must be completed by 2nd March 2013.

## YOUR TRAVEL INSURANCE FOR YOUR PEACE OF MIND

PLEASE take a little time to read and understand what **We** will cover and what **We** will not cover along with what **You** should do in the event of a claim to avoid any frustration or disappointment.

**We** would also like to draw **your** attention to restrictions on this **policy** in terms of age and **Pre-Existing Medical Condition(s)** as outlined in this **policy** document.

After reading this document, if **You** decide the terms of the insurance contract does not meet **Your** requirements **You** can, WITHIN 14 DAYS OF THE DATE **YOU** RECEIVED THIS DOCUMENT, return it to Elect Travel Insurance, for a full refund of premium.

*Brian House, General Manager, White Horse Insurance Ireland Ltd.*

## GENERAL INFORMATION

### Insurer

The **Insurer** for this **policy** is:

White Horse Insurance Ireland Limited, Registration Number: 306045. Registered Office: Bay 89.2, Free Zone West, Shannon, Co. Clare, Republic of Ireland.

White Horse Insurance Ireland Limited are authorised and regulated by the Central Bank of Ireland. This can be checked with the Central Bank of Ireland by visiting their website [www.centralbank.ie](http://www.centralbank.ie).

### Health agreements

When **You** are travelling to a European Union Country, **You** should collect a form European Health Insurance Card (EHIC) from **Your** local post office. If **You** need treatment, **You** should present this at the time of treatment as it may save **You** paying the **policy excess** from any claim under Section A (Emergency Medical Expenses & Repatriation). When **You** are travelling to Australia or New Zealand and **You** have to go to hospital, **You** must register for treatment under either the Medicare scheme or the reciprocal health agreement applicable in those countries. If **You** do not do this, **We** may not be able to pay **Your** claim.

### Your travel insurance

All insurance policies contain restrictions and exclusions which **you** should know about. Please make sure that the cover meets **your** needs. If **you** need more advice, please call Elect Travel Insurance on 0844 980 0271.

## IMPORTANT INFORMATION

### EVIDENCE OF INSURANCE

**You** should read this document carefully. It gives **you** full details of what is and is not covered and the conditions of the cover. Cover will vary from policy to policy and Insurer to Insurer.

### CONDITIONS, EXCLUSIONS AND WARRANTIES

Conditions and exclusions will apply to individual sections of **your policy** while general exclusions and conditions will apply to the whole of **your policy**. It is a condition of this **policy** that all material facts must be disclosed to the **Insurer** at the time of taking out this **policy**. Failure to do so may result in the **Insurer's** non-liability for claims.

### DANGEROUS SPORTS & ACTIVITIES

**You** are only covered under the **policy** for claims arising from certain **hazardous activities**. If **you** require cover for activities not listed within this booklet please contact Elect Travel Insurance on 0844 980 0271.

### PROPERTY CLAIMS

These claims are paid based on the value of the goods at the time **you** lose them and not on a 'new for old' or replacement cost basis. An allowance for wear, tear and depreciation will be deducted. Certain items of personal property are not covered.

### PERSONAL LIABILITY

There is no cover for Personal Liability claims arising directly or indirectly from, happening through or in consequence of ownership, possession or use of any vehicle, automobile, aircraft or any mechanically propelled conveyance.

### POLICY LIMITS

All sections of **your policy** have limits on the amount the **Insurer** will pay under that section. There are also specific limits under the **personal possessions** section for: any **single item**; **valuables**, items for which an original receipt, proof of purchase or an insurance valuation prior to loss, is not supplied.

### POLICY EXCESSES

Under most sections of the **policy**, claims will be subject to an **excess** per **insured**, per section of cover and per incident. This means that **you** will be responsible for the first part of the claim. If **you** claim under more than one section of the **policy**, **you** will have to pay an **excess** for each section.

### AGE ELIGIBILITY

Annual Multi **Trip** cover is not available to anyone aged 75 or over on the date of purchasing this insurance **policy**. If **You** reach the age of 75 during the **period of insurance**, cover will continue until the next renewal date but not thereafter.

Single **Trip** cover is not available to anyone aged 75 or over on the date of purchasing this insurance **policy**.

### RESIDENCY

This **policy** is only available to **You** if **You** are permanently resident in the **United Kingdom** and have registered with a **Medical Practitioner** in the **United Kingdom**.

### REASONABLE CARE / UNATTENDED PROPERTY

**You** must exercise reasonable care to prevent **illness**, injury or loss or damage to **your** property, as if uninsured. There is no cover for property left **unattended** in a place to which the general public has access. There is no cover for loss of **money** which was not carried on the **Insured's** person unless placed in a safety deposit box or similar locked, fixed receptacle.

### COMPLAINTS PROCEDURE

If **you** have any cause for complaint regarding this insurance, please refer to the relevant section of this document for the complaints procedure to follow.

### CANCELLATION PERIOD

If, after reading this **policy** **you** are not satisfied with it for any reason, **you** must return the **certificate** to the Issuing Agent within 14 days of issue in order to receive a full refund of premium, provided that a claim does not exist and that travel has not taken place.

### INFANTS

Please note that any person under the age of 2 years old at the time of inception of this insurance, will be insured for free when travelling with an insured adult.

### MATERIAL FACTS

**You** MUST disclose all material facts. A material fact is one that is likely to influence the **Insurer** in accepting **your** insurance. This could be the state of **your** health or that of a **relative** or person on whom **your** travel plans depend or any **hazardous activities**. If **you** are in any doubt as to whether a fact is 'material', **you** should tell **your** issuing agent. If the fact is considered to be 'material', **you** should seek written confirmation from the **Insurer**. If **you** do not disclose material facts, it may result in **your** claims being invalid.

### LAW APPLICABLE UNDER THIS CONTRACT

**You** and **We** are free to choose the laws applicable to the **policy**. **We** propose to apply the laws of the Republic of Ireland and by purchasing this **policy**, **You** have agreed to this.

## Types and overall limits of cover

This is to certify that the **Insurer**, in consideration of the premium specified on your **Certificate**, agrees to indemnify the **Insured Person** (s) on this **policy** in respect of

### THE SCHEDULE OF BENEFITS

Sections of Cover		Cover Limits and Excesses Per Insured Person							
		Essentials Cover		Silver Cover		Gold Cover		Platinum Cover	
		Cover Limit	Excess	Cover Limit	Excess	Cover Limit	Excess	Cover Limit	Excess
<b>A</b>	Emergency Medical Expenses & Repatriation	£1,000,000	£200	£2,500,000	£125	£5,000,000	£125	£10,000,000	£100
	Emergency Dental Expenses	£200	£125	£200	£125	£200	£125	£200	£100
<b>B</b>	Hospital Benefit	No Cover	N/A	£15 for each complete 24hr period up to £120	Nil	£25 for each complete 24 hr period up to £500	Nil	£25 for each complete 24 hr period up to £2,000	Nil
<b>C</b>	Personal Accident	£10,000	Nil	£10,000	Nil	£10,000	Nil	£25,000	Nil
	Death	£5,000	Nil	£5,000	Nil	£5,000	Nil	£5,000	Nil
	Death (Insured's under 16)	£1,000	Nil	£1,000	Nil	£1,000	Nil	£1,000	Nil
<b>D</b>	Personal Liability	£250,000	£250	£500,000	£250	£1,000,000	£250	£2,000,000	£250
<b>E</b>	Legal Expenses	No Cover	N/A	£10,000	£125	£15,000	£100	£15,000	Nil
<b>F</b>	Missed Departure	No Cover	N/A	No Cover	N/A	£750	£100	£1,000	£100
<b>G</b>	Personal Possessions	No Cover	N/A	£500	£125	£750	£125	£2,000	£100
	Single Article Limit	No Cover	N/A	£150	£125	£150	£125	£150	£100
	Valuables Limit	No Cover	N/A	No Cover	N/A	£200	£125	£200	£100
	Travel Documents	No Cover	N/A	No Cover	N/A	£250	£100	£300	£100
	Baggage Delay	No Cover	N/A	No Cover	N/A	£150	£100	£150	£100
	Personal Money	No Cover	N/A	£100	£125	£150	£100	£150	£100
<b>H</b>	Cancellation and Curtailment	No Cover	N/A	£750	£125	£1,500	£125	£3,000	£100
<b>I</b>	Travel Delay	No Cover	N/A	No Cover	N/A	£20 for each full 12 hr delay up to £300	Nil	£20 for each full 12 hr delay up to £300	Nil
	Holiday Abandonment	No Cover	N/A	No Cover	N/A	£1,500	£125	£3,000	£100

### Wintersports cover - additional benefits (applicable only where the additional premium has been paid)

#### Cover Limits and Excesses Per Insured Person

		Essentials Cover		Silver Cover		Gold Cover		Platinum Cover	
		Cover Limit	Excess	Cover Limit	Excess	Cover Limit	Excess	Cover Limit	Excess
<b>J</b>	Ski Equipment								
	Owned	No Cover	N/A	No Cover	N/A	£350	£125	£500	Nil
	Hired	No Cover	N/A	No Cover	N/A	£175	£125	£250	Nil
	Single Item Limit	No Cover	N/A	No Cover	N/A	£175	£125	£250	Nil
<b>K</b>	Ski Pack	No Cover	N/A	No Cover	N/A	£75 for each complete 24hr period up to £150	Nil	£75 for each complete 24hr period up to £225	Nil
<b>L</b>	Piste Closure	No Cover	N/A	No Cover	N/A	£20 for each complete 24 hr period up to £120	Nil	£20 for each complete 24 hr period up to £200	Nil
<b>M</b>	Delay due to avalanche	No Cover	N/A	No Cover	N/A	£75 after full 12 hr delay	Nil	£100 after full 12 hr delay	Nil
<b>N</b>	Ski hire	No Cover	N/A	No Cover	N/A	£20 for each 24 hr period up to £300	Nil	£20 for each 24 hr period up to £500	Nil

### Business cover - additional benefits (applicable only where the additional premium has been paid)

#### Cover Limits and Excesses Per Insured Person

		Essentials Cover		Silver Cover		Gold Cover		Platinum Cover	
		Cover Limit	Excess	Cover Limit	Excess	Cover Limit	Excess	Cover Limit	Excess
<b>O</b>	Business Equipment	No Cover	N/A	No Cover	N/A	No Cover	N/A	£2,000	£100
	Single Article Limit	No Cover	N/A	No Cover	N/A	No Cover	N/A	£500	£100
	Emergency Courier of Business Equipment	No Cover	N/A	No Cover	N/A	No Cover	N/A	£250	£100
<b>P</b>	Delayed Business Equipment	No Cover	N/A	No Cover	N/A	No Cover	N/A	£150 per complete 24hr period up to £450	Nil
	Hire of alternative business equipment	No Cover	N/A	No Cover	N/A	No Cover	N/A	£150 per complete 24hr period up to £450	Nil
<b>Q</b>	Business Money	No Cover	N/A	No Cover	N/A	No Cover	N/A	£250	£100
<b>R</b>	Replacement Employee	No Cover	N/A	No Cover	N/A	No Cover	N/A	£3,000	£100

## IMPORTANT CONDITIONS RELATING TO HEALTH

This insurance **policy** contains health restrictions that apply to the cover provided under the cancellation, curtailment, medical expenses and personal accident sections of this **policy**. These restrictions may apply to both **you**, **your travelling companions** and anyone on whom travel depends, such as a **relative**.

## YOU/YOUR INSURED TRAVELLING COMPANIONS

Claims arising from a **pre-existing medical condition** of **you**, or **your travelling companions** insured under this **policy**, are not covered unless **you** complete the medical screening process during the purchase of **your policy**, pay any relevant additional premium and receive written confirmation from Insure For Travel Limited that confirms that they have accepted cover for these conditions.

Failure to advise us of a **pre-existing condition** will result in claims for those undisclosed conditions not being paid.

For the purposes of the restrictions under this **policy**, a **pre-existing medical condition** is defined as:

A condition which **you** or **your travelling companions** insured under this **policy** have suffered from, received any form of medical advice, treatment or medication at any time for:

- A.
1. any heart or circulatory related condition including hypertension, angina, stroke;
  2. any lung or breathing related condition other than inhaler controlled, mild asthma, suffered in isolation;
  3. any cancerous condition;
  4. any kidney related disorder

OR

- B. A condition which has resulted in **you** or **your travelling companions** insured under this **policy** being admitted as an inpatient in hospital in the last 24 months.

In order to declare **your pre-existing medical condition**, please complete the screening process during **your policy** purchase.

Please also note that there is no cover available for any **pre-existing medical condition** if **you**, or **your travelling companions** insured under this **policy**:

- are awaiting the results of medical tests or investigations
- are travelling against the advice of a **medical practitioner**
- are travelling for the purpose of obtaining medical treatment
- are on a hospital waiting list
- are receiving ongoing dialysis treatment
- have been given a terminal prognosis
- have a psychological condition (including anxiety, stress, depression, psychiatric or eating disorders, phobias)

## ONGOING HEALTH DECLARATION REQUIREMENTS

If there is a change in **your pre-existing medical condition** or if **you** develop a new condition (after **you** have taken out this **policy** but before **you** travel) which means that **your** responses would change and **your** condition would now fall within the definition of a **pre-existing medical condition** above, please call Insure For Travel Limited immediately on 0844 980 0271 (quoting **your** policy number) so they can tell **you** if we can continue to provide cover.

## CANCELLATION AND CURTAILMENT - IMPORTANT RESTRICTIONS

This **policy** will not cover any claims under the Cancellation and Curtailment section that arise directly or indirectly from a **pre-existing medical condition** of a:

- Non travelling **relative**;
- A **travelling companion** who is not insured under this **policy**;
- A person with whom **you** intend to stay whilst on **your trip**;

Unless, subject to all the other terms and conditions, the patient's doctor is prepared to state that at the date **you** bought this **policy**, he/she would have seen no substantial likelihood of his/her patient's condition deteriorating to such a degree that this would become necessary. If the doctor will not confirm this, any claim arising as a result of a **pre-existing medical condition** will be excluded.

## PREGNANCY

As is consistent with the treatment of all **pre-existing medical conditions** under the **Policy**, the **Policy** does not intend to cover the normal costs or losses otherwise associated with 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, cover **you** should complications arise with **your** pregnancy due to **accidental bodily injury** or unexpected **illness** which occurs while on **your trip**

## POLICY CONTRACT PERIOD

### Contract Period - Single Trip

A single **trip**, as defined in the **period of insurance**, beginning and ending in the **United Kingdom**, subject to a maximum limit of 122 days for **Insured's** aged 64 or under at the time of purchase of the **policy** or a maximum limit of 31 days for **Insured's** aged 65-74 at the time of purchase of the **policy**.

### Contract Period – One Way Trip

A single outwards **trip**, as defined in the **period of insurance**, beginning in the **United Kingdom**. The **period of insurance** shall expire normally or in any event no later than 72 hours after the time the **Insured** first leaves the immigration control of their final destination country.

### Contract Period – Annual Multi Trip

Any number of return **trips** as defined subject to the following:

- A maximum duration on any one **trip** of 45 days for any person aged 65 or under at the time of purchasing the **policy**, or 31 days for any person aged 66-74 at the time of purchasing the **policy**.
- Cover for overnight **trips** within the **United Kingdom** applies when accommodation is pre-paid and pre-booked for a minimum of two consecutive nights and a booking form confirming **your** reservation obtained.

## Definitions

Any word defined below will have the same meaning wherever it is shown in **your policy** in bold print. These definitions have been listed in alphabetical order.

### Accident, accidental

A sudden, unexpected event caused by something external and visible, which results directly and solely in loss, damage or physical bodily injury.

### Act of terrorism

An act, including but not limited to the use/or planned use of force or violence and/ or the threat of any person or group of persons whether acting alone, or on behalf of, or in connection with any organisation, or government, committed for political, religious, ideological or similar purposes including the intention to influence any government and/ or the public, or to put any section of the public in fear.

### Bodily Injury

Means an identifiable physical injury sustained by **you** caused by sudden, unexpected, external and visible means.

### Business Equipment

Computer equipment, communication devices and other business related equipment that is carried by **you** in the course of **your** business.

### Business Money

Means bank notes, currency notes, and coins in current use, travellers cheques and other cheques and travel tickets all held for business purposes and belonging to **your** employer or **you** if **you** are self-employed.

### Cancellation costs

Travel and accommodation expenses paid or contracted to be paid by **you** in respect of **your trip**.

### Cash

Bank currency notes and coins in circulation.

### Certificate

An insurance validation **certificate** or booking invoice issued by the issuing agent which describes **you** and the **Insured** person(s) who are covered under this **policy**.

### Claims Handler

White Horse Administration Services Ltd,

Tel: 0871 664 7995 quoting reference **WHIL/ELECT/02/2011**

\* *Calls from BT land lines cost 10p per minute. Calls from mobiles and other networks may be extra*

### Close business associate

A person in the same employment as **you** in **your country of residence**, whose absence from work or place of employment for one or more complete days at the same time as **you**, prevents the effective continuation of that business.

### Common-law partner(s)

Any couple (including same sex) in a relationship who have co-habitated for at least 6 months.

### Country of residence

The country of permanent residence in which **you** live, for no less than 6 months of the year.

### Couples

Any two adults (including same sex) who have co-habitated for at least 6 months at the same residential address in the **United Kingdom**.

### Curtailment Costs

Travel costs necessary to return **you home** before the booked return date and a pro-rata amount representing the total pre-paid or contracted costs of accommodation, car hire and excursions attributable to each complete day which is not spent overseas.

The following are not included in the definition:

- all costs attributable to the outward and return travel tickets, whether used or unused.

### Emergency Assistance Service

Tel: 0844 879 8313 or +44 (0) 208 763 4932

24 hours a day, 365 days a year

### Excess

The first amount **you** and each person named under the insurance **certificate** have agreed to pay towards a claim under each section of this **policy**, as outlined within the Schedule of Benefits.

### Family

Two (2) adults and 4 dependant children under the age of 18 in full time education.

### Fragile Articles

Means any item(s) carried as **your personal possessions** which could be easily damaged or destroyed.

### Golf Equipment

Those items that are usually worn, used or held during the participation in Golf. For example, Golf Clubs, Golf Bags, Golf Shoes.

## Hazardous Sports & Activities

The following activities are included within the cover as standard, as long as they are amateur activities, conducted under adequate supervision and on an incidental basis.

**You** are required at all times to wear the appropriate safety equipment for that activity (for example protective clothing and / or suitable head protection). Please note that a General Exclusion of cover exists under **your policy** with us for claims arising directly or indirectly from **your** "self exposure to needless peril". This means that **we** will not pay **your** claim if **you** do not meet this **policy** condition.

Archery, badminton, baseball, basketball, beach games, black water rafting (Grade 1 to 4), bungee jumping (Maximum of two jumps), canoeing (excluding white water canoeing of any grade), cricket, cycling (excluding BMX or mountain biking), dinghy sailing, fell walking, fencing, fishing (excluding wade fishing), football, golf, hiking (under 2,000 metres altitude), horse riding (excluding jumping, hunting, polo and racing), hot air ballooning which has been booked in the **United Kingdom** prior to departure, jet boating, jet skiing, jogging, marathon running, motorcycling up to 125cc (Providing rider holds a full driving license and is wearing a crash helmet), netball, orienteering, paintballing (Providing protective eye-wear and clothing worn), parasailing (over water), pony trekking, racquetball, rambling, river canoeing, roller skating, roller blading, rounders, rowing, safari (if pre-booked through **United Kingdom** operator, excluding the use of firearms), sail boarding, sailing within **territorial waters**, scuba diving up to 15 metres (excluding solo dives and no dives less than 24 hours before departure), skate boarding, snorkelling, squash, surfing, tennis, track events, trekking (under 2,000 metres altitude), triathlon, volleyball, water skiing, white water rafting (up to grade 4), windsurfing, yachting (inside **territorial waters**).

## Home

**Your** usual place of residence in the **United Kingdom** for no less than 6 months of the year.

## Insurer

White Horse Insurance Ireland Ltd.

## Illness

Any disease, infection or **bodily injury** which is unexpectedly contracted by **you** prior to **your trip** or unexpectedly manifests itself for the first time during **your trip**.

## Insurance Premium Tax (IPT)

A Government tax which must be paid by **you** in addition to the insurance premium. Only residents of the Channel Islands and Isle of Man are exempt from taxation.

## Medical Practitioner

Means a registered practicing member of the medical profession who is not related to **you** or any person with whom **you** are travelling.

## Pair or set

Two or more items of **personal possessions** which are complimentary or used or worn together.

## Personal Money

Bank currency notes, coins and travellers cheques.

## Personal Possessions

Luggage, clothing, **valuables** and personal items which are owned by **you** and have been either taken or purchased on the **trip**. The following are not included in the definition: Animal skins, antiques, bicycles, binoculars, bonds, buggies, computer games and computer game consoles, computer or telecommunications equipment of any kind, contact or corneal lenses, coupons, diving equipment, documents of any kind, furs, ipods, marine and craft equipment, mobile phones, money, motor vehicles, MP3 players, musical instruments, prams, radios, sailboards or related equipment or fittings of any kind, securities, stamps, surfboards, tape recorders, television sets, travellers cheques, video equipment or DVD equipment of any kind.

## Period of Insurance

Single **trip** cover – The **trip** duration as shown in **your certificate**.

Cover under the Cancellation section of **your policy** starts from the date the **certificate** is issued and ends:

- at the start of **your trip** (other than for **pre-existing medical conditions** as stated above); or
- if a claim is made under the Cancellation cover.

The cover under all other sections of **your policy** starts at **your trip** departure and ends (whichever is first):

- if a claim is made under the Cancellation cover or
- on **your** return to **your home**, place of business, hospital or nursing home in the **United Kingdom** or
- on the expiry of the **your policy** or
- following **your** refusal and/or failure to return **Home** following confirmation from the treating doctor that **you** are fit and able to return **Home** or
- on **your trip** exceeding the maximum **trip** length for single **trips**.

One-way **trip** cover - A journey where **you** are emigrating or not returning to **your** usual **country of residence**, where **you** have no intention of returning to **your** departure country. The cover will begin when **you** leave **your** first international point of departure and ends no later than 72 hours after the time **you** first leave the immigration control of **your** final destination country.

Annual Multi **Trip** cover - the period for which **we** have accepted the premium as stated in **your certificate**. During this period any **trip** not exceeding 45 days for any person aged 65 or under at the time of purchasing the **policy**, or 31 days for any person aged 66-74 at the time of purchasing the **policy**, is covered. There is no cover offered by **your policy** whatsoever for a **trip** which is longer than 45 days for any person aged 65 or under at the time of purchasing the **policy**, or which is longer than 31 days for any person aged 66-74 at the time of purchasing the **policy**. This would include not covering **you**, irregardless of **your** incident date, for any claim that relates to a booked **trip** that is longer than 45 days in duration for any person aged 65 or under at the time of purchasing the **policy**, or 31 days in duration for any person aged 66-74 at the time of purchasing the **policy**. Under these policies cover under the Cancellation section, shall be operative from the date stated in the **certificate** or the time of booking any **trip** (whichever is the later) and terminates on commencement of any **trip** or the expiry date as shown on **your certificate**.

The cover under all other sections of **your policy**, starts when **you** leave **your home** in the **United Kingdom** to commence the **trip** and terminates at the time of **your** return to **your home** in the **United Kingdom** on completion of the **trip**.

Any **trip** that had already begun when **you** purchased this insurance will not be covered, except where **you** renew an existing annual multi **trip policy** which fell due for renewal during the **trip**.

The **period of insurance** is automatically extended for the period of the delay in the event that **your** return to **your home** is unavoidably delayed due to an event insured by this **policy**.

## Policy

**Your certificate**, this **policy** and endorsements.

## Policy Age Limits

Single **Trip** - 74 years at time of purchasing **your** insurance.

Annual Multi **Trip** - 74 years at time of purchasing **your** insurance

## Pre-Existing Medical Conditions

- any heart, circulatory, lung, breathing, cancerous, or kidney related condition(s) and/or
- any condition for which **you** have received inpatient treatment in a hospital or clinic within the last 24 months.

## Public Transport

A train, bus, coach, ferry service or scheduled airline flight operating to a published timetable to join the booked travel itinerary.

## Redundancy, redundant

**You** becoming unemployed under the Employment Protection Act. **You** must have been given a Notice of **Redundancy** and be receiving payment under the current redundancy payments legislation.

The following are not included in the definition:

- Any employment which has not been continuous and with the same employer for a period of not less than 24 months
- Any employment which is not a permanent basis
- Any employment which is on a short term fixed contract
- Any instance where **you** had reason to believe that **you** would be made **Redundant** at the time of booking **your trip**.
- Any self-employment

## Relative

Brother, step brother, brother-in-law, **common law partner**, daughter, step daughter, adopted daughter, daughter-in-law, fiancé(e), grandchild, grand parents, legal guardian, parent, step parent, parent-in-law, sister, step sister, sister-in-law, son, step son, adopted son, son-in-law, foster child or spouse.

## Single Item

Any one article, pair, set or collection owned by **you**.

## Ski Equipment

Those items that are owned by **you** and are usually worn, used or held during the participation in **Wintersports**. For example, Skis, ski bindings, ski boots, ski poles, snowboard, snowboard bindings and snowboard boots.

## Sports Equipment

Those items that are usually worn, carried, used or held during the participation in a sporting activity.

The following are not included in the definition:

- **ski equipment**
- **golf equipment**

## Territorial Limits

**Area 1** Europe (including United Kingdom) – The continent of Europe west of the Ural Mountains, including all countries with a Mediterranean coastline (except Algeria, Cyprus, Israel, Lebanon, Libya, Malta, Spain & Turkey)

**Area 2** Europe (including United Kingdom) – The continent of Europe west of the Ural Mountains, including all countries with a Mediterranean coastline including Cyprus, Malta, Spain & Turkey (excluding Algeria, Israel, Lebanon and Libya)

**Area 3** Australia / New Zealand

**Area 4** Worldwide excluding USA, Canada, Caribbean, Mexico, Singapore, China & Hong Kong

**Area 5** Worldwide including USA, Canada, Caribbean, Mexico, Singapore, China & Hong Kong

## Territorial Waters

All waters within the jurisdiction of the country **you** are visiting during **your trip**.

## Travel Documents

Means passport, green cards, travel tickets and accommodation vouchers owned by **you**.

## Travelling companion

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

## Trip

Any journey made by **you** within the area shown in the **certificate** which begins and ends in the **United Kingdom** during the **period of insurance**. The **policy** will also cover a one way **trip** commencing in the **United Kingdom** but ends 72 hours after the time **you** first leave the immigration control of **your** final destination country.

## Unattended

Means when **you** are not in full view of and not in a position to prevent unauthorised interference with **your** property or vehicle.

## United Kingdom

Means England, Scotland, Wales, Northern Ireland, Isle of Man or Channel Islands.

## Valuables

Articles made of or containing gold, silver or other precious metals, jewellery, leather goods, furs, camcorders, photographic equipment, precious or semi-precious stones, silks, telescopes, binoculars, watches, computer equipment, computer games & computer game consoles, cameras, compact disc players, MP3 players & iPods, sunglasses, spectacles, Mini-Disc players, owned by **you**.

## Wintersports

Guided cross country skiing (Nordic Skiing), mono skiing, off-piste skiing or snow boarding (in areas designated safe by resort management), recreational racing, skiing, snowboarding and snow sledging.

The following are not included in the definition, but not limited to:

Freestyle skiing, heli-skiing, ice hockey, lugging, off-piste skiing or snow boarding in areas designated as unsafe by resort management, off-piste skiing or snowboarding where there is an avalanche warning in place, parapenting, ski acrobatics and stunting, ski bob racing, ski-doing, ski flying, ski jumping, ski racing or training, the use of skeletons or bobsleighs, snowmobiling, tobogganing.

## We/ Us/ Insurer

White Horse Insurance Ireland Ltd

## You/ yours/ Insured

Any person named on the **certificate**.

# Sections of cover

## SECTION A - EMERGENCY MEDICAL EXPENSES AND REPATRIATION

### SPECIAL CONDITION:

In the event of **your** death, incurring medical expenses in excess of £250, or **you** being involved in an **accident**, being admitted to hospital, or curtailing for medical reasons, the **Emergency Assistance Service** must be advised as soon as possible and liability shall only attach for expenses agreed by them. Failure to notify the **Emergency Assistance Service** could prejudice the **Insurer** and could result in the **Insurer's** non-acceptance of liability of such claims.

### What You Are Covered For:

The **Insurer** will reimburse **you** up to the amount shown in the Schedule of Benefits in respect of the following expenses necessarily incurred as a result of **you** sustaining **accidental bodily injury**, unexpected **illness** or **your** death:

#### 1 Emergency Medical Expenses

- cost of medical, surgical or hospital treatment (including emergency dental treatment up to the amount shown in the Schedule of Benefits for the immediate relief of pain only). The **Insurer** reserves the right to repatriate when, in the opinion of the doctor in attendance and the **Insurer's** medical advisors, the **Insured** is fit to travel;
- cost of transporting **your** remains to the **United Kingdom** or the reasonable cost of a funeral in the country where death occurs, if other than **your** usual **country of residence**, up to the amount shown in the Schedule of Benefits;
- reasonable additional transportation and accommodation costs incurred by **you** and any one of **your travelling companions**, as a result of **you** receiving medical advice from the doctor in attendance and the **Insurer's** medical advisors that **your** originally planned return journey to the **United Kingdom** is impossible due to medical reasons. (Payment shall be based upon the average cost of transportation and accommodation incurred prior to the originally planned return date, at the **Insurer's** discretion).

#### 2 Emergency Repatriation

- the cost of return to the **United Kingdom** of an injured or sick **Insured** by medically appropriate means where, in the opinion of the **Insurer's** medical advisors, such return is medically necessary.

### What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for

- the **excess** (unless **you** have an EHC card which successfully reduces the amount of the claim by more than **your excess** amount) as shown in the Schedule of Benefits;
- claims arising directly or indirectly as a result of a **pre-existing medical condition of you**, or **your travelling companion** insured under this **policy**, unless **you** have completed the medical screening process when **you** purchased **your policy**, **you** paid any relevant additional premium and **you** received written confirmation from Insure For Travel Limited that confirms that they have accepted cover for these conditions.
- claims arising for treatment or surgery which, in the opinion of the **Insurer's** medical advisors, is not essential or can reasonably be delayed until **your** return **Home**;
- claims arising from the additional costs of single or private hospital room accommodation;
- claims arising from medical treatment of any kind received after **you** have returned to the **United Kingdom**;
- claims arising from medical treatment of any kind not authorised at the time by a recognised registered **medical practitioner**;
- claims arising from medical treatment of any kind occurring after **you** have refused the offer of repatriation when, in the opinion of the doctor in attendance and the **Insurer's** medical advisors, **you** are fit to travel;
- claims arising in respect of elective medical treatment, physiotherapy treatment and other associated therapies;
- claims arising out of **your** failure to contact the **Emergency Assistance Service**.

### SPECIAL CONDITION

Should **you** require medical treatment in Australia or New Zealand, **you** should enrol with MEDICARE. It is not necessary to enrol on arrival. **You** can simply do this at the first occasion on which **you** receive treatment. In-patient and out-patient treatment at a public hospital is then available free of charge. Should **you** be admitted to hospital, immediate contact must be made with the **Emergency Assistance Service** and their authority obtained in respect of any treatment NOT available under MEDICARE before such treatment is provided.

## SECTION B - HOSPITAL BENEFIT

### What You Are Covered For:

The **Insurer** will pay **you** the amount shown in the Schedule of Benefits for each and every completed period of 24 hours for which **you** are an inpatient in a hospital abroad, as a direct result of **you** sustaining **accidental bodily injury** or unexpected **illness** which is covered under the Emergency Medical Expenses and Repatriation sections.

### What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

- claims where the **Emergency Assistance Service** has not been contacted and a recommended hospital has been appointed.

## SECTION C - PERSONAL ACCIDENT

### Special Definitions (which are shown in italics)

#### Loss of Limb

- Means loss by permanent severance of an entire hand or foot or the total and permanent loss of use of an entire hand or foot.

#### Loss of Sight

- Means total and irrecoverable loss of sight which shall be considered as having occurred:
  - In both eyes if **your** name is added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist and
  - In one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen scale.

#### Permanent Total Disablement

- Means physical or mental impairment that has a substantial and long-term adverse effect on **your** ability to carry out any form of employment and at least three of the following normal day to day activities:
  - Dressing and undressing
  - Personal hygiene
  - Getting up and down a flight of stairs
  - Getting in and out of a bed or chair
  - General household duties including cleaning, ironing or shopping.

We will consider that **you** are unable to perform an activity when the following applies:

- You** are unable to perform the activity even with the use of equipment and;
- You** always need the help of another person to perform the activity.

### What You Are Covered For:

The **Insurer** will pay **you** or **your** estate the sum insured as shown in the Schedule of Benefits for one of the following losses resulting from an external **accident** resulting in **your** death, loss of limb(s), loss of sight or permanent total disablement. Loss must occur within 180 days of the date of **accident**. No benefits shall be paid for more than one loss suffered.

### What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

- Any benefit where **your** death, injury or loss does not occur within 180 days of the **accident**.
- Any benefit as a result of participating in a **hazardous sport or leisure activity**, unless **you** have paid the additional premium prior to travel, for that specific **hazardous activity** and cover is confirmed on **your certificate**.
- Any benefit if **you** cannot prove to the **Insurer** that the permanent total disablement has continued for 12 months from the date of the injury and in all probability will continue for the remainder of **your** life.
- More than one lump sum under this section.

## SECTION D - PERSONAL LIABILITY

### What You Are Covered For:

The **Insurer** will indemnify **you** up to the amount as shown in the Schedule of Benefits for the legal liability of the **Insured** for **accidental** injury to third parties and/or **accidental** damage to their property within the geographical limits of their policy. This cover is applicable only in respect of liability under the law of the country in which the event giving rise to the claim occurred, or under the laws of the Republic of Ireland (whichever is applicable to the case in point).

### What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

- the **excess** as shown in the Schedule of Benefits;
- claims arising directly or indirectly from, happening through or in consequence of:
  - employer's liability, contractual liability, or liability to a member of **your** family or **your travelling companion**;
  - animals belonging to, or in the care, custody or control of the **Insured**;
  - wifful, malicious or unlawful acts or the use of firearms;
  - the pursuit of trade, business or profession;
  - ownership or occupation of land or buildings (other than **your** temporary trip accommodation); or
  - you** being under the influence of intoxicating liquor or drugs;
- claims arising directly or indirectly from, happening through or in consequence of ownership, possession or use of any vehicle, automobile, aircraft, watercraft, or any mechanically propelled conveyance;
- claims for legal fees and costs resulting from any criminal proceedings;
- any claim where **you** have cover under another insurance policy.

## SECTION E - LEGAL EXPENSES

### What You Are Covered For:

The **Insurer** will reimburse **you** up to the amount as shown in the Schedule of Benefits, for legal costs incurred by **you** in pursuit of legal proceedings against third parties (excluding any member of **your** or **your travelling companion's** family, **your travelling companion**, **close business associate** or employer) for any compensation owed to **you** arising directly from your physical **bodily injury** or **your** death during the **period of insurance**.

### What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. claims arising for any legal expenses incurred without prior written authorisation by the **Insurer**;
2. claims arising where the **Insurer** considers **your** prospects of success in achieving a reasonable benefit to be insufficient;
3. claims arising pursuant to a contingent fee agreement between **you** and **your** counsel/lawyer;
4. claims arising for any additional travel and accommodation expenses incurred, whilst in pursuit of legal proceedings;
5. claims arising from **you** pursuing legal proceedings as part of and/or on behalf of a group or organisation;
6. legal costs and expenses incurred in pursuit of any claim against a travel agent, tour operator, carrier, airline, medical establishment, **us**, the **Emergency Assistance Service** or their agents, someone **you** were travelling with, a person related to **you**, a **travelling companion** or another **Insured** person.
7. claims occurring under criminal law;
8. claims occurring or where the case is brought to court in more than one country.

## SPECIAL CONDITIONS

The **Insured** must comply with the following procedures:

- a) the **Insured** shall apply to the **Insurer** for a written acknowledgement by the **Insurer** of the existence of a potentially viable claim;
- b) if an acknowledgement in (a) is granted, the **Insurer** shall initially pay up to 5% of the amount shown in the Schedule of Benefits for legal costs incurred by the **Insured** to determine the probability of success in achieving a reasonable benefit. This shall include an assessment of the legal liability of the potential defendant and the ability to collect damages from the potential defendant;
- c) the **Insurer** shall not be responsible for any legal expenses incurred prior to its issuing the **Insured** with a written acknowledgement of the existence of a potentially viable claim;
- d) in the event that the **Insured** is awarded compensation (by judgement or settlement), the **Insurer** shall be entitled to recover from the **Insured** or on behalf of the **Insured** any sum paid under any section of this **policy** on account of the same incident for which compensation is received.
- e) No liability shall be admitted and no admission, arrangement, offer, promise or payment shall be made by the **Insured** without the written consent of the **Insurer**, who shall be entitled, if they so desire, to take over and conduct, in the name of the **Insured**, their defence of any claim or to prosecute for their own benefit any claims for indemnity, damages or otherwise against any third party. The **Insurer** shall have full discretion in the conduct of any negotiations, proceedings, or the settlement of any claims and the **Insured** shall, wherever possible, give all such information and assistance as the **Insurer** may require.

## SECTION F - MISSED DEPARTURE

### What You Are Covered For:

The **Insurer** will indemnify **you** up to the amount shown in the Schedule of Benefits, in respect of reasonable additional costs of travel and accommodation necessarily incurred if **you** are unable to reach the international point of departure of the booked travel itinerary on the initial outward journey or the final return journey to or from **your home** country only, as a consequence of the failure of **public transport** services or the accident/breakdown of a motor vehicle in which **you** are travelling.

### What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. the **excess** as shown in the Schedule of Benefits;
2. claims arising as a result of **you** not having taken reasonable steps to complete the journey to the departure point on time;
3. claims arising from the failure of **public transport** services caused by strike, riot or civil commotion for which warning has been given prior to the commencement of departure to the departure point;
4. claims arising from the vehicle not having been properly serviced and maintained, in the event of vehicle breakdown;
5. claims arising from an **accident/**breakdown of a motor vehicle, where no written evidence of such **accident/**breakdown has been supplied.
6. claims arising from delay/cancellation of **public transport**, where no written evidence of such delay/cancellation has been supplied.
7. claims arising where Missed Departure is caused as a result of a delay in a prior connecting flight.

## SECTION G - PERSONAL POSSESSIONS

### What You Are Covered For:

#### Lost, Stolen or Damaged

The **Insurer** will reimburse **you** up to the amount as shown in the Schedule of Benefits, for the value of **personal possessions** taken or purchased on the **trip** by **you** which are accidentally lost, stolen or damaged.

The maximum payment for any **single item** is shown as a sub-limit in the Schedule of Benefits. The maximum payment for **valuables** is shown as sub-limit in the Schedule of Benefits. The maximum payment for any **single item** for which an original receipt, proof of purchase or insurance valuation (obtained prior to the loss) is not supplied is £60 subject to a maximum of £300 for all such items.

The maximum payment for tobacco, alcohol or fragrances (perfumes, aftershaves etc) is £50.

### Travel Documents

The **Insurer** will pay **you** up to the amount shown in the Schedule of Benefits, for travel and accommodation (room only) expenses incurred in obtaining temporary **travel documents** and the cost of a temporary passport to return **you home**.

### Baggage Delay

The **Insurer** will reimburse **you** for the cost of emergency purchases, up to the maximum as shown in the Schedule of Benefits should **personal possessions** be delayed or lost in transit on the outward journey for more than 24 hours. Payment made under this heading will be set against the amount of any claim arising if the **personal possessions** are permanently lost. **You** must supply receipts for the items purchased and confirmation from the carrier of the length of delay.

### What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. the **Excess** as shown in the Schedule of Benefits;
2. claims arising from breakage of **fragile articles** unless caused by fire or **accident** to a vehicle;
3. claims arising from damage caused by leakage of powder or liquid carried within **personal possessions**;
4. claims arising for theft which are not reported to any appropriate police authority within 24 hours of discovery and an official written report obtained;
5. claims arising for loss or damage which are not reported to any appropriate authority within 24 hours of discovery and an official written report obtained (and specifically for claims arising against or in connection with carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery, and an official written report obtained). In the case of an airline, a Property Irregularity Report will be required;
6. claims arising for breakage of **sports equipment** (unless **ski equipment** and appropriate **wintersports** cover has been effected) whilst in use;
7. claims arising from delay, detention, seizure or confiscation by customs or other officials;
8. claims arising for loss, theft or damage to household goods or anything shipped as freight or under a Bill of Lading;
9. claims arising for loss of or damage to dentures or bridgework.
10. claims arising for **personal possessions** left **unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property. Including, theft or damage occurring on a beach or in or around a swimming pool;
11. claims arising for loss, theft or damage of items from an **unattended** motor vehicle, unless taken from a locked boot, glove box or locked & secured roof box between 8pm and 8am local time and there is evidence of forced entry which is confirmed by a written police report;
12. claims arising for loss or damage to items carried on a vehicle roof rack;
13. claims arising for loss, theft or damage to **valuables** which at the time of such loss, theft or damage were located in checked-in luggage or a motor vehicle;

### SPECIAL NOTE:

The **Insurer's** liability for articles owned by the **Insured** shall be further limited to take into account wear and tear, as follows:

Up to 1 year old - 85% of purchase price

Up to 2 years old - 70% of purchase price

Up to 3 years old - 50% of purchase price

Up to 4 years old - 25% of purchase price

Up to 5 years old - 10% of purchase price

Over 5 years old - Nil

### Personal Money

#### What You Are Covered For:

The **Insurer** will indemnify **you** up to the amount shown in the Schedule of Benefits in respect of loss of **personal money** which is the property of **you** and carried on **your** person or placed in a safety deposit box or similar locked, fixed receptacle.

### What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. the **excess** as shown in the Schedule of Benefits;
2. claims arising for theft which have not been reported to any appropriate police authority within 24 hours of discovery and an official written report obtained;
3. claims for loss which have not been reported to any appropriate authority within 24 hours of discovery and an official written report obtained (and specifically for claims arising against or in connection with carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery, and an official written report obtained);
4. claims arising from delay, detention, seizure or confiscation by Customs or other officials;
5. claims arising from shortages due to error, omission or depreciation in value;
6. claims arising for loss or theft of **Personal Money** which at the time of such loss or theft was located in checked-in luggage or an **unattended** motor vehicle at any time;
7. claims arising for **Personal Money** left **unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property. Including loss or theft occurring on a beach or in or around a swimming pool.

## SECTION H - CANCELLATION AND CURTAILMENT

### What You Are Covered For:

If **your trip** is cancelled or curtailed due to any one of the reasons listed below during the **Period of Insurance**, the **Insurer** will indemnify **you** up to the amount shown in the Schedule of Benefits:

#### Cancellation

for travel, accommodation, car hire and excursions paid or contracted to be paid by **you** in respect of **your own trip** (prior to any occurrence giving rise to a claim under this section) which are not recoverable elsewhere.

#### Curtailement

Travel costs necessary to return **you home** before the booked return date and a pro-rata amount representing the total pre-paid or contracted costs of accommodation, car hire and excursions attributable to each complete day of **your trip** which is foregone and which are not recoverable (excluding pre-paid or contracted costs for transportation to return **home** and used travel ticket costs).

#### Reasons for Cancellation and Curtailment:

- (a) death, **accidental bodily injury** or unexpected **illness** during the **period of insurance of you, your travelling companion**, or the person with whom **you** have arranged to stay whilst on the **trip, your relative** or **your close business associate**
- (b) **you** being called for jury service, witness call or compulsory quarantine;
- (c) **you** posting overseas or emergency and unavoidable requirements of duty in the Armed Forces, Police, Fire, Nursing or Ambulance Services;
- (d) **your redundancy** notified during the **period of insurance** which qualifies for payment under the current **redundancy** payments legislation
- (e) fire, flood or burglary at **your home** or place of business occurring or becoming apparent within 5 days prior to the commencement of the journey or holiday or during the course of **your** holiday.;
- (f) **your** presence being required by the police following burglary at **your home** or **your** place of business.

#### What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. the **Excess** as shown in the Schedule of Benefits;
2. Claims arising directly or indirectly as a result of a **pre-existing medical condition of you, or your travelling companion** insured under this **policy**, unless **you** have completed the medical screening process when **you** purchased **your policy**, **you** paid any relevant additional premium and **you** received written confirmation from Insure For Travel Limited that confirms that they have accepted cover for these conditions. In the case of a non-travelling **relative**, subject to all the other terms and conditions, such claims are covered if the **relative's** doctor is prepared to state that at the date **you** bought this **policy**, he/she would have seen no substantial likelihood of his/her patient's condition deteriorating to such a degree that this would become necessary. If the doctor will not confirm this, **your** claim is not covered.
3. claims arising if **you**:
  - (i) are travelling against the advice of a **medical practitioner** or for the purpose of obtaining medical treatment; or
  - (ii) are on a hospital waiting list or awaiting the results of medical investigations, unless declared and accepted by **us** in writing or
  - (iii) have received a terminal prognosis at the date of application, unless declared and accepted by **us** in writing
4. claims arising which are not supported by written medical confirmation and clinical reports from medical service providers, as well as all other proof of the happening of an event causing Cancellation or Curtailment;
5. claims for any costs associated with unused timeshare property;
6. claims arising where **you** have not received the necessary inoculations or vaccinations or obtain necessary passports and / or visas;
7. claims arising from any loss resulting from the cancellation or delay of a flight, subsequent to **your** initial International departure from or return to **your country of residence**;
8. claims arising from where **you** will not and/or cannot travel to an area subject to disease of epidemic or pandemic proportions.

#### SPECIAL NOTE:

It is a condition of this section that any claim for Cancellation be advised to **Claims Handlers** within 48 hours. Curtailment must be authorised by the **Emergency Assistance Service** if the cost of **your trip home** is more than £250, following confirmation from the treating doctor that it is medically necessary that the **Insured** curtails their **trip**. If **you** curtail **your trip** due to an **illness/death of a travelling companion, a relative, or a close business associate**, then **you** must also contact the **Emergency Assistance Service**, otherwise **your** claim may be declined. **You** must always mitigate **your** costs.

## SECTION I - TRAVEL DELAY AND HOLIDAY ABANDONMENT

#### What You Are Covered For:

If departure of the **public transport** on which **you** are booked to travel is delayed at the final departure point from or to the **United Kingdom** for at least 12 hours from the scheduled time of departure as a result of strike or industrial action, adverse weather conditions or mechanical breakdown, the **Insurer** will compensate **you** as follows:

##### 1. Delayed Departure

The amount shown in the Schedule of Benefits for the first full 12 hour period of delay, up to the maximum amount shown in the Schedule of Benefits, provided always that **you** obtain in writing from the carrier a statement confirming the length and exact nature of the delay.

##### 2. Holiday Abandonment

If **you** choose to cancel **your trip** following a delay of not less than 24 hours beyond the scheduled departure time (and written confirmation obtained from the carrier), the **Insurer** will indemnify **you** up to the amount shown in the Schedule of Benefits for travel, accommodation, car hire & excursions paid or contracted to be paid by **you** in respect of **your own trip** (prior to any occurrence giving rise to a claim under this section) and which are not recoverable elsewhere.

#### What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. the **Excess** as shown in the Schedule of Benefits for Holiday Abandonment;
2. claims arising for delay caused by strike or industrial action, if the strike or industrial action was notified at the time the insurance was purchased;
3. **your** failure to check in as per **your** original itinerary;
4. any claim payable that can be paid under the section Missed Departure.
5. any claim for both Travel Delay and Holiday Abandonment.

## WINTER SPORTS COVER

Provided only when the appropriate additional premium has been paid & detailed on your Certificate.

## SECTION J - SKI EQUIPMENT

#### What You Are Covered For:

The **Insurer** will indemnify **you** in respect of loss or breakage of **Ski Equipment** up to the amount as shown in the Schedule of Benefits for owned or hired **Ski Equipment**. In the case of owned **Ski Equipment**, each claim is subject to a maximum payment for any **single item** shown in the Schedule of Benefits.

#### What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. the **excess** as shown in the Schedule of Benefits;
2. claims arising for theft which are not reported to any appropriate police authority within 24 hours of discovery and an official written report obtained;
3. claims arising for loss or damage which are not reported to any appropriate authority within 24 hours of discovery and an official written report obtained. For claims arising against or in connection with common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery and an official written report obtained, will not be covered. In the case of an airline, a Property Irregularity Report will be required;
4. claims arising from delay, detention, seizure or confiscation by Customs or other officials.
5. claims arising for loss, theft or damage to anything shipped as freight or under a Bill of Lading.
6. claims arising for **Ski Equipment** left **unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of property;
7. claims arising for loss or theft of items from an **unattended** motor vehicle, unless taken from a locked boot or lockable roof rack between 8pm and 8am and there is evidence of forced entry which is confirmed by a written police report;
8. breakage, loss or theft of **Ski Equipment** over 5 years old;

#### SPECIAL NOTE:

The **Insurer's** liability for **Ski Equipment** owned by the **Insured** shall be further limited to take into account wear and tear, as follows :

- Up to 1 year old - 85% of purchase price
- Up to 2 years old - 70% of purchase price
- Up to 3 years old - 50% of purchase price
- Up to 4 years old - 25% of purchase price
- Up to 5 years old - 10% of purchase price
- Over 5 years old – No cover provided.

## SECTION K - SKI PACK

#### What You Are Covered For:

The **Insurer** will indemnify **you** up to the amount as shown in the Schedule of Benefits, for the proportionate value of any ski pass, ski hire or tuition fee unused due to the following:

- (a) **you** being involved in an **accident** or due to **your illness**.
- (b) loss or theft of **your** ski pass.

#### What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. the **excess** as shown in the Schedule of Benefits;
2. claims arising from a medical condition which are not substantiated by a written report from the treating doctor confirming your inability to ski.
3. Claims arising directly or indirectly as a result of a **pre-existing medical condition of you, or your travelling companion** insured under this **policy**, unless **you** have completed the medical screening process when **you** purchased **your policy**, **you** paid any relevant additional premium and **you** received written confirmation from Insure For Travel Limited that confirms that they have accepted cover for these conditions.
4. claims arising for theft which are not reported to any appropriate police authority within 24 hours of discovery and an official written report obtained;
5. claims arising for loss or theft which are not reported to any appropriate authority within 24 hours of discovery and an official written report obtained. For claims arising against or in connection with common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery and an official written report obtained, will not be covered. In the case of an airline, a Property Irregularity Report will be required;
6. claims arising for property left **unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property;
7. claims arising for loss or theft of items from an **unattended** motor vehicle, unless taken from a locked boot or lockable roof rack between 8pm and 8am local time and there is evidence of forced entry which is confirmed by a written police report;

## SECTION L - PISTE CLOSURE

#### What You Are Covered For:

The **Insurer** will indemnify **you** up to the amount shown in the Schedule of Benefits in the event that, due to lack of snowfall or adverse weather in the pre-booked **winter sports** resort between the months of December to March and no alternative being available, **you** are unable to ski for a period in excess of 24 hours.

#### What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. claims arising which are not substantiated by a written report from the resort management.
2. claims arising due to lack of snow fall in a **winter sports** resort which does not possess skiing facilities above 1,000 metres.

## SECTION M - DELAY DUE TO AVALANCHE

#### What You Are Covered For:

The **Insurer** will pay **you** up to the amount shown in the Schedule of Benefits for additional travel and accommodation expenses in the event that **your** outward or return journey is delayed for at least 12 hours beyond the scheduled departure time as a direct result of avalanche.

#### What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. the **Excess** as shown in the Schedule of Benefits
2. claims arising which are not substantiated by a written report from the resort management.

## SECTION N - SKI HIRE

### What You Are Covered For:

The **Insurer** will indemnify **you** up to the amount as shown in the Schedule of Benefits for the cost of necessary hire of **ski equipment** following:

- (a) loss, theft or breakage of **your ski equipment**; or
- (b) the misdirection or delay in transit of **your ski equipment**.

### What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. claims arising for theft which are not reported to the appropriate police authority within 24 hours of discovery and an official written report obtained;
2. claims arising for loss or damage which are not reported to any appropriate authority within 24 hours of discovery and an official written report obtained. For claims arising against or in connection with common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery and an official written report obtained, will not be covered. In the case of an airline, a Property Irregularity Report will be required;
3. claims arising for loss, theft or damage to anything shipped as freight or under a Bill of Lading;
4. claims arising for property left **unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property;
5. claims arising for loss, theft or damage of items from an **unattended** motor vehicle, unless taken from a locked boot or lockable roof rack between 8pm and 8am local time and there is evidence of forced entry which is confirmed by a written police report.
6. claims arising from delay, detention, seizure or confiscation by Customs or other officials.

## BUSINESS COVER

Sections O to R apply to Platinum Cover and only after the additional premium has been paid.

## SECTION O - BUSINESS EQUIPMENT

### What You Are Covered For:

The **Insurer** will pay, up to the amount shown in the Schedule of Benefits, for **accidental** loss, theft or damage to **your business equipment**. Following this **accidental** loss, theft or damage to **your business equipment**, the **Insurer** will also pay for any emergency courier expenses **you** have incurred up to the maximum in obtaining any **business equipment**, which is essential to **your** intended business itinerary, up to the amount shown in the Schedule of Benefits of the **policy** document.

The maximum payment for any **single item** for which an original receipt, proof of purchase or insurance valuation (obtained prior to the loss) is not supplied is as stated in the Schedule of Benefits.

### What You Are Not Covered For

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. The **excess** as shown in the Schedule of Benefits
2. Claims for theft of **your business equipment**, if **you** have not notified the police within 24 hours of its discovery and obtained a written report, which includes the crime reference number.
3. Any claim if the loss, damage or theft to **business equipment** occurs during a **trip** or whilst in the custody of an airline or other carrier, and **you** have not notified the carrier or their handling agent of the incident and obtained an official written report or a Property Irregularity Report (PIR).
4. Wear, tear or depreciation.
5. Mobile phones and telecommunication equipment.
6. Loss, theft or damage arising from the delay, detention, seizure or confiscation by Customs or other officials.
7. Damage caused by the leakage of powder or liquid carried within **your business equipment**.
8. Any breakage of **fragile articles**, unless the breakage is caused by fire or an **accident** involving the vehicle in which **you** are being carried.
9. Damage to, or loss or theft of **your business equipment**, if it has been left:
  - a. **Unattended**, in a public place.
  - b. In the custody of a person who does not have an official responsibility for the safekeeping of the property.
  - c. In an **unattended** motor vehicle, unless they have been taken from a locked boot between 8pm – 8am. local time and there is evidence of forced entry, which is confirmed by a written police report.
10. Loss, theft or damage to anything being shipped as freight or under a Bill of Lading.

## SECTION P - DELAYED BUSINESS EQUIPMENT

### What you are covered for:

#### Hiring expenses

The **Insurer** will reimburse **you** for the cost of hiring of necessities, up to the maximum as shown in the Schedule of Benefits, should **your Business Equipment** be delayed or lost in transition on the outward journey for more than 24 hours. This is limited to a maximum as stated in the Schedule of Benefits. Payment made under this heading will be set against the amount of any claim arising if **your Business Equipment** is permanently lost. **You** must supply receipts for the items purchased and confirmation from the carrier/courier company of the length of delay.

### What you are not covered for:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. claims arising for theft which are not reported to any appropriate police authority within 24 hours of discovery and an official written report obtained;
2. claims arising for loss, theft or damage which are not reported to any appropriate authority within 24 hours of discovery and an official written report obtained;
3. claims arising for loss, theft or damage to **Business Equipment** shipped as freight or under a Bill of Lading;
4. claims arising for **Business Equipment** left **unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the **Business Equipment**;
5. claims arising for loss, theft or damage of **Business Equipment** from an unattended motor vehicle, unless taken from a locked boot between 8pm and 8am local time and there is evidence of forced entry which is confirmed by a police report;

## SECTION Q - BUSINESS MONEY

### What you are covered for:

The **Insurer** will indemnify **you** up to the amount shown in the Schedule of Benefits in respect of loss, theft or suspected theft of **your business money**, which is the property of **your** employer or **you**, if **you** are self employed, and carried on **your** person unless placed in a safety deposit box or similar locked, fixed receptacle.

Cover for **business money** is limited to the limit as shown in the Schedule of Benefits.

### What you are not covered for:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. the **excess** as stated in the Schedule of Benefits.
2. claims arising for theft which are not reported to any appropriate police authority within 24 hours of discovery and an official written report obtained
3. claims arising for loss, theft or damage which are not reported to any appropriate authority within 24 hours of discovery and an official written report obtained;
4. claims arising from delay, detention, seizure or confiscation by Customs or other officials;
5. claims arising from shortages due to error omission or depreciation in value;
6. claims arising for loss or theft to **cash** which at the time of such loss or theft was located in checked in luggage or an **unattended** motor vehicle.

## SECTION R - REPLACEMENT EMPLOYEE

### What you are covered for:

The **Insurer** will indemnify **you** up to the amount as shown in the Schedule of Benefits in respect of the cost of economy class return air fare for reasonable and necessary expenses incurred by **you** in sending a substitute person to complete a **trip** following the disablement of **you** as a result of **bodily injury or illness**, where such disablement is likely to last for at least seven days.

### What you are not covered for:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. The **excess** as shown in the Schedule of Benefits;
2. The Cost of air travel other than for an economy class scheduled return air fare.
3. Any losses not confirmed by a qualified **medical practitioner**.
4. Any claim arising from or resulting from, a **trip** that **you** take or, any person who **your** travel depends on, if:
  - a. the claim relates to a medical condition or any illness related to a medical condition which **you** or they knew, or could have reasonably been expected to have known about before **you** bought this insurance;
  - b. **You** are travelling against medical advice;
  - c. **You** are travelling to receive medical advice or treatment;
  - d. **You** are on a hospital waiting list waiting for treatment; or
  - e. **You** have been given a terminal diagnosis.

## EXCLUSIONS APPLICABLE TO ALL SECTIONS OF THE INSURANCE

The **Insurer** shall not be responsible for claims:

1. which are directly or indirectly caused by, occasioned by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the claim;
  - i) **act of terrorism**; this exclusion will not apply to losses under the Emergency Medical Expenses and Repatriation Section, nor the Hospital Benefit Section nor the Personal Accident Section unless such losses are caused by nuclear, chemical or biological attack or planned attack, or the disturbances were already taking place at the beginning of any **trip** in which case the exclusion will apply.
  - ii) war, invasion or warlike operations (whether war be declared or not), hostile acts of sovereign or government entities, civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power or martial law or confiscation by order of any government or public authority; or
  - iii) seizure or illegal occupation; or
  - iv) confiscation, requisition, detention, legal or illegal occupation, embargo, quarantine or any result of any order of public or government authority which deprives **you** of the use or value of **your** property, nor for loss or damage arising from acts of contraband or illegal transportation or illegal trade; or
  - v) discharge of pollutants or contaminants, which pollutants and contaminants shall include but are not limited to any solid, liquid, gaseous or thermal irritant, contaminant or toxic or hazardous substance or any substance the presence, existence or release of which endangers or threatens to endanger the health, safety or welfare of persons or the environment; or
  - vi) chemical or biological release or exposure of any kind; or
  - vii) attacks by electronic means including computer hacking or the introduction of any form of computer virus; or
  - viii) threat or hoax, in the absence of physical damage due to an **act of terrorism**; or
  - ix) any action taken in controlling, preventing, suppressing or in any way relating to any **act of terrorism**.
2. from loss or destruction of, or damage to any property whatsoever, or any loss or expense whatsoever resulting in or arising there from, or any consequential loss of any legal liability of whatsoever nature, directly or indirectly caused by or contributed to, or arising from;
  - i) ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel; or
  - ii) the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof;
3. from **you** engaging in any illegal or criminal act;
4. from any consequential loss whatsoever. Claims shall only be paid for those losses which are specifically stated under the terms of this insurance;
5. wilful exposure to areas known to be infected with;
  - i) Severe Acute Respiratory Syndrome (S.A.R.S.);

- ii) Avian Influenza, Asian Birdflu, and/or H5N1, Swine Influenza A/H1N1
  - iii) or any other Influenza A viruses.
6. directly or indirectly out of **your** financial incapacity, except in the circumstance of **redundancy**;
  7. which but for the existence of this insurance, would be covered under any other insurance policy(ies), including any amounts recovered by **you** from private health insurance, EHIC Card payments, any reciprocal health agreements, airlines, hotels, home contents Insurers or any other recovery by **you** which is the basis of a claim;
  8. from the tour operator, airline or any other company, firm or person either becoming insolvent or being unable or unwilling to fulfil any part of their obligation;
  9. from any **hazardous activity** including but not limited to all **winter sports** (except where an appropriate premium has been paid);
  10. **your** suicide or attempted suicide;
  11. **your** wilful exposure to danger (except in an attempt to save human life);
  12. **you** being under the influence of or in connection with the use of alcohol or drugs, unless as prescribed by a treating doctor;
  13. from **you** being in, entering or descending from an aircraft other than a fully licensed passenger carrying aircraft in which **you** are travelling as a passenger
  14. from **your** self exposure to needless peril. **You** must exercise reasonable care to prevent **illness**, injury or loss or damage to **your** property as if uninsured;
  15. directly or indirectly from **you** being engaged in any manual employment after the commencement of the **trip**;
  16. which have not been proven and the amount thereof substantiated.
  17. **you** travelling against the advice of a **medical practitioner**
  18. your travel to a country or specific area or event to which the Travel Advice Unit of the Foreign & Commonwealth Office or the World Health Organisation has advised the public not to travel.
  19. arising from **your** stress, anxiety, depression or any other mental or nervous disorder;
  20. directly or indirectly relating to volcanic ash.

## CONDITIONS APPLICABLE TO ALL SECTIONS OF THE INSURANCE

1. All material facts must be disclosed to the **Insurer** at the time of taking out this Insurance. Failure to do so may result in the **Insurer's** non-liability for claims. A material fact is any fact known to the **Insured** which is likely to influence the **Insurers** in the acceptance or assessment of the insurance. If **you** are in any doubt as to whether a fact is material then for **your** own protection it should be disclosed. All information provided in purchasing this insurance shall form the basis of the contract.  
The **Insured** should keep a record (including copy letters) of all information received from Insure For Travel Limited that confirms that they have accepted cover for any **pre-existing medical conditions**, for the purposes of entering into this contract.
2. All **Certificates**, information and evidence required by the **Insurer** shall be furnished at the expense of the **Insured** or **your** legal personal representatives and shall be in such form and of such nature as the **Insurer** may prescribe. The **Insured** shall as often as required submit to a medical examination on behalf of the **Insurer** at the **Insured's** expense.
3. In the event of the death of the **Insured**, the **Insurer** shall be entitled to have a post-mortem examination at their own expense.
4. Any items which become the subject of a claim for loss or damage shall be retained for **Insurer** inspection and shall be forwarded to **our Claims Handlers** upon request at the expense of the **Insured** or **your** legal personal representatives. All such items shall become the property of the **Insurer** following final settlement of the claim.
5. In the event of any occurrence which may give rise to a claim under this insurance, the **Insured** shall take all reasonable steps to minimise any loss arising out of such claim.
6. This insurance is non-transferable. Should the journey or holiday be cancelled prior to departure for any reason whatsoever other than those set out in the Cancellation section of the **policy** then the insurance cover terminates immediately and the premium is neither apportionable nor refundable.
7. The **Insurer** and the **Insured** are entitled to choose the law applicable to the insurance contract. The **Insurer** chooses the laws of the Republic of Ireland and, in the absence of any agreement to the contrary, the laws of the Republic of Ireland shall apply.
8. The **Insurer**, at its own expense is entitled to take proceedings in the name of the **Insured** to recover compensation or secure an indemnity from any third party in respect of any loss or damage covered by this insurance and any amount so recovered shall belong to the **Insurer**.
9. In the event that the **Insured** recovers by any means, damages from any third party in respect of personal accident, all benefits paid to the **Insured** shall be repaid to the **Insurer**.
10. If any fraudulent claim is made or if any fraudulent means or devices are used to obtain any benefit or compensation under this **policy**, all benefits thereunder shall be forfeited as well as all premiums paid.
11. In the event that the **Insured** experiences a problem with the **policy** or the claims process, please refer to the Complaints Procedure.

## COMPENSATION SCHEME

White Horse Insurance Ireland Limited is covered by the Financial Services Compensation Scheme. If White Horse Insurance Ireland Limited cannot meet their obligations **you** may be entitled to compensation from The Financial Services Compensation Scheme. The Financial Services Compensation Scheme provides funds for liquidators so that they may pay the valid claims of insolvent insurers. The scheme will provide an amount up to £2,000 or 90% of the net loss, whichever is less. **You** can get more information about compensation scheme arrangements from the Financial Services Authority.

## DATA PROTECTION

Please note that any information provided to **us** will be processed by **us** and **our** agents in compliance with the provisions of the Data Protection Act 1998 as amended, for the purpose of providing insurance and handling claims, if any, which may necessitate such information being provided to third parties.

## COMPLAINTS PROCEDURE

Should **you** have any query or complaint regarding the way **your** claim has been dealt with, in the first instance please write to:

**The Customer Services Manager**  
**White Horse Administration Services Ltd**  
**PO Box 5633, Walsall, WS6 9BB. England**

If **you** are still not satisfied that **we** have dealt with **your** complaint, please write to:

**The General Manager**  
**White Horse Insurance Ireland Limited,**  
**Bay 89.2, Free Zone West, Shannon, Co Clare, Republic of Ireland**

If **you** are still not satisfied with our decision after following the above procedure, **you** may then write to:

**The Financial Services Ombudsman's Bureau**  
**Third Floor Lincoln House, Lincoln Place, Dublin 2. Republic of Ireland**  
**Tel: 00353 (1)6620 899 Fax: 00353 (1)6620 890**

Please note the Ombudsman will not consider **your** case until **you** have followed the complaints procedure, as outlined above. Please quote **your** insurance reference number and **your** claim number in all **your** correspondence to all parties involved with this procedure. This procedure is intended to provide **you** with a prompt and practical service with any complaints that **you** may have.

## FOR 24 HOUR EMERGENCY MEDICAL ASSISTANCE:

**Please call: 0844 879 8313 or +44 (0) 208 763 4932**  
**24 hours a day, 365 days a year**

## FOR CLAIMS:

**Please telephone White Horse Administration Services Ltd on Tel: 0871 664 7995**  
*\* Calls from BT land lines cost 10p per minute. Calls from mobiles and other networks may be extra*

Please note that it is a condition of **your** policy that **you** notify **us** of **your** intention to make a claim within 30 days of **your** return date.

**Our postal address is:**  
**White Horse Administration Services Ltd**  
**PO Box 5633, Walsall, WS6 9BB. England**

When **you** contact us please ensure that **you** have the following information available to **you** as **we** will require it to process **your** claim:

- Master policy reference of **WHIL/ELECT/02/2011**
- **Your policy** number
- Date of purchase of **your policy**
- Travel itinerary
- Country and resort **you** visited or intended to visit
- Actual or intended travel dates
- Incident date
- Brief circumstances of **your** claim
- Value of **your** claim

Please note that **your** claim may be delayed if **you** are unable to provide **us** with the above information.