

# YOUR LEISURE GUARD INSURANCE POLICY



Reference Number: Leisure Guard Lite Direct LGL1909/10

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

If **you** have an emergency during **your trip**

If **you** require medical treatment outside **your home country**

If **you** have to return early to **your home country**

**Please phone 00 44 (0) 343 658 0303** and quote **your** policy number.

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

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

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

## HOW TO MAKE A CLAIM ON YOUR RETURN

### Claims under Section A - Travel Cover

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

### Claims under Section B - Optional Gadget Cover

Contact Trent-Services (Administration) Ltd on 01285 626020 or email [claims@trent-services.co.uk](mailto:claims@trent-services.co.uk)

## IMPORTANT HEALTH REQUIREMENTS FOR ALL INSURED PERSONS

**You** will not be covered under this policy for any claims arising directly or indirectly from a **pre-existing medical condition** unless it is shown on the waived condition list or it has been declared to **us** and accepted by **us** in writing for cover. Call us on 01293 855960 to declare your **pre-existing medical condition** and confirm if cover is available.

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

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

1. **You** must inform **us** if **your** state of health changes prior to travelling. **We** have the right to increase **your** premiums or refuse to cover **you** on **your trip**.
2. **You** must be fit to undertake **your** planned **trip**.
3. **You** must not travel against medical advice or with the intention of obtaining medical treatment or consultation abroad.
4. **We** will not cover **you** for any **pre-existing medical condition** unless it has been declared to **us** and accepted by **us** for cover in writing.
5. **We** will not cover **you** for any undiagnosed symptoms for which **you** are awaiting investigations/consultations.
6. If **you** are on a waiting list for treatment or investigation, **you** are not covered if **you** have to cancel or **curtail your trip** because an appointment or treatment becomes urgently available. **You** will also not be covered for medical claims overseas which are directly or indirectly related to this condition.

## RECIPROCAL HEALTH AGREEMENTS

### European Union

If **you** are travelling to countries in the European Union, Iceland, Liechtenstein, Norway or Switzerland, **you** should take a European Health Insurance Card (EHIC) with **you**. This does not apply to residents of the Isle of Man or the Channel Islands. **You** can apply online for **your** EHIC at <https://www.gov.uk/european-health-insurance-card> or by calling the automated EHIC application service on 0300 3301350. **Your** application should be completed and validated before **you** travel. This will allow **you** to benefit from the reciprocal health arrangements, which exist within these countries. **You** should take reasonable steps to use these arrangements where possible.

If **we** agree to a claim for medical expenses which has been reduced by **you** using an EHIC **you** will not have to pay the **excess** amount under the Medical Expenses Section. Where it is necessary for **you** to provide evidence of the medical costs incurred, this must show that the medical fee has been reduced by use of the EHIC.

### Australia and Non-European Economic Area (EEA) countries:

When **you** are travelling to Australia and **you** have to go to hospital, **you** must enrol for treatment under the National Medicare Scheme.

The **United Kingdom** also has reciprocal healthcare agreements with other non-EEA countries and territories. Details can be found at [www.nhs.uk/NHSEngland/](http://www.nhs.uk/NHSEngland/)

## WAIVED CONDITIONS

The **medical conditions** listed in the Waived Conditions table are covered subject to the normal terms and conditions of this insurance, provided the **insured person** can meet ALL of the following criteria:

- a) has NO other **pre-existing medical condition(s)** which is not listed within the Waived Conditions table; and
- b) is not awaiting surgery for the condition; and
- c) has been fully discharged from any post-operative follow-up.

IF THE **INSURED PERSON** DOES NOT MEET ALL OF THE CRITERIA SHOWN ABOVE THEN A FULL AND COMPLETE DECLARATION OF ALL **PRE-EXISTING MEDICAL CONDITIONS** (INCLUDING ANY LISTED BELOW) MUST BE MADE TO THE MEDICAL SCREENING HELPLINE.

If **you** have any other **pre-existing medical condition** or your **medical condition** does not meet the above criteria, **you** must contact the Medical Screening Helpline on 01293 855960 to declare ALL **your medical conditions** and ensure that **we** are able to provide cover.

Abnormal Smear Test	D & C	Hernia (not Hiatus)	Myalgic Encephalomyelitis (ME) (if the only symptom is fatigue)	Strabismus (Squint)
Achilles Tendon Injury	Deaf Mutism	Herpes Simplex (Cold Sore)	Nasal Infection	Stress Incontinence
Acne	Deafness	Herpes Zoster (Shingles)	Nasal Polyp(s)	Synovitis
Acronyx (Ingrowing Toe-nail)	Dental Surgery	Hip Replacement (no subsequent arthritis)	Nettle Rash (Hives)	Talipes (Club Foot)
Adenoids	Dermatitis (no hospital admissions or consultations)	Hives (Nettle Rash)	Neuralgia, Neuritis	Tendon Injury
Allergic Rhinitis	Deviated Nasal Septum	Housemaid's Knee (Bursitis)	Nosebleed(s)	Tennis Elbow
Alopecia	Diarrhoea and/or Vomiting (resolved)	HRT (Hormone Replacement Therapy)	Nystagmus	Tenosynovitis
Anal Fissure/Fistula	Dilatation and Curettage	Hyperthyroidism (Overactive Thyroid)	Obstructive Sleep Apnoea	Termination of Pregnancy
Appendectomy	Dislocated Hip	Hypospadias	Osgood-schlatter's Disease	Testicles - Epididymitis
Astigmatism	Dislocations	Hypothyroidism (Underactive Thyroid)	Osteochondritis	Testicles - Hydrocele
Athlete's Foot (Tinea Pedis)	Dry Eye Syndrome	Hysterectomy (provided no malignancy)	Otosclerosis	Testicles - Varicocele
Attention Deficit Hyperactivity Disorder	Dyspepsia	Impetigo	Overactive Thyroid	Testicular Cyst
Bell's Palsy (Facial Paralysis)	Ear Infections (resolved - must be all clear prior to travel if flying)	Indigestion	Parametritis	Testicular Torsion (Twisted Testicle)
Benign Prostatic Enlargement	Eczema (no hospital admissions or consultations)	Influenza	Pediculosis	Throat Infection(s)
Bladder Infection (fully recovered, no hospital admissions)	Endocervical Polyp	Ingrowing Toe-nail (Acronyx)	Pelvic Inflammatory Disease	Thrush
Blepharitis	Endocervicitis	Inguinal Hernia	Photodermatitis	Thyroid - Overactive
Blindness	Endometrial Polyp	Insomnia	Piles	Thyroid Deficiency
Blocked Tear Ducts	Epididymitis	Intercostal Neuralgia	Pityriasis Rosea	Tinea Capitis (Scalp Ringworm)
Breast - Fibroadenoma	Epiphora (Watery Eye)	Intertrigo	Post Viral Fatigue Syndrome (if the only symptom is fatigue)	Tinea Corporis (Skin Ringworm)
Breast Cyst(s)	Epispadias	Irritable Bowel Syndrome (IBS)	Pregnancy (provided no complications and not travelling less than 8 weeks or (16 weeks in the case of a known multiple pregnancy) prior to the expected delivery date)	Tinea Pedis (Athlete's Foot)
Breast Enlargement/Reduction	Epistaxis (Nosebleed)	Keinboeck's Disease	Prickly Heat	Tinnitus
Broken Bones (other than head or spine) - (no longer in plaster)	Erythema Nodosum	Keratoconus	Prolapsed Uterus (womb)	Tonsillitis
Bunion (Hallux Valgus)	Essential Tremor	Knee Injury - Collateral/cruciate ligaments	Pruritis	Tooth Extraction
Bursitis	Facial Neuritis (Trigeminal Neuralgia)	Knee Replacement (no subsequent arthritis)	Psoriasis (no hospital admissions or consultations)	Toothache
Caesarean Section	Facial Paralysis (Bell's Palsy)	Kohlers Disease	Repetitive Strain Injury	Torn Ligament
Candidiasis (oral or vaginal)	Femoral Hernia	Labyrinthitis	Retinitis Pigmentosa	Torticollis (Wry Neck)
Carpal Tunnel Syndrome	Fibroadenoma	Laryngitis	Rhinitis (Allergic)	Trichomycosis
Cartilage Injury	Fibroid - Uterine	Learning Difficulties	Rosacea	Trigeminal Neuralgia
Cataracts	Fibromyalgia	Leptothrix	Ruptured Tendons	Turner's Syndrome
Cervical Erosion	Fibromyositis	Leucoderma	Salpingo-oophoritis	Twisted Testicle
Cervicitis	Fibrositis	Lichen Planus	Scabies	Umbilical Hernia
Chalazion	Frozen Shoulder	Ligaments (injury)	Scalp Ringworm (Tinea Capitis)	Underactive Thyroid
Chicken Pox (fully resolved)	Gall Bladder Removal	Lipoma	Scheuermann's Disease	Undescended Testicle
Cholecystectomy	Ganglion	Macular Degeneration	Sebaceous Cyst	Urethritis (fully recovered, no hospital admissions)
Chronic fatigue syndrome (if only symptom is fatigue)	Glandular Fever (full recovery made)	Mastitis	Shingles (Herpes Zoster)	URTl (Upper Respiratory Tract Infection) (resolved, no further treatment)
Coeliac Disease	Glaucoma	Mastoidectomy (resolved - must be all clear prior to travel if flying)	Shoulder Injury	Urticaria
Cold Sore (Herpes Simplex)	Glue Ear (resolved - must be all clear prior to travel if flying)	Menopause	Sinusitis	Uterine Polyp(s)
Colitis (simple)	Goitre	Menorrhagia	Skin Ringworm (Tinea Corporis)	Uterine Prolapse
Common Cold(s)	Gout	Migraine (provided this is a definite diagnosis and there are no ongoing investigations)	Sleep Apnoea	Varicocele
Conjunctivitis	Grave's Disease	Miscarriage	Sore Throat	Varicose Veins - legs only, never any ulcers or cellulitis (if GP has confirmed that client is fit to travel)
Constipation	Grommet(s) inserted (Glue Ear)	Mole(s)	Sprains	Vasectomy
Corneal Graft	Gynaecomastia	Molluscum Contagiosum	Stigmatism	Verruca
Cosmetic Surgery	Haematoma (external)	Myalgia (Muscular Rheumatism)	Stomach Bug (resolved)	Vertigo - provided no disabling episodes
Cyst - Breast	Haemorrhoidectomy			Vitiligo
Cyst - Testicular	Haemorrhoids (Piles)			Warts (benign, non-genital)
Cystitis (fully recovered, no hospital admissions)	Hallux Valgus (Bunion)			Womb Prolapse (uterus)
Cystocele (fully recovered, no hospital admissions)	Hammer Toe			Wry Neck (Torticollis)
	Hay Fever			

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## SECTION A - TRAVEL INSURANCE SUMMARY OF COVER

\* For Standard cover the Policy Excess under Medical Emergency & Repatriation, Emergency Dental Treatment and Cancellation, Curtailment & Trip Interruption is increased to £200 if You have reached the age of 65 years at the commencement of the Period of Insurance.

\*\* For Premier cover the Policy Excess under Medical Emergency & Repatriation, Emergency Dental Treatment and Cancellation, Curtailment & Trip Interruption is increased to £150 if You have reached the age of 65 years at the commencement of the Period of Insurance.

\*\*\* For travel to the United States of America we will only pay for reasonable and necessary emergency medical treatment, surgical, hospital, ambulance and nursing fees and charges. This means costs that are incurred for approved, eligible medical services or supplies up to 150% of the published medical rates for the same or similar treatment as payable by US Medicare.

Cover <small>Per person unless otherwise shown.</small>	Standard Cover		Premier Cover		Premier PLUS Cover	
	Limits up to	Excess per person per claim	Limits up to	Excess per person per claim	Limits up to	Excess per person per claim
Medical Emergency and Repatriation ***	£5,000,000	£100*	£10,000,000	£50**	£20,000,000	Nil
Emergency Dental Treatment	£250	£100*	£250	£50**	£550	Nil
Additional Accommodation & Travel Cost	£1,000	Nil	£2,000	Nil	£3,000	Nil
Hospital Daily Benefit	N/A	N/A	£25 per complete 24 hours of inpatient treatment; maximum of £1,000	Nil	£50 per complete 24 hours of inpatient treatment; maximum of £1,500	Nil
Cancellation, Curtailment & Trip Interruption	£1,500	£100*/£10 for Loss of Deposit	£5,000	£85**/£10 for Loss of Deposit	£10,000	Nil
Travel Delay	£10 for each full 12 hour delay; maximum of £100	Nil	£20 for each full 12 hour delay; maximum of £300	Nil	£30 for each full 12 hour delay; maximum of £500	Nil
Departure Assistance & Missed Connection	£500	Nil	£1,000	Nil	£1,000	Nil
Missed Departure on the Outward Journey	£500	Nil	£1,000	Nil	£1,500	Nil
Personal Luggage	£1,000	£100	£2,000	£50	£3,000	Nil
• Single article, or Pair or Set of articles	£150	£100	£250	£50	£300	Nil
• Valuables (Limited to £100 if Insured Person is under 18)	£150	£100	£250	£65	£300	Nil
Luggage Delay on Your Outward Journey	£50 per complete 24 hours; maximum of £150	Nil	£50 per complete 24 hours; maximum of £150	Nil	£100 per complete 24 hours; maximum of £300	Nil

Cover Per person unless otherwise shown.	Standard Cover		Premier Cover		Premier PLUS Cover	
	Limits up to	Excess per person per claim	Limits up to	Excess per person per claim	Limits up to	Excess per person per claim
Money & Passport • Cash (limited to £75 if insured Person is under 18) • Passport	£250	£30	£350	£30	£525	Nil
Personal Liability	£2,000,000 per policy	Nil	£2,000,000 per policy	Nil	£2,500,000 per policy	Nil
Personal Accident • Death • if the Insured Person is aged under 18 or over 65 • Loss of one or more Limbs or total and irrecoverable Loss of Sight in one or both eyes • Permanent Total Disablement • if the Insured Person is aged over 65	£10,000	Nil	£10,000	Nil	£25,000	Nil
	£2,500	Nil	£2,500	Nil	£2,500	Nil
	£15,000	Nil	£25,000	Nil	£50,000	Nil
	£15,000	Nil	£25,000	Nil	£50,000	Nil
	£2,500	Nil	£2,500	Nil	£2,500	Nil
Legal Protection	£25,000 per policy	£200	£25,000 per policy	£200	£50,000 per policy	Nil
Mugging	£20 per complete 24 hours of inpatient treatment; maximum of £200	Nil	£40 per complete 24 hours of inpatient treatment; maximum of £400	Nil	£100 per complete 24 hours of inpatient treatment; maximum of £400	Nil
Hijack	N/A	N/A	£100 per complete 24 hours; maximum of £1,000	Nil	£100 per complete 24 hours; maximum of £5,000	Nil
Catastrophe	N/A	N/A	£1,000	£50	£1,000	Nil
Withdrawal of Services	£25 per complete 24 hours; maximum of £500	Nil	£25 per complete 24 hours; maximum of £750	Nil	£25 per complete 24 hours; maximum of £1,000	Nil
Pet Care	£15 per complete 24 hours; maximum of £100	Nil	£25 per complete 24 hours; maximum of £150	Nil	£50 per complete 24 hours; maximum of £150	Nil
Home Country Medical Transfer	Necessary Costs	Nil	Necessary Costs	Nil	Necessary Costs	Nil
Additional Accommodation Costs	£1,000	Nil	£2,000	Nil	£2,000	Nil

Optional Winter Sports Cover						
Cancellation, Curtailment & Trip Interruption	£1,500	£65/£10 Loss of Deposit	£5,000	£50/£10 Loss of Deposit	£5,000	Nil
Skis, Ski Equipment & Lift Pass • Skis & Ski Equipment • Ski Pass	£1,000	£100	£2,000	£50	£2,000	Nil
	£75 per complete 24 hours; maximum of £300	Nil	£75 per complete 24 hours; maximum of £300	Nil	£100 per complete 24 hours; maximum of £300	Nil
Ski Equipment Delay	£20 per complete 24 hours; maximum of £200	Nil	£20 per complete 24 hours; maximum of £200	Nil	£20 per complete 24 hours; maximum of £200	Nil
Piste Closure	£20 per complete 24 hours; maximum of £240	Nil	£20 per complete 24 hours; maximum of £240	Nil	£20 per complete 24 hours; maximum of £240	Nil
Avalanche or Landslide	£20 per complete 24 hours; maximum of £240	Nil	£20 per complete 24 hours; maximum of £240	Nil	£20 per complete 24 hours; maximum of £240	Nil

Optional Cruise Upgrade						
Missed Port Departure	Up to £1,000	£50	Up to £1,000	£50	Up to £1,000	Nil
Cabin Confinement	£100 per day up to £500	Nil	£100 per day up to £500	Nil	£100 per day up to £500	Nil
Itinerary Change	£100 per port up to £500	Nil	£100 per port up to £500	Nil	£100 per day up to £500	Nil
Unused Excursions	Up to £300	£50	Up to £300	£50	Up to £300	Nil
Cruise Interruption	Up to £1,000	£50	Up to £1,000	£50	Up to £1,000	Nil

### SECTION B - OPTIONAL GADGET COVER SUMMARY

Level of Cover	Number of Gadgets Covered	Total Replacement/Repair Value for all Gadgets	Excess
LEVEL ONE	3 Gadgets	£1,000	Up to £50
	Single Article Limit	£1,000	Up to £50
	Single Article Limit for Laptop	£1,000	Up to £50
LEVEL TWO	5 Gadgets	£2,000	Up to £50
	Single Article Limit	£1,000	Up to £50
	Single Article Limit for Laptop	£2,000	Up to £50
LEVEL THREE	7 Gadgets	£3,000	Up to £50
	Single Article Limit	£1,000	Up to £50
	Single Article Limit for Laptop	£2,000	Up to £50

## LEISURE GUARD

This policy has been arranged by ROCK Insurance Group which is a trading style of Rock Insurance Services Limited, on behalf of Leisure Guard Insurance which is a trading style of Business Brokers Limited, who act as agents of the insurer in collecting premiums due from clients, such monies are deemed to be held by the insurers with which **your** insurance is arranged. ROCK Insurance Group is authorised and regulated by the Financial Conduct Authority (FCA). Our FCA registration number is 300317. **You** can check the regulatory status of ROCK Insurance Group and Business Brokers Limited by visiting the Financial Services Register via the Financial Conduct Authority Website, <http://www.fca.org.uk/register> or by telephoning 0800 111 6768.

ROCK is the administrator of this policy and has brought together a number of different insurers to provide the following benefits.

## THE INSURERS

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

### INSURER DETAILS FOR SECTION A - TRAVEL POLICY

Benefits under this policy are provided by - XL Catlin Insurance Company UK Limited. Registered office: 20 Gracechurch Street, London, EC3V 0BG  
Registered in England - Company No.5328622

XL Catlin Insurance Company UK Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Firm Reference No. 423308).

### INSURER DETAILS FOR SECTION B - GADGET COVER

Benefits under this section of the policy are arranged by Rock Insurance Services Limited with UK General Insurance Ltd on behalf of Great Lakes Insurance SE. Great Lakes Insurance SE is a German insurance company with its headquarters at Königinstrasse 107, 80802 Munich. UK Branch office: Plantation Place, 30 Fenchurch Street, London, EC3M 3AJ.

UK General Insurance Limited is authorised and regulated by the Financial Conduct Authority.

Great Lakes Insurance SE, UK Branch, is authorised by Bundesanstalt für Finanzdienstleistungsaufsicht and subject to limited regulation by the Financial Conduct Authority and Prudential Regulation Authority. Details about the extent of their regulation by the Financial Conduct Authority and Prudential Regulation Authority are available on request. The administrator is Rock Insurance Services Limited. They will help **you** with any questions **you** may have and help **you** with any changes **you** need to make to **your** insurance. Please also contact them if any details in **your certificate of insurance** are incorrect and they will arrange for a corrected insurance certificate to be issued to **you**. **You** can contact them at: Griffin House, 135 High Street, Crawley, West Sussex, RH10 1DQ, 0800 091 2832, [leisureguard@rockinsurance.com](mailto:leisureguard@rockinsurance.com).

## IMPORTANT INFORMATION

### ELIGIBILITY CRITERIA

- This policy is only available to residents of the **United Kingdom**.
- Insurance cannot be purchased once **your trip** has commenced.
- The main insured person, his/her spouse, Civil Partner or Common Law Partner (living together for at least six months), and dependent children or grandchildren (under 18 years of age, in full-time education) and non-related children who are travelling as part of a family group. For annual multi-trip policies, each insured person can travel independently; children travelling independently must be accompanied by a responsible adult.
- A couple policy is for 2 adults in a relationship, living at the same address.
- Cover is only provided for **trips** in the **United Kingdom** if **you** have a minimum of one nights pre-booked and pre-paid accommodation.
- **Your trip** must start and end in **your home country** and **you** must have a return ticket.

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

- **You** reside outside the **United Kingdom**;
- **You** are over the age of 75 years old when **you** purchase a Single Trip policy for the **United Kingdom** or **Europe**;
- **You** are over the age of 65 when you purchase a Single Trip Policy for travel outside of the **United Kingdom** or **Europe**.
- **You** are over the age of 65 when **you** purchase an Annual Multi-trip Policy;
- **You** require Winter Sports cover but are over the age of 65;
- **You** require cover for a Cruise holiday (unless Optional Cruise Upgrade has been purchased);
- **You** are not registered with a General Practitioner in **your home country**.

### ADDITIONAL ELIGIBILITY CRITERIA APPLICABLE TO SECTION B - OPTIONAL GADGET COVER.

- **You** reside in the **United Kingdom**;
- **Your** electronic equipment is less than 6 years old (except for laptops which must be less than 15 months old) at the commencement date of the policy.

### NON-TRAVELLING RELATIVES

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

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

- required surgery, inpatient treatment or hospital consultations; or
- required any form of treatment or prescribed medication.

### TRIP DURATION LIMITS

Single Trip Policies: The maximum number of days for which **you** have paid the appropriate premium.

1. If **you** are under 65 years of age at the commencement of the period of insurance the maximum **trip** duration will be 548 consecutive days (18 months).
2. If **you** are between 65 years and 75 years old at the commencement of the Period of Insurance the maximum trip duration will be 92 consecutive days.

Annual Multi-trip Policies: Any number of **trips** in the policy year but limited to a maximum of 31 consecutive days which take place entirely during the **Period of Insurance** (or continue into the next **Period of Insurance** if **your** contract is renewed with **us**, and is in force at the time of any incident resulting in a claim).

Winter Sports cover can be included for a maximum of 17 days upon payment of the appropriate additional premium.

1. Upon payment of the appropriate additional premium the maximum number of consecutive days **you** can spend abroad can be increased to 45, 62 or 92 consecutive days.
2. If **you** travel for more than the number of days for which **you** have paid for cover, **you** will not be covered after the last day for which **you** have paid.
3. **Trips** must commence and end in the **home country** and a return ticket must have been booked prior to departure, unless a **one way trip** has been purchased.
4. Irrespective of the number of individual **trips you** undertake in each **Period of Insurance**, the maximum of days **you** can spend abroad must not exceed 183.

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

Single Trip Policies can only be booked up to 548 days in advance of **your trip**.

Annual Multi-Trip Policies cannot be booked more than 31 days before the start date shown on **your certificate of insurance**. Please note that cancellation cover will not commence until that date.

### GEOGRAPHICAL LOCATIONS

#### Home Country

The **United Kingdom**.

#### Europe

Means the continent of Europe west of the Ural Mountains including the Republic of Ireland, the Isle of Man, Channel Islands and all countries bordering the Mediterranean Sea, as well as Madeira and The Azores, including Spain, The Canaries, Turkey, Cyprus, Malta and Switzerland. For residents of the Isle of Man and Channel Islands travelling to the **United Kingdom**, the **United**

**Kingdom** shall be considered as Europe. Egypt, Israel, Morocco and Tunisia are not included in Europe.

### Worldwide, excluding USA, Canada, Caribbean and Mexico

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

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

Means anywhere in the world.

#### Please note:

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

## PREGNANCY & CHILDBIRTH

Cover under this policy is provided for unforeseen events. In particular, cover is provided under Emergency Medical & Repatriation for unforeseen **bodily injury** or illness. Pregnancy and childbirth are not considered to be either an illness or injury. Cover is only provided under the Emergency Medical & Repatriation Expenses, and Hospital Benefits section of this policy for claims arising from **complications of pregnancy and childbirth**. Please make sure you read the definition of **complications of pregnancy and childbirth** given under the Meaning of Words.

## INFORMATION YOU HAVE GIVEN US

In deciding to accept this policy and in setting the terms including premium **we** have relied on the information which **you** have provided to **us**. **You** must take care when answering any questions **we** ask by ensuring that any information provided is accurate and complete.

If **we** establish that **you** deliberately or recklessly provided **us** with untrue or misleading information **we** will have the right to:

- treat this policy as if it never existed;
- decline all **claims**; and
- retain the premium.

If **we** establish that **you** carelessly provided **us** with untrue or misleading information **we** will have the right to:

- treat this policy as if it never existed, refuse to pay any **claim** and return the premium **you** have paid, if **we** would not have provided **you** with cover;
- treat this policy as if it had been entered into on different terms from those agreed, if **we** would have provided **you** with cover on different terms;
- reduce the amount **we** pay on any **claim** in the proportion that the premium **you** have paid bears to the premium **we** would have charged **you**, if **we** would have charged **you** more.

**We** will notify **you** in writing if (i), (ii) and/or (iii) apply.

If there is no outstanding **claim** and (ii) and/or (iii) apply, **we** will have the right to:

- give **you** thirty (30) days' notice that **we** are terminating this policy; or
- give **you** notice that **we** will treat this policy and any future **claim** in accordance with (ii) and/or (iii) in which case **you** may then give **us** thirty (30) days' notice that **you** are terminating this policy.

If this policy is terminated in accordance with 1 or 2, **we** will refund any premium due to **you** in respect of the balance of the **Period of Insurance**.

## COVER

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

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

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

## YOUR PREMIUM

ROCK collects and holds insurance premiums as an agent of the insurer. **We** do not charge a fee for arranging **your** policy. However ROCK will charge an administration fee of £5.00 if **you** require an amendment to **your** policy at a later date.

## AUTOMATIC RENEWAL

To make sure **you** have continuous cover under **your** policy, if **you** have purchased an Annual Multi-trip policy, **we** will aim to automatically renew (auto-renew) **your** policy when it runs out, unless **you** tell **us** not to. Each year **we** will write to **you** 21 days before the renewal date of **your** policy, and tell **you** about any changes to the premium or the policy terms and conditions.

If **you** do not want to auto renew **your** policy, just call **us** on the telephone number provided on **your certificate of insurance** or click on the link provided within the email sent 21 days ahead of the renewal date. Otherwise **we** will collect the renewal premiums from **your** credit card or debit card.

**You** should also note that **your** renewed policy will only be valid when:

- You** have told **us** about any changes to **your** policy details
- You** have rescreened any **pre-existing medical conditions**

Please note **your** policy will not be renewed if **your** credit card or debit card details have changed.

In some cases **we** may not be able to automatically renew **your** policy. **We** will let **you** know at the time if this is the case.

**We** are entitled to assume that **your** details have not changed and **you** have the permission of the card holder unless **you** tell **us** otherwise. **We** will tell the relevant processing bank to charge the relevant premium to **your** debit card or credit card on or before the renewal date. **You** can tell **us** about any changes to **your** policy details or opt out of automatic renewal at any time by phoning **us** on the telephone number provided on **your certificate of insurance**.

## HOW TO MAKE A CLAIM

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

### Claims under Section A – Travel Cover:

Claims forms can be obtained from [www.grclaims.com/leisureguard](http://www.grclaims.com/leisureguard). Alternatively telephone our Claims Helpline on 00 44 (0) 0343 658 0345 or contact us by email [travelclaims@global-response.co.uk](mailto:travelclaims@global-response.co.uk), giving your name and certificate number, and brief details of your claim.

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

### Claims under Section B – Optional Gadget cover:

**You** must:

- Notify Trent - Services (Administration) Ltd as soon as possible after any incident likely to result in a claim under this insurance ;  
Trent - Services (Administration) Ltd,  
Trent House,  
Love Lane,  
Cirencester,  
Gloucestershire GL7 1XD  
Telephone: 01285 626020  
Email: [claims@trent-services.co.uk](mailto:claims@trent-services.co.uk)  
Fax: 01285 626031
- Report the **theft of your** mobile phone within 12 hours of discovery of the occurrence of the **theft**, to **your** airtime provider and instruct them to blacklist **your** handset;
- Report the **theft of your electronic equipment** to the police within 24 hours of discovery and obtain a crime reference number in relation to the **theft** of the item.
- If **we** replace **your electronic equipment** the ownership of the damaged or lost item is transferred to **us** once **you** have received the Replacement Item **we** have supplied. If the **electronic equipment** **you** have claimed for is returned or found **you** must notify **us** and send it to **us** if **we** ask **you** to do so.

Before **your** claim can be approved, **you** must pay the **excess**. The **excess** for a laptop, iPhone, smart phone or tablet is £50; for all other items, please refer to the **excess** in the Summary of Cover table.

If the above terms are not adhered to, then **your** claim may not be paid or paid in full.

## CANCELLATION AND COOLING-OFF PERIOD

### 1. Your Right to Cancel during the Cooling-Off Period

**You** are entitled to cancel this policy by notifying us in writing, by email or by telephone within fourteen (14) days of either:

- the date **you** receive this policy; or
  - the start of **your Period of Insurance**;
- whichever is the later.

A full refund of any premium paid will be made unless **you** have made a **claim** in which case the full annual premium is due.

### 2. Your Right to Cancel after the Cooling-Off Period

**You** are entitled to cancel this policy after the cooling-off period by notifying us in writing, by email or by telephone. Any return of premium due to **you** will be calculated at a proportional daily rate depending on how long the policy has been in force unless **you** have made a **claim** in which case the full annual premium is due.

### 3. Our Right to Cancel

**We** are entitled to cancel this policy, if there is a valid reason to do so, including for example:

- any failure by **you** to pay the premium; or
- a change in risk which means **we** can no longer provide **you** with insurance cover; or
- non-cooperation or failure to supply any information or documentation **we** request, such as details of a **claim**;

by giving **you** fourteen (14) days' notice in writing. Any return of premium due to **you** will be calculated at a proportional daily rate depending on how long the policy has been in force unless **you** have made a **claim** in which case the full annual premium is due.

## FRAUD

If **you**, or anyone acting for **you**, makes a fraudulent **claim**, for example a loss which is fraudulently caused and/or exaggerated and/or supported by a fraudulent statement or other device, **we**:

- will not be liable to pay the **claim**; and
- may recover from **you** any sums paid by **us** to **you** in respect of the **claim**; and
- may by notice to **you** treat this policy as having been terminated with effect from the time of the fraudulent act.

If **we** exercise **our** right under (c) above:

- We** shall not be liable to **you** in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to **our** liability under this policy (such as the occurrence of a loss, the making of a **claim**, or the notification of a potential **claim**); and
- We** need not return any of the premium paid.

## COMPLAINTS

**We** always aim to provide a first class service. However, if **you** have any cause for complaint, please address these in the first instance to:

The Compliance Manager,  
ROCK Insurance Group,  
Griffin House,  
135 High Street,  
Crawley,  
West Sussex,  
RH10 1DQ

Email: [admin@rockinsurance.com](mailto:admin@rockinsurance.com)

If **you** are still not satisfied **you** can contact the Financial Ombudsman Service:

Financial Ombudsman Service  
Exchange Tower,  
Harbour Exchange Square,  
London, E14 9SR  
Phone: 0800 023 4567

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

ROCK Insurance Group adheres to the Alternative Dispute Resolution Regulations 2015 EU Directive. **You** can access the Online Dispute Resolution Portal here: <https://webgate.ec.europa.eu/odr/main/?event=main.about.show>

For complaints regarding Optional Gadget Cover please read the details in that section of cover.

## FINANCIAL SERVICES COMPENSATION SCHEME

**We** are covered by the Financial Services Compensation Scheme. **You** may be entitled to compensation from the Scheme if **we** are unable to meet **our** obligations under this policy. If **you** are entitled to compensation under the Scheme, the level and extent of the compensation will depend on the nature of this policy. Further information about the Scheme is available from the Financial Services Compensation Scheme (PO Box 300, Mitcheldean, GL17 1DY) and on their website: [www.fscs.org.uk](http://www.fscs.org.uk).

## CHANGE IN CIRCUMSTANCES

**You** must tell **us** as soon as practicably possible of any change in the information **you** have provided to **us** which happens before or during any **period of insurance**.

When **we** are notified of a change **we** will tell **you** if this affects **your** policy. For example **we** may cancel **your** policy in accordance with the Cancellation and Cooling-Off Provisions, amend the terms of **your** policy or require **you** to pay more for **your** insurance. If **you** do not inform **us** about a change it may affect any claim **you** make or could result in **your** insurance being invalid.

## SANCTIONS

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

## CHOICE OF LAW

The parties are free to choose the law applicable to this policy. Unless specifically agreed to the contrary this policy will be governed by English law and subject to the exclusive jurisdiction of the courts of England and Wales.

The language of this policy and all communications relating to it will be in English.

## ACCESSIBILITY

Upon request **we** can provide large print versions of the policy and the associated documentation including the Key Facts document. If **you** require an alternative format **you** should contact **us**.

## THIRD PARTY RIGHTS

A person who is not a party to this contract of insurance has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this contract

of insurance but this does not affect any right or remedy of a third party that exists or is available apart from that Act.

## DATA PROTECTION

Any information that **you** have given to Rock will be used for the administration of **your** policy. The information that **you** have provided will be shared with the following parties:

- The insurer of the policy, XL Catlin Insurance Company UK Limited (the "Insurer"), to obtain a premium if your quote requires referral to them. The personal information that will be shared with the Insurer at this time will be your name, your contact details and any medical history as declared to us by you.
- If **you** purchase a product with Rock, **your** information will be shared with the Insurer to underwrite **your** policy.
- In the event of a claim **your** personal information will be shared with the Insurer and its appointed emergency assistance company and claims administration provider Global Response whose details are stated within these policy terms and conditions.
- The Financial Conduct Authority and/or other regulatory/governing bodies for the purposes of compliance monitoring and to prevent and detect fraud;
- We** reserve the right to disclose personally identifiable information in order to comply with the law, applicable regulations and government requests. **We** also reserve the right to use such information in order to protect **our** operating systems and integrity as well as other users.
- Any third parties employed by **us** to process **your** data on **our** behalf are subject to contractual obligations to protect the security of **your** data.

For more information about how the Insurer will process **your** personal information, please see the Insurer's full privacy notice at: <http://xlgroup.com/footer/privacy-and-cookies>.

If **you** have questions regarding the way in which the Insurer processes or uses **your** personal information, please contact ROCK and they will refer **your** questions to **us**.

**We** are committed to working with **you** to obtain a fair resolution of any complaint or concern about privacy. If, however, **you** believe that **we** have not been able to assist with **your** complaint or concern, **you** have the right to make a complaint to the UK Information Commissioner's Office.

## MEANING OF WORDS

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

**Act of terror:** An unlawful act including for example the use of force or violence, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

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

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

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

**Complications of Pregnancy and Childbirth:** Toxaemia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole (molar pregnancy), post partum haemorrhage, retained placenta membrane, placental abruption, hyperemesis gravidarum, placenta praevia, stillbirths, miscarriage, medically necessary emergency Caesarean sections/medically necessary termination and any premature births more than 8 weeks (or 16 weeks in the case of a known multiple pregnancy) prior to the expected delivery date.

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

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

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

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

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

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

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

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

**Loss of sight:** Total and permanent **loss of sight** without expectation

of improvement in both eyes when **your** name is added to the Register of Blind Persons on the authority of a qualified ophthalmic specialist; or in one eye when the degree of sight remaining after correction is 3/60 or less on the Snellen Scale.

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

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

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

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

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

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

**Period of insurance:** The **period of insurance** for all sections except cancellation commences when **you** leave **your home** in **your home country** to start **your trip** and ends when **you** have returned to **your home** in **your home country**. Cancellation cover for a Single Trip policy starts when **you** purchase this insurance or when **you** book **your trip**, whichever is the later. Cancellation cover for Annual Multi-trip policy will not commence until the start date shown on **your certificate of insurance** even if the premium has been paid earlier. Annual policies are valid for 12 consecutive months from the policy start date.

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

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

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

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

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

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

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

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

**Unattended:** When **you** cannot see and are not close enough to **your** property to prevent unauthorised interference or theft of **your** property unless left in a safety-deposit facility.

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

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

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

**Wear and Tear:** A reduction in value through age, natural deterioration, ordinary use, depreciation due to use, damage by exposure to the light, lack of maintenance or damage which happens gradually over a period of time.

## YOUR COVER

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

## SECTION A - TRAVEL COVER

### CANCELLATION, CURTAILMENT AND TRIP INTERRUPTION

#### What you are covered for

**We** will pay **you** up to the amount shown in the summary of cover for the unused portion of **your** travel and accommodation costs that **you** have paid

or contracted to pay and **you** suffer a financial loss because **you** cannot get a full refund if **you** cancel before the start of **your trip** or cut **your trip** short and return **home** early during the **period of insurance** because of the following:

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

#### **Trip interruption**

##### What you are covered for:

**We** will pay up to the amount shown in the summary of cover for necessary additional travelling costs incurred in returning **you home** in the event **you** have a valid curtailment claim. If the period of **your** original booked **trip** has not expired, **we** will also pay necessary additional travel costs in transporting **you** back to the location abroad.

Travel by air will be limited to one economy/tourist class ticket for each **insured person**.

##### What you are NOT covered for

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

## EMERGENCY MEDICAL AND REPATRIATION EXPENSES

#### What you are covered for

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

1. emergency medical and surgical treatment in the nearest appropriate



hospital, including **medical practitioner** fees, hospital expenses and charges for medical transportation;

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

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

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

### SPECIAL CONDITIONS

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

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

For travel to the United States of America **we** will only pay for emergency medical treatment, surgical, hospital, ambulance and nursing fees and charges. This means costs that are incurred for approved, eligible medical services or supplies up to 150% of the published medical rates for the same or similar treatment as payable by US Medicare.

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

### What you are NOT covered for

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

## HOSPITAL BENEFIT

### What you are covered for

**We** will pay **you** up to the amount shown in the summary of cover should **you** suffer a **bodily injury** or illness during the **period of insurance**, for each full 24 hours that **you** spend as an inpatient in a hospital outside of **your home country**.

### What you are NOT covered for

1. the **excess** shown in the summary of cover;
2. treatment which takes place within **your home country**;
3. claims arising directly or indirectly from any **pre-existing medical**

**conditions** unless they have been declared to **us** and accepted by **us** in writing for cover;

4. normal pregnancy and/or childbirth, without any accompanying **bodily injury**, illness or complication;
5. claims that are not confirmed as medically necessary by the attending **medical practitioner** or the emergency assistance company;
6. hospitalisation for any elective (non-emergency) treatment or surgery, including exploratory tests;
7. hospitalisation for any treatment not directly related to the **medical condition** or **bodily injury** which necessitated **your** initial admittance into hospital;
8. hospitalisation as a result of a tropical disease where **you** have not had the recommended inoculations and/or taken the recommended medication;
9. anything mentioned in the General Exclusions.

## PERSONAL POSSESSIONS AND BAGGAGE

### What you are covered for

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

### SPECIAL CONDITIONS

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

Receipts will be necessary in the event of a claim.

**You** must report loss, theft or damage of **personal possessions** to the police or carrier as appropriate as soon as practicably possible. Delayed baggage or **personal possessions** damaged in transit must be reported to the airline before leaving the baggage hall and a Property Irregularity Report (PIR) obtained.

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

### What you are NOT covered for

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

## PERSONAL MONEY

### What you are covered for

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

### What you are NOT covered for

1. the **excess** shown in the summary of cover;
2. claims arising from **you** not exercising reasonable care for the safety and supervision of **your money**;

- loss or theft of **your money** left **unattended** in a public place, or a place to which members of the general public have access;
- money** stolen from:
  - an **unattended** vehicle, unless it was in the locked glove compartment, or rear boot or luggage area of the vehicle and it is covered so as not to be visible from outside the vehicle, and unless there is evidence of forcible entry;
  - an **unattended** vehicle (other than motor caravans) left for any period between the hours of 9pm and 9am;
- any depreciation in value or exchange rates;
- anything mentioned in the General Exclusions.

## LOSS OF PASSPORT

### What you are covered for

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

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

### What you are NOT covered for

- the **excess** shown in the summary of cover;
- the cost of the passport, travel document, driving licence or green card;
- loss due to delay, detention, confiscation, requisition or damage by customs or other officials or authorities;
- loss or theft unless **you** have reported the loss or theft to the nearest police authority as soon as is practicably possible after discovery and have obtained a written police report;
- loss of or theft from an **unattended** vehicle at any time;
- anything mentioned in the General Exclusions.

## PET CARE

### What you are covered for

**We** will pay up to the amount shown in the summary of cover for each full 24 hour period that **you** are delayed for extra boarding fees for **your** pet, if **your** return journey is delayed due to a reason insured under this policy.

### What you are NOT covered for

- any animal boarding fees **you** incur as a result of quarantine regulations;
- any claims where **you** have failed to check in for **your** return journey at or before the recommended time;
- any claims where **you** have failed to get a written statement from the appropriate transport company or authority confirming the reason for delay;
- anything mentioned in the General Exclusions.

## TRAVEL DELAY ON YOUR OUTWARD JOURNEY

This section does not apply to **trips** within **your home country** and only applies to delays on **your outward journey**.

### What you are covered for

#### AIRPORT LOUNGE ACCESS

If the flight on which **you** are booked to travel is delayed by at least four hours as a result of:

- strike or industrial action** provided that when this policy was taken out, there was no reasonable expectation that the **trip** would be delayed;
- adverse weather conditions;
- mechanical breakdown or technical fault of the aircraft.

**We** will provide access to an airport lounge, where available. Lounge access will become available on the announcement of a minimum four-hour delay, not, for example, two consecutive two-hour delays.

**You** must have access to a mobile device so that **you** can receive an SMS message in order to gain access to the lounge.

To take advantage of this benefit **you** will need to call the 24-hour access phone number: +44 (0)1689 892252

**You** will need to quote **your** policy number and flight details. If **your** claim is valid **you** will then be sent an SMS message which will give **you** access to an airport lounge for the duration of **your** delay.

There may be occasions when this benefit is unavailable:

- If the lounge is closed when the delay occurs - during the night, for instance.
- If the lounge is at full capacity.
- If **you** or another **insured person** fail to meet the lounge terms and conditions such as dress code or minimum age.

#### TRAVEL DELAY BENEFIT

If **you** chose not to, or are unable to take advantage of airport lounge access, **we** will pay **you**:

- up to the amount shown in the summary of cover if the international

departure of the **public transport** on which **you** are booked to travel is delayed by at least 12 hours; or

- up to the amount under the cancellation section of this policy shown in the summary of cover if **you** abandon the **trip** after a delay to **your** outward flight, sea crossing, coach or train departure from your **home country** of more than 12 hours beyond the booked departure time;

as a result of:

- strike or industrial action** provided that when this policy was taken out, there was no reasonable expectation that the **trip** would be delayed;
- adverse weather conditions;
- mechanical breakdown or technical fault of the aircraft, coach, train or sea vessel.

### What you are NOT covered for

- the **excess** shown in the summary of cover;
- any claim if **you** have not checked in before the recommended check-in time;
- any claim if **you** have not obtained written confirmation from the carrier stating the duration and the cause of the delay;
- any claims arising from withdrawal from service of the **public transport** on the orders or recommendation of the Civil Aviation Authority or a Port Authority or similar body in any country;
- anything mentioned in the General Exclusions.

## MISSED DEPARTURE AND MISSED CONNECTION

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

### What you are covered for

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

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

### What you are NOT covered for

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

## CATASTROPHE COVER

If **you** have purchased a Premier or Premier Plus Single or Annual Multi Trip policy this cover will be included.

### What you are covered for:

**We** will pay **you** up to the amount shown in the summary of cover per each **insured person** for the cost of providing other similar accommodation if **your** booked accommodation cannot be lived in because of a fire, flood, earthquake or storm.

### What you are not covered for:

- the **excess** as shown in the summary of cover;
- any expenses that **you** can get back from any tour operator, airline, hotel or other provider of services;
- any expenses that **you** would normally have to pay during the period of **your trip**;
- any claim resulting from **you** travelling against the advice of the appropriate national or local authority;
- any claim caused by an event which began or was announced before **your** departure;
- any claim where **you** have not provided **us** with evidence of all the extra costs **you** had to pay;
- any claim if **you** have purchased Standard cover;
- anything mentioned in the General Exclusions.

## WITHDRAWAL OF SERVICES

### What you are covered for:

**We** will pay up to the amount shown in the summary of cover per complete 24

hours per each **insured person** if **you** suffer withdrawal of water or electricity supplies continuously for at least a 60 hour period during **your trip**.

**What you are not covered for:**

1. any claim caused by an event, or strike or industrial action which began or was announced before **your** departure;
2. any claim not supported by written confirmation from the tour operator or hotel;
3. anything mentioned in the General Exclusions.

## PERSONAL ACCIDENT

**What you are covered for**

**We** will pay up to the amount shown in the summary of cover if **you** suffer an accidental **bodily injury** during the **trip**, which within 12 months is the sole and direct cause of:

1. death;
2. **loss of limb**;
3. total and permanent **loss of sight** in one or both eyes; or
4. **permanent total disablement**.

**SPECIAL CONDITIONS**

For persons over 75 at the time of the accident the death benefit will be limited to £1,500 and there will be no cover for **permanent total disablement**.

**What you are NOT covered for**

1. any claims arising directly or indirectly from sickness, illness or disease;
2. any injury not caused solely by outward, visible, external means;
3. mental or psychological trauma not involving **your bodily injury**;
4. any claim arising directly or indirectly from **your** pregnancy;
5. any claims under this section not notified to **us** within 12 months of the date of the accident;
6. anything mentioned in the General Exclusions.

## PERSONAL LIABILITY

**What you are covered for**

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

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

**SPECIAL CONDITIONS**

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

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

Every document issued to **you** must be forwarded to **us** as soon as is practicably possible upon receipt.

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

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

**What you are NOT covered for**

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

## LEGAL EXPENSES

**What you are covered for**

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

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

**Legal Expenses:**

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

**Legal Representative:**

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

**SPECIAL CONDITIONS**

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

**What you are NOT covered for**

1. the **excess** as shown in the summary of cover;
2. any claim **we** or **our legal representatives** believe is not likely to be successful or if **we** think the costs of taking action will be more than any award or the prospects of success and of recovering damages/enforcing a judgment is likely to be less than 51%;
3. any claim reported to **us** more than 3 months after incident which led to the claim;
4. **legal expenses** incurred in the defence against any civil claim or legal proceedings made or brought against **you**;
5. **legal expenses** incurred before receiving **our** prior written approval;
6. **legal expenses** incurred in connection with any criminal or wilful act committed by **you**;
7. **legal expenses** incurred for any claim or legal proceedings brought against:
  - a) a travel agent, tour operator, carrier, insurer or their agent;
  - b) a holiday accommodation provider;
  - c) **us**, **you**, or any company or person involved in arranging this policy;
  - d) any person named on this policy;
8. fines, compensation or other penalties imposed by a court or other authority;
9. **legal expenses** incurred after **you** have not accepted an offer from a third party to settle a claim or legal proceeding where the offer is considered by

**our legal representative** to be reasonable or **you** not accepting an offer from **us** to settle a claim;

10. **legal expenses** which **we** consider to be unreasonable or excessive or unreasonably incurred (as determined by **our legal representative**);
11. **legal expenses** incurred in pursuing any claim for compensation against the manufacturer, distributor or supplier of any drug, medication or medicine.
12. any claim relating to:
  - a) an illness which gradually develops and is not caused by a specific or sudden event;
  - b) the driving of a motor vehicle for which **you** had no valid insurance;
  - c) judicial review or coroner's inquest;
  - d) defending **your** legal rights, except for the defence of any counterclaim.
13. any claim where **legal expenses** are based directly or indirectly on the amount of compensation awarded and specifically which is capable of being pursued under a Contingency Fee Agreement;
14. **legal expenses** incurred in any claim which is capable of being pursued under a Conditional Fee Agreement;
15. **legal expenses** incurred if an action is brought in more than one country;
16. anything mentioned in the General Exclusions.

## MUGGING

### What you are covered for

**We** will pay **you** up to the amount shown in the summary of cover if **you** sustain actual **bodily injury** as a result of a mugging attack during the **period of insurance** resulting in medical treatment and necessitating admission to an overseas hospital if:

1. The incident was reported to the nearest police authority as soon as is practicably possible after the incident occurring;
2. **You** produce a police report or crime reference number in support of any claim.

### What you are NOT covered for

1. Any claim where **you** were under the influence of intoxicating liquor, drugs or substance or solvent abuse at the time of the mugging;
2. any claim where there is evidence of intentional self injury, wilful exposure to peril or **your** deliberate acts;
3. anything mentioned in the General Exclusions.

## HIJACK

### What you are covered for

**We** will pay up to the amount shown in the summary of cover for each 12 hour period **you** are confined as a result of hijack.

### What you are NOT covered for

1. any compensation unless **you** have obtained confirmation from the airline carrier or their handling agents confirming the period of delay;
2. anything mentioned in the General Exclusions.

## SPECIAL CONDITIONS

In order to make a claim under this section **you** must obtain an independent written report confirming the period of delay along with any supporting documentation such as press cuttings.

## HOME COUNTRY COVER

**You** are covered for each **trip you** undertake solely within **your home country** provided **you** have pre-booked a **minimum of 1 night** in paid accommodation away from **home**.

## HOME COUNTRY MEDICAL TRANSFER

### What you are covered for:

If, during **your trip**, **you** become ill or sustain a **bodily injury we** will pay up to the amount shown in the summary of cover for medical transfer if **you are** hospitalised 50 miles or more from **home**. **We** will arrange and pay for **your** transfer to a suitable hospital near **your home** when it becomes medically feasible. If necessary **we** will also arrange and pay for a medical escort to accompany **you**.

### What you are not covered for:

1. claims when **we** have not been contacted at the time **you** are hospitalised or as soon as is practicably possible after admission or;
2. when **we** have not given **you** our prior authorisation that we will pay the costs;
3. **you** being hospitalised less than 50 miles from **home**;
4. claims arising directly or indirectly from any **pre-existing medical conditions** unless they have been declared and accepted by **us** in writing for cover;
5. anything mentioned in the General Exclusions.

## ADDITIONAL ACCOMMODATION COSTS

### What you are covered for:

In the event that **you** have a valid claim under Home Country Medical Transfer **we** will pay for reasonable and necessary additional accommodation (room only) and travelling expenses, including those of one relative or friend if **you** have to be accompanied **home** or if **you** are a child (under the age of 18) and require an escort **home**.

### What you are not covered for:

1. anything mentioned in the General Exclusions.

## OPTIONAL ADDITIONAL COVER TO SECTION A

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

## OPTIONAL EXCESS WAIVER

The **excess** is reduced to nil except where stated. This benefit must be purchased at the same time as buying **your** policy.

Note: In the event of an injury occurring during the course of voluntary **manual work**, the **excess** under the section Medical & Repatriation Expenses will be increased to £250 and the application of the **Excess Waiver** will not delete this increased **excess**.

## OPTIONAL MAXIMUM TRIP DURATION INCREASE

**Your** policy can be extended to increase the maximum trip duration on an annual multi-trip policy from 31 to 45, 62 or 92 consecutive days for an additional premium if **you** are under the age of 65.

## OPTIONAL WINTER SPORTS COVER

**If you are an Annual Multi-trip policy holder, you are entitled to 17 days winter sports cover if you have paid the appropriate additional premium.**

**If you are a Single trip policy holder this upgrade will be shown on your certificate of insurance.**

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

This policy will cover **you** when **you** are engaging in the following winter sports on a non-competitive and non-professional basis during **your trip** when **you** have paid the additional winter sports premium:

Cat skiing (with guides)	Snow blading (no jumping tricks)
Cross country skiing	Snow bobbing
Glacier skiing	Snow scooting
Ice hockey	Snow shoe walking
Langlauf (cross country skiing)	Snow shoeing
Monoskiing (not for time trials/speed skiing or racing)	Snow tubing
Skiing on piste	Snow blading
Skiing or snowboarding off piste (within local ski patrol guidelines)	Snow boarding on piste
Sledging/tobogganing	

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

Kite snowboarding	Snow carting
Snow go karting	Snowmobiling
Skidoo	Snowmobile safari

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

Aerial skiing	Ski or ski bob
Air boarding	Ski race training
Biathlon	Ski racing
Bobsleigh	Ski randonee
Freestyle skiing	Ski stunting
Heli skiing or heli boarding	Ski touring
Ice climbing	Ski yawing
Ice diving	Skiing/snowboarding off piste (outside local ski patrol guidelines/ outside recognised and authorised areas)
Ice fishing by snowmobile	
Ice holing	
Ice marathon	
Ice speedway	Snow biking
Nordic skiing	Snow cat driving
Paraskiing	Snow kiting
Ski acrobatics/aerials	Snow parascending

Ski jumping	Tandem skiing
Ski mountaineering	Use of skeletons

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

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

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

### WINTER SPORTS CANCELLATION OR CURTAILMENT

#### What you are covered for

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

#### What you are NOT covered for

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

### SKIS, SKI EQUIPMENT & SKI PASS

#### What you are covered for

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

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

#### SPECIAL CONDITIONS

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

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

#### What you are NOT covered for

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

### PISTE CLOSURE

#### What you are covered for

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

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

#### What you are NOT covered for

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

### AVALANCHE OR LANDSLIDE

#### What you are covered for

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

#### What you are NOT covered for

Anything mentioned in the General Exclusions.

### SKI HIRE

#### What you are covered for

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

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

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

## OPTIONAL SPORTS AND ACTIVITIES COVER

Category A and B sports are automatically covered under **your** policy. Category C and D sports will be covered upon payment of an additional premium. Payment for additional categories includes coverage for all preceding categories (e.g. if **you** pay Category D **you** will be covered for A, B and C also) and will be noted on **your certificate of insurance**.

**You are not covered for taking part in any sports or activities unless they are listed below.**

Cover for the following activities is included providing it is not the main purpose of **your trip**, and is for non-competitive recreational or amateur purposes only during **your trip**. When participating in **your** activity **you** must ensure that it is adequately supervised and appropriate safety equipment is worn/used at all times.

Activity	Category	Conditions
Abseiling	C	
Aerobics	A	
Archery	A	
Badminton	A	
Basketball	A	
Bowls	A	
Bungee Jump	B	No Personal Accident cover
Camel/Elephant Riding	B	
Camogie	B	
Canyoning	D	
Cricket	A	
Cycling	A	No Tours. No Personal Liability cover
Cycle touring	C	
Deep Sea Fishing	B	
Dog Sledging	B	
Dry slope Skiing	C	
Fell walking, rambling & trekking	A	Up to 2,000 metres altitude
Fishing	A	
Football	A	
Go Karting	B	Up to 120cc. No Personal Liability cover
Golf	A	
Gymnastics	B	
Hang Gliding	D	
Hiking	A	Up to 2,000 metres altitude
Hiking	B	Between 2,000 and 6,000 metres altitude
Hockey	B	
Horse riding within tour organisers guidelines and safety helmet worn at all times	D	No Polo, Hunting, Jumping or Racing
Hot Air Ballooning	B	As a passenger only
Hydro Zorbing	B	
Hurling	B	
Ice Hockey	D	
Ice-skating	A	Rink only
Land Yachting	D	
Martial Arts	B	Training only
Motorcycling	B	Over 50cc and under 250 cc - no racing as a rider or passenger when wearing a helmet provided the rider holds an appropriate UK motorcycle licence to ride the motorcycle. No Personal Liability cover
Mountain biking	C	Excluding competition/racing
Parachuting	D	Tandem only – no cover for solo
Paragliding	C	
Parasailing	C	
Parascending	C	No Personal Liability cover
Racket ball	A	
Rafting, canoeing and kayaking	B	including white water up to grade 3. No Personal Liability cover

Activity	Category	Conditions
Rafting, canoeing and kayaking	C	including white water up to grade 4. No Personal Liability cover
Rafting, kayaking and canoeing	A	No white water
Rambling	A	
Roller skating	A	
Rounders	A	
Rugby	B	
Safari	B	Not involving use of firearms (not walking safari)
Sail Boarding	C	Must be inland waters or coastal waters within a 12 mile limit from land.
Sand Boarding	C	
Sand Yachting	C	
Scuba Diving	A	To a depth of 18 metres
Scuba Diving*	D	Depth of between 18 and 30 metres if BSAC, PADI, DIWA, SSI or SAA member
Sea Canoeing	B	
Show Jumping	D	
Skateboarding	A	
Snooker, pool and billiards	A	
Snorkelling	A	
Squash	A	
Surfing	A	No Personal Liability cover
Swimming	A	Must be undertaken in a pool, inland waters or coastal waters within a 12 mile limit from land
Table tennis	A	
Tennis	A	
Trekking	B	Between 2,000 and 6,000 metres altitude
Triathlon – Road Bike	B	
Volleyball	A	
Water polo	A	
Water skiing	A	Must be inland waters or coastal waters within a 12 mile limit from land. No Personal Liability cover
Windsurfing	A	Must be inland waters or coastal waters within a 12 mile limit from land. No Personal Liability cover
Work Abroad	D	No Personal Liability or Personal Accident cover. Manual work will be ground level only and no machinery.
Yachting, boating, sailing and rowing	A	Must be inland waters or coastal waters within a 12 mile limit from land. No Personal Liability cover

\*When **you** have paid the appropriate additional premium for Scuba diving at any depth the following endorsement applies:

SCUBA diving to a maximum depth of 30 metres will be covered provided that **you** hold a British Sub Aqua Club (B.S.A.C.) or equivalent certificate of proficiency for the dive being undertaken or **you** are under the direct supervision of a qualified instructor; are diving with proper equipment and not contrary to B.S.A.C. codes of good practice; are not solo/cave/wreck diving; are not diving for hire or reward; are not diving within 24 hours of flying or flying within 24 hours of diving and are not suffering from any **medical condition** likely to impair **your** fitness to dive.

## OPTIONAL CRUISE UPGRADE

**Your** policy can be extended to cover cruise holidays and the extra cruise pack upon payment of the appropriate extra premium.

### MISSED PORT DEPARTURE

#### What you are covered for

**We** will pay up to the amount shown in the summary of cover for necessary and reasonable travel and accommodation expenses required to reach **your** booked cruise at the next embarkation point, if **you** are unable to get to **your** booked departure port due to:

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

## SPECIAL CONDITIONS RELATING TO CLAIMS

**You** must allow sufficient time for the scheduled **public transport** or other transport to arrive on schedule and to deliver **you** to the departure point.

#### What you are NOT covered for

1. the **excess** shown in the summary of cover;
2. **strike or industrial action** existing or publicly declared by the date this insurance is purchased or the date **your trip** was booked, whichever is the later;
3. the accident or breakdown of **your** vehicle unless **you** get confirmation of the delay from the authority who went to the accident or breakdown affecting the car **you** were travelling in;
4. breakdown of any vehicle in which **you** are travelling if **you** are the registered keeper of the vehicle and it has not been serviced properly and maintained in accordance with manufacturer's instructions;
5. any claims arising from withdrawal from service temporarily or otherwise of the **public transport** on the orders or recommendation of the Civil Aviation Authority or a Port Authority or similar body in any country;
6. additional expenses where the scheduled **public transport** operator has offered reasonable alternative travel arrangements;
7. additional expenses where **your** planned arrival time at the port is less than 3 hours in advance of the sail departure time if **you** are travelling independently and not part of an integrated cruise package;
8. anything mentioned in the General Exclusions.

### CABIN CONFINEMENT

#### What you are covered for

**We** will pay up to the amount shown in the summary of cover when **you** are confined to **your** cabin by the ship's medical officer for medical reasons.

#### What you are NOT covered for

1. any confinement to **your** cabin which has not been confirmed in writing by the ship's medical officer;
2. anything mentioned in the General Exclusions.

### ITINERARY CHANGE

#### What you are covered for

**We** will pay up to the amount shown in the summary of cover for each missed port in the event of cancellation of a scheduled port visit due to adverse weather or timetable restrictions. This must be confirmed by the cruise operator in writing confirming the reason for the missed port.

#### What you are NOT covered for

1. the **excess** shown in the summary of cover;
2. claims arising from a missed port caused by **strike or industrial action** if it was known at the time that the insurance was purchased or the **trip** was booked;
3. **your** ship being unable to put people ashore due to a scheduled tender operation failure;
4. any claim if a monetary amount (including on board credit) of compensation has been offered by the ship or tour operator;
5. anything mentioned in the General Exclusions.

### UNUSED EXCURSIONS

#### What you are covered for

**We** will pay up to the amount shown in the summary of cover for the cost of pre-booked excursions, which **you** were unable to use as a direct result of being confined to **your** cabin by the ship's medical officer for medical reasons.

#### What you are NOT covered for

1. any confinement to **your** cabin which has not been confirmed in writing by the ship's medical officer;
2. **your** failure to attend the excursion as per **your** itinerary;
3. any claim if a monetary amount (including on board credit) of compensation has been offered by the ship or tour operator;
4. anything mentioned in the General Exclusions.

### CRUISE INTERRUPTION

#### What you are covered for:

**We** will pay up to the amount shown in the summary of cover for additional travel expenses incurred to reach the next port in order to re-join the cruise, following **your** temporary illness requiring hospital treatment on dry land.

#### What you are not covered for:

1. the **excess** as shown in the summary of the cover;
2. claims where less than 25% of the **trip** duration remains;
3. any exclusions noted in the Emergency Medical and Repatriation Expenses section of this policy;
4. anything mentioned in the General Exclusions.

#### **Special conditions**

**You** must contact **us** prior to arranging any additional travel, so that **we** can

approve and assist with any travel arrangements. **You** must also obtain a medical certificate from the medical practitioner in attendance to confirm the details of your unforeseen illness or injury.

**We** will make all necessary arrangements at **your** cost and arrange appropriate reimbursement as soon as the claim has been validated.

## GENERAL CONDITIONS APPLICABLE TO ALL SECTIONS

1. All receipts must be retained and produced in the event of a claim. **Your** claim may be rejected if receipts are not produced.
2. If **we** require any medical certificates, information, evidence and receipts, these must be obtained by **you** at **your** expense.
3. In the event of a claim, if **we** require a medical examination **you** must agree to this and in the event of death **we** are entitled to a post mortem examination, both at **our** expense.
4. **You** must take all reasonable steps to avoid or minimise any loss or damage likely to give rise to a claim under this policy. **You** must act as if **you** are not insured.
5. **We** will make every effort to provide all services stated in this document. Remote geographical locations or unforeseeable adverse local conditions may affect normal service.
6. **We** may at any time pay **our** full liability under this policy after which **we** will have no further liability.
7. Unless some other law is agreed in writing, this policy is governed by English law. If there is a dispute, it will only be dealt with in the courts of England or of the country within the **United Kingdom** in which **your** main residence is situated.

## GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS

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

1. **your** suicide or attempted suicide, deliberately injuring **yourself**, being under the influence of drugs (unless prescribed by a doctor and taken in accordance with the prescription) or alcohol, alcoholism or other alcohol related illnesses, drug addiction, solvent abuse, self-exposure to needless danger (unless **you** are trying to save someone's life);
2. **you** climbing on top of, or jumping from a vehicle or jumping from a building or balcony, or sitting, planking, balconing, owling or lying on any external part of any building, or climbing or moving from any external part of any building to another (apart from stairs, ramps or walkways) and falling regardless of the height, unless **your** life is in danger or **you** are attempting to save human life;
3. **you** fighting, except in self-defence;
4. air travel (other than as a fare-paying passenger on a regular scheduled airline or licenced charter aircraft);
5. bankruptcy/liquidation of any tour operator, travel agent or transportation company;
6. consequential loss of any kind unless specifically provided for within this policy (for example, loss of earnings due to being unable to return to work following injury or illness or the cost of replacement lock if keys are lost);
7. loss or damage to any property and expense or legal liability directly or indirectly caused by:
  - a) ionising radiations or radioactive contamination from any nuclear fuel or nuclear waste which results in burning of nuclear fuel or;
  - b) the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it;
8. loss or damage arising from war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion or uprising, blockade, military or usurped power;
9. any **act of terror** (this exclusion does not apply to Emergency Medical and Repatriation Expenses or Personal Accident claims);
10. **you** riding on a motorcycle with an engine capacity in excess of 250cc or of any engine size if **you** fail to wear a crash helmet or have not paid the appropriate additional premium;
11. **you** riding on a quad bike;
12. **you** driving a motor vehicle or riding a motorcycle without an appropriate licence or when not insured under a motor insurance policy;
13. any sports or activities not listed under the sports and activities tables or which **you** have not paid the appropriate premium for;
14. winter sports of any kind (unless the appropriate premium has been paid);
15. any payment which **you** would normally have made during **your** travels, if nothing had gone wrong (for example, meals);
16. **your** travel to a country or specific area or event to which the Travel Advice Unit of the Foreign and Commonwealth Office or the World Health Organisation has advised against all, or all but essential travel;
17. claims arising from **your** wilful, malicious or unlawful acts;
18. a **pre-existing medical condition** not declared to and accepted by **us** in writing;

19. **you** driving, or in charge of a vehicle where **your** blood/urine alcohol level is above the legal limit stated in the laws of the country where the incident occurs;
20. **your** failure to meet the eligibility criteria under this policy.

## SECTION B - OPTIONAL GADGET COVER

**You** can only purchase this upgrade if **you** are resident in the United Kingdom. If **you** have purchased a Single **Trip** policy, Gadget cover is included if **You** have paid the appropriate additional premium for the **Period of insurance** up to a maximum of 90 days.

If **you** have purchased Annual Multi-trip policy, **you** are covered when taking part in **Trips** for up to 31 days during the **Period of insurance** when **you** have paid the appropriate additional premium. Please note that the **Excess Waiver** upgrade **ONLY** relates to the travel policy. This cannot be applied to the Gadget insurance upgrade.

### CERTIFICATION OF COVER

**Your** policy combined with **your** certificate of insurance certifies that insurance has been effected between **you** and **us**. In return for payment of the premium **we** agree to insure **you** in accordance with the terms and conditions contained in and endorsed on these documents.

### INTRODUCTION

**You** purchased this optional Gadget cover at the same time **you** purchased **your** Travel Insurance Policy. Optional Gadget cover provides cover for **your** electronic equipment against **theft, accidental damage and breakdown** when **you** are on a **holiday** that is covered by **your** Travel Insurance Policy.

When **you** purchased **your** Gadget Insurance **you** selected the level of cover suitable for **you**. **Your** level of cover will be confirmed in **your** insurance certificate. Please ensure **you** keep **your** insurance certificate together with this policy in a safe place.

### WHERE AND WHEN COVER APPLIES

#### Period of this Policy

The period of this Policy will be the same as the period of **your** Travel Insurance Policy and is shown in **your** insurance certificate.

#### Operative time and geographical area

The protection under **your** Gadget Insurance starts and ends at the same time and applies in the same geographical areas as **your** Travel Insurance Policy and only when **you** are on a **holiday**.

### DEFINITIONS

The following words shall have the meanings given below wherever they appear in bold:

**Accessories:** Chargers, carrying cases, headphones and hands-free mounting kits, USB cables but excluding a SIM Card that were supplied with **your** electronic equipment.

**Accidental Damage:** The unintentional and unforeseen failure, breakage or destruction of **your** electronic equipment, with visible evidence of an external force being applied and which results in the **electronic equipment** being unusable.

**Breakdown:** The failure of any electrical or mechanical component in **your** electronic equipment due to a sudden and unforeseen fault, which causes **your** electronic equipment to stop working in the way the manufacturer intended and which requires repair or replacement before the **electronic equipment** can be used again.

**Commencement Date:** The date **your** cover begins with **us**, as detailed in **your** insurance certificate.

**Computer Virus:** Means a set of corrupting, harmful or otherwise unauthorised instructions or code including a set of maliciously introduced unauthorised instructions or code, programmatic or otherwise, that propagate themselves through a computer system or network of whatsoever nature. Computer virus includes but is not limited to 'Trojan Horses', 'worms' and 'time or logic bombs'.

**Cosmetic Damage:** Any damage which is non-structural, including but not limited to scratches, dents and marks, which does not affect the usage of the **electronic equipment**.

**Electronic Data:** Means facts, concepts and information converted to a form useable for communications, interpretation or processing by electronic and electromechanical data processing or electronically controlled equipment and includes programmes, software and other coded instructions for the processing and manipulation of data or the direction and manipulation of such equipment.

**Electronic Equipment:** The item or items purchased and owned by **you**, as new and in full working order, from a UK VAT registered company and for which **you** hold **proof of purchase**, and that is insured by **us** as detailed in **your** insurance certificate.

**End date:** The date that all cover under **your** policy will cease being the date on **your** insurance certificate. or the date **you** return **home**.

**Excess:** The amount **you** will be required to pay towards each claim **you** make under this policy.

**Holiday:** A journey which commences when **you** leave **your** home for an overseas destination and ends when **you** return **home**. This must not exceed

the maximum duration for an individual trip as shown on **your** insurance certificate.

**Home:** **Your** usual place of residence in the **UK**, Channel Islands or Isle of Man.

**Immediate Family:** **Your** husband, wife, civil partner, partner, children or parents, who permanently live in **your home**.

**Period of Insurance:** The period of time between the **commencement date** and the **end date** which is shown on **your** insurance certificate and that the policy will be in force for. Cover under this policy only applies when **you** are on **your holiday**.

**Proof of Purchase:** An original receipt and any other documentation required to prove **your electronic equipment** was purchased from a **UK** VAT registered company and that it is owned by **you** - including the date of purchase, make, model, serial and IMEI number of **your electronic equipment**, where applicable.

**Replacement Item(s):** An identical item of **electronic equipment** of the same age and condition, or if not available, one of comparable specification or the equivalent value taking into account the age and condition of the original item of **electronic equipment**. **Replacement items** will only be delivered to a **UK** address of **your** choice **you** will need to arrange onward shipment to **your** destination choice.

**Terrorism:** Any act including but not limited to the use, or threat, of violence or force by any person or organisation involving, causing or threatening harm or putting the public or any section of the public in fear if it is likely that the purpose is of a political, religious, ideological (of an intellectual or rational nature) or similar nature.

**Theft:** The unauthorised dishonest appropriation or attempted appropriation of the insured **electronic equipment**, by another person with the intention of permanently depriving **you** of it.

**UK:** England, Scotland, Wales and Northern Ireland.

**Unattended:** Not visible to **you** and not within **your** arms' length reach. **We** will not pay any claims for property left **unattended** in publicly accessible places. **You** must act as though **you** are not insured.

**Unauthorised Calls, Texts or Data Use:** Any calls, texts or data use made from **your electronic equipment** after the time that it was stolen, to the time that it was blacklisted by **your** airtime provider.

**We, Us, Our, Insurer:** UK General Insurance Ltd on behalf of Great Lakes Insurance SE.

**You, Your:** The insured person, who owns the specified **electronic equipment** as stated on **your** insurance certificate.

#### What is covered:

In return for **your** premium payment **we** will insure **your electronic equipment** for the **period of insurance** as stated on **your** insurance certificate, subject to the terms and conditions in this document and any variations and amendments which have been confirmed in writing by **us**. Please read **your** policy carefully to ensure **you** understand the cover **we** are providing **you** and that **you** comply with **our** terms and conditions.

## BASIS OF COVER

### A. Accidental Damage

**We** will pay up to the amount shown in the Summary of Cover table for the costs of repairing **your electronic equipment** as a result of **accidental damage**. If **we** are unable to economically repair **your electronic equipment** then, at **our** discretion, a Replacement Item will be provided by **us**.

In addition to claims excluded under the "What is Not Covered" section, **we** will not pay for **accidental damage** caused by:

1. deliberate damage or neglect of the **electronic equipment**;
2. failure on **your** part to follow the manufacturer's instructions;
3. inspection, maintenance, routine servicing or cleaning.

### B. Theft

**We** will pay up to the amount shown in the Summary of Cover table to replace **your electronic equipment** with a Replacement Item if it is stolen. Where only part or parts of **your electronic equipment** have been stolen, **we** will only replace for that part or parts.

In addition to claims excluded under the "What is Not Covered" section, **we** will not pay for **theft**:

1. where the **theft** has occurred from any motor vehicle where **you** or someone acting on **your** behalf is not in the vehicle, unless the **electronic equipment** has been concealed in a locked boot, locked glove compartment or other locked internal compartment and all the vehicle's windows and doors were closed and locked and all security systems had been activated;
2. from any premises, building, land or vehicle unless force, resulting in damage to the building, premises or vehicle was used to gain entry or exit;
3. where the **electronic equipment** has been removed from **your** control or the control of a member of **your immediate family** unless it was not left **unattended**;
4. where the **electronic equipment** has been left **unattended** when it is away from **your home**;
5. where all precautions have not been taken.

6. If **you** do not report the **theft** of **your electronic equipment** to the Police within 48 hours of discovering it and do not obtain a written policy report.

### C. Breakdown

If a **breakdown** of **your electronic equipment** occurs outside of the manufacturer's guarantee or warranty period **we** will pay up to the amount shown in the Summary of Cover table for the repair costs. If **we** are unable to economically repair **your electronic equipment** then, at **our** discretion, a Replacement Item will be provided by **us**.

**We** will not pay for any **breakdown** claims excluded under the "What is Not Covered" section.

### D. Liquid Damage

**We** will pay up to the amount shown in the Summary of Cover table to repair or provide a Replacement Item for **your electronic equipment** if it is damaged as a result of accidentally coming into contact with any liquid.

**We** will not pay for any liquid damage claims excluded under the "What is Not Covered" section.

### E. Unauthorised Calls, Texts or Data Use

Where **your** item of **electronic equipment** is a device where **you** are charged for Unauthorised Calls, Texts or Data Use and it is lost or stolen, **we** will refund the cost of any calls, texts or data used after the time it was lost or stolen to the time it was blacklisted by **your** airtime provider. This is subject to **you** providing an itemised bill. The maximum **we** will pay for any one occurrence is £100.

In addition to claims excluded under the "What is Not Covered" section, **we** will not pay for:

1. any Unauthorised Calls, Texts or Data Use where the **theft** has not been reported to **your** airtime provider within 12 hours of the **theft** occurring.

## REPLACEMENT CONDITION

Where **we** are able to provide a replacement, this is not on a 'new for old' basis. Cover is limited to one replacement per **period of insurance** per item, up to the amount specified in **your** insurance certificate. If **your electronic equipment** cannot be replaced with an identical item of **electronic equipment** of the same age and condition, **we** will replace it with one of comparable specification or the equivalent value taking into account the age and condition of the original item of **electronic equipment** subject to the following depreciation scale:

- 10% over two years old and less than three years old
- 20% over three years old and less than four years old
- 30% over four years old and less than five years old
- 40% over five years old and less than six years old.

#### What is not covered:

1. Repairs or any other costs for:
  - a) cleaning, inspection, routine servicing or maintenance;
  - b) Loss or damage arising from a manufacturer's defect or recall of the **electronic equipment**;
  - c) replacement of or adjustment to fittings, control knobs or buttons, batteries or aerials;
  - d) any repairs carried out without prior authorisation from **us**;
  - e) wear and tear to the **electronic equipment** and/or gradual deterioration of performance;
  - f) **Cosmetic damage**.
2. Any claim if the serial number, IMEI (international mobile equipment identity) or simgate has been tampered with in any way.
3. Any claim made, or any event causing the need for a claim to be made, which occurred prior to the **commencement date** of the **period of insurance**.
4. Any claim for a mobile phone or iPhone which has not been used for its core purpose since the inception of **your** policy, or since it was added to **your** policy, as verified by **your** airtime provider.
5. Any claim arising whilst **you** are not on **holiday**.
6. Any repair or replacement if a SIM card registered to **you** was not in the insured mobile phone or **electronic equipment** at the time of the **accidental damage, theft, breakdown, or liquid damage**.
7. Any expense incurred arising from not being able to use the **electronic equipment**, or any costs other than the repair or replacement costs of the **electronic equipment**.
8. **Accidental damage, theft, breakdown** or liquid damage to **accessories** of any kind.
9. Any **breakdown** arising from the failure of any electrical or computer equipment, software, micro-controller, microchip, Accessories or associated equipment to correctly recognise and process any calendar date or time.
10. Reconnection costs or subscription fees of any kind.
11. Costs arising from the replacement of any personalised ring tones, graphics, downloaded material or software.
12. Items purchased from an on-line auction site unless from a **UK** VAT registered company.
13. Any costs for loss or damage to information or data or software contained in or stored on the **electronic equipment** whether arising as a result of a claim paid by this insurance or otherwise.
14. Any other costs that arise directly or indirectly from the event which led to **your** claim unless specifically stated in this policy.



15. Liability of whatsoever nature arising from ownership or use of the **electronic equipment**, including any illness or injury resulting from it.
16. Value Added Tax (VAT) where **you** are registered with HM Revenue & Customs for VAT.
17. Claims arising from **terrorism**, war, invasion, acts of foreign enemies, hostilities whether war is declared or not, civil war, rebellion, revolution, insurrection, military or usurped power, confiscation, nationalism or requisition or destruction or damage to property by or under the order of any government or public or legal authority.
18. Claims arising from damage or destruction caused by, contributed to or arising from (i) ionizing 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 component thereof.
19. Claims arising from damage or destruction directly occasioned by pressure waves caused by aircraft or other aerial devices travelling at sonic or supersonic speeds.
20. Claims for any **electronic equipment** used in connection with **your** profession or trade.
21. Any **electronic equipment** more specifically insured elsewhere.
22. Any claim if **you** are travelling to a country where the Foreign and Commonwealth Office (FCO) have advised against all but essential travel. **You** can check the FCO travel advice at [www.fco.gov.uk](http://www.fco.gov.uk).
23. This policy does not insure loss, damage, destruction, distortion, erasure, corruption or alteration of **electronic data** from any cause whatsoever (including but not limited to **computer virus**) or loss of use, reduction in functionality, cost, expense of whatsoever nature resulting therefrom, regardless of any other cause or event contributing concurrently or in any other sequence to the loss.
24. However, in the event that a peril listed below results from any of the matters described in paragraph (23) above, this policy, subject to all its terms, conditions and exclusions, will cover physical damage occurring during the policy period to property insured by this policy directly caused by such listed peril. Listed Perils - Fire, Explosion.

## POLICY CONDITIONS AND LIMITATIONS

1. Cover is limited to one claim per insured peril (Sections A, B, C, D and E) during any single **period of insurance**. Cover is limited to one replacement per **period of insurance** per item, up to the amount specified in the Summary of Cover table.
2. Unless some other law is agreed in writing, this policy is governed by English law. If there is a dispute, it will only be dealt with in the courts of England or of the country within the United Kingdom in which **your** main residence is situated.
3. This insurance only covers **electronic equipment** purchased in the **UK**, the Isle of Man and the Channel Islands. Cover includes the use of the **electronic equipment** for the period and destination shown on **your** insurance certificate. Any repairs or replacements must be carried out in the **UK** by repairers or retailers approved by **us**.
4. The **electronic equipment** must be less than 6 years old (except for laptops which must be less than 15 months old) at the **commencement date** of the insurance, with valid **proof of purchase**. All items must have been purchased as new from a VAT registered company and must be in full working order at the **commencement date** of this policy.
5. **You** are required by the provisions of the Consumer Insurance (Disclosure and Representations) Act to: take care to supply accurate and complete answers to all the questions **we** or Rock Insurance Services may ask as part of **your** application for cover under the policy; to make sure that all information supplied as part of **your** application for cover is true and correct and; to tell **us** of any changes to the answers **you** have given as soon as possible. Failure to provide answers in line with the requirement of the act may mean that **your** policy is invalid and that it does not operate in the event of a claim.
6. **You** must provide **us** with any receipts, **proof of purchase** or documents to support **your** claim as requested. All **proof of purchase** must include the make and model of the **electronic equipment** and must be in **your** name. If **we** do not receive the documents **we** have requested from **you** or if any documents submitted by **you** are not acceptable to **us**, it may delay **your** claim or **we** may decline to pay **your** claim.
7. **You** must take all precautions to prevent any damage to **your electronic equipment**.
8. If **electronic equipment** is damaged whilst in the custody of a carrier (i.e. airline, railway, shipping company, bus company. etc), **you** must notify such carrier immediately and obtain a copy of their report.
9. **We** will process **your** claim under the terms and conditions of this insurance based on the first reason notified to **us** for the claim. Please note that it may be necessary for **us** to contact **your** Airtime Provider in order to validate **your** claim.
10. This cover is limited to one replacement per insured item per **period of insurance**.
11. Cover for **your electronic equipment** applies to **you** as the person who purchased the policy and **your immediate family**.
12. The benefits of this policy cannot be transferred to someone else or to any other **electronic equipment** without **our** written permission.

## CANCELLATION

This insurance is designed to cover most circumstances but **you** should be aware that not all eventualities are insured. Please read this document carefully. If **you** find the insurance does not meet **your** requirements, please return this policy and proof of premium to the selling agent within 14 days of receipt but before the **holiday** departure date. Provided no claim has been made, **your** premium will be refunded in full.

Thereafter **you** may cancel the insurance cover at any time by informing Rock Insurance Services Limited however no refund of premium will be payable. **We** shall not be bound to accept renewal of any insurance and may at any time cancel any insurance document by giving 14 days notice in writing where there is a valid reason for doing so. A cancellation letter will be sent to **you** at **your** last known address. Valid reasons may include but are not limited to:

1. Fraud
2. Non-payment of premium
3. Threatening and abusive behaviour
4. Non-compliance with policy terms and conditions
5. **You** have not taken reasonable care to provide complete and accurate answers to the questions **we** ask

Where **our** investigations provide evidence of fraud or a serious non-disclosure, **we** may cancel the policy immediately and backdate the cancellation to the date of the fraud or the date when **you** provided **us** with incomplete or inaccurate information, which may result in **your** policy being cancelled from the date **you** originally took it out.

If **we** cancel the policy and/or any additional covers **you** will receive a refund of any premiums **you** have paid for the cancelled cover, less a proportionate deduction for the time **we** have provided cover, unless the reason for cancellation is fraud and/or **we** are entitled to keep the premium under the Consumer Insurance (Disclosure and Representations) Act 2012.

## MAKING YOURSELF HEARD

**We** realise that things can go wrong and there may be occasions when **you** feel that **we** have not provided the service **you** expected. When this happens **we** want to hear about it so **we** can try to put things right. If **you** have cause for complaint it is important **you** know **we** are committed to providing **you** with an exceptional level of service and customer care.

### Complaints regarding the sale of the policy:

Please contact Rock:

Rock Insurance Services Limited,  
Griffin House,  
135 High Street,  
Crawley  
West Sussex RH10 1DQ  
Telephone: 0800 091 2832  
Email: [leisureguard@rockinsurance.com](mailto:leisureguard@rockinsurance.com)

If **your** complaint about the sale of **your** policy cannot be resolved by the end of the third working day, Rock Insurance Service will pass it to:

Customer Relations Department,  
UK General Insurance Limited,  
Cast House,  
Old Mill Business Park,  
Gibraltar Island Road,  
Leeds LS10 1RJ  
Telephone: 0345 218 2685  
Email: [customerrelations@ukgeneral.co.uk](mailto:customerrelations@ukgeneral.co.uk)

### Complaints regarding claims:

Trent - Services (Administration) Ltd,  
Trent House,  
Love Lane,  
Cirencester,  
Gloucestershire GL7 1XD  
Telephone: 01285 626020  
Email: [claims@trent-services.co.uk](mailto:claims@trent-services.co.uk)  
Fax: 01285 626031

In all correspondence please state that **your** insurance is provided by UK General Insurance Limited and quote scheme reference 06534A.

If **your** complaint about **your** claim cannot be resolved by the end of the third working day, Trent - Services (Administration) Ltd will pass it to:

Customer Relations Department,  
UK General Insurance Limited,  
Cast House,  
Old Mill Business Park,  
Gibraltar Island Road,  
Leeds LS10 1RJ  
Telephone: 0345 218 2685  
Email: [customerrelations@ukgeneral.co.uk](mailto:customerrelations@ukgeneral.co.uk)

If **you** have purchased the insurance policy online, **you** may also raise **your** complaint via the EU Online Dispute Resolution Portal at <http://ec.europa.eu/consumers/odr/>. This will forward **your** complaint to the correct Alternative Dispute Resolution scheme. For insurance complaints in the UK this is the Financial Ombudsman Service. However, this may be a slower route for handling **your** complaint than if **you** contact the Financial Ombudsman Service directly.