

YOUR TICKET CANCELLATION INSURANCE POLICY



YOUR POLICY

This policy document provides **you** with the terms, conditions, and exclusions of the insurance cover, together with information that will help **you** if **you** need to make a claim.

Please read this document and your certificate very carefully to ensure you understand exactly what is and is not covered, the conditions of cover, and that this meets your requirements.

PLEASE KEEP THIS DOCUMENT IN A SAFE PLACE IN CASE YOU NEED TO MAKE A CLAIM. IF YOU HAVE ANY QUESTIONS OR ARE IN ANY DOUBT ABOUT THE COVER PROVIDED PLEASE CALL OUR HELPLINE ON: 0333 300 2149.

SUMMARY OF COVER

Standard Cover	Limits (up to)
Ticket Cancellation	Up to £2,000* per ticket or group of tickets with the actual amount being shown on your Certificate of Insurance.
Optional Travel and Hotel Cover	
Travel and hotel transfer costs	Up to £1,500

***Annual Multi Event Policy** - any number of events are covered with a maximum annual claim limit of the amount stated on your certificate of insurance. **Single Event Policy** - The **event** is covered up to the maximum stated on your certificate of insurance.

CONTENTS

Your Policy	1
Summary Of Cover	1
Contents	1
About Your Policy	1
Cover	1
Important Information	1
Eligibility Criteria	1
Pre-Existing Medical Conditions	1
Health of Close Relatives	1
Policy Duration Limits	2
Geographical Locations	2
Your Premium	2
Your Duty Of Disclosure	2
Pregnancy & Childbirth	2
Fraud	2
How To Make A Claim	2
Meaning Of Words	2
Ticket Cancellation Insurance	2
Optional Travel and Hotel Cover	3
Conditions Applying To Your Policy	3
Data Protection Notice	3
Customer Satisfaction	3
Cancellation Provisions	4
Contact Numbers	4

ABOUT YOUR POLICY

This policy has been arranged by INSUREMYTICKETS which is a trading style of Rock Insurance Services Limited (ROCK). Rock Insurance Services Limited is authorised and regulated by the Financial Conduct Authority (FCA). ROCK's FCA registration number is 300317. **You** can check the regulatory status of ROCK by visiting <http://www.fca.org.uk/register> or by telephoning 0800 111 6768. ROCK is the administrator of this policy.

BENEFITS UNDER THIS POLICY ARE PROVIDED BY: MAPFRE Asistencia Compañía Internacional de Seguros y Reaseguros, Sociedad Anonima. 5th Floor, Alpha House, 24a Lime Street, London EC3M 7HS. Company Number: FC021974. Branch Number BR008042. Trading under the name MAPFRE Assistance. **We** (MAPFRE Asistencia) are authorised by the Dirección General de Seguros y Fondos de Pensiones and are subject to limited regulation by the Financial Conduct Authority and the Prudential Regulation Authority. Details about the extent of regulation by the Financial Conduct Authority and the Prudential Regulation Authority are available on request. MAPFRE Asistencia Compañía Internacional de Seguros y Reaseguros, S.A. branch in the United Kingdom (trading as MAPFRE Assistance) has registered offices at 5th Floor, Alpha House, 24a Lime Street, London EC3M 7HS. MAPFRE Asistencia main office is based in Spain which forms part of the EEA (European Economic Area)

as a member state. The Kingdom of Spain is responsible for controlling the insurance activity of MAPFRE Asistencia S.A., through the Spanish Ministry of Economy and the Treasury, and specifically the General Directorate for Insurance Matters and Pensions Fund (Dirección General de Seguros y Fondos de Pensiones). Its branch in the United Kingdom is also under the United Kingdom FCA (Financial Conduct Authority) and PRA (Prudential Regulation Authority) supervision in certain situations according to the European Union Regulation. **You** can check this information on the Financial Services Register by visiting the website www.register.fca.org.uk or by phoning 0300 500 8082.

COVER

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

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

If **you** are in any doubt about any aspect of this policy wording please contact **us** on 0333 300 2149.

IMPORTANT INFORMATION

ELIGIBILITY CRITERIA

- This policy is only available to residents of the **United Kingdom**.
- **You** must be under the age of 80 at the time the policy is purchased.
- **You** must be in the **United Kingdom** at the time the policy is purchased.
- Insurance cannot be purchased once **your ticketed event** has commenced.
- Insurance must be purchased within 14 days of the **ticket** purchase.

You should note that the policy will NOT cover you if you reside outside of the United Kingdom.

PRE-EXISTING MEDICAL CONDITIONS

You will NOT be covered under this policy for any claims arising directly or indirectly from a **pre-existing medical condition**.

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

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

HEALTH OF CLOSE RELATIVES

This policy will not cover any claims arising directly or indirectly from any **medical condition** affecting any **close relative** known to **you** prior to the start of **your period of insurance**, and before booking **your tickets** if:

- a terminal diagnosis had been received; or
- 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
- they required any form of treatment or prescribed medication.

POLICY DURATION LIMITS

Single **Event** Policies can only be booked up to 365 days in advance of **your ticketed event** and must be booked within 14 days of purchasing **tickets** for the **event**.

Annual Multi-**Event** Policies cannot be booked more than 90 days before the date shown on **your certificate of insurance**.

GEOGRAPHICAL LOCATIONS

The geographical scope of this policy will be shown on **your certificate of insurance** and will depend on the premium **you** have paid.

European Cover

You will be covered for **ticketed events** anywhere within Europe, including the **United Kingdom**.

Worldwide

You will be covered for **ticketed events** within the UK and anywhere else in the world.

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, administrative fees may be applicable if **you** wish to receive **your** documents by post or **you** require an amendment to **your** policy at a later date.

YOUR DUTY OF DISCLOSURE

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

PREGNANCY & CHILDBIRTH

Cover under this policy is provided for unforeseen events. Pregnancy and childbirth are not considered to be either an illness or injury. Cover is **ONLY** provided 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.

FRAUD

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

HOW TO MAKE A CLAIM

Please contact Reactive Claims should you need to make a claim:

Phone: 01420 383010

Email: insuremytickets@reactiveclaims.com

Claims under this section must be submitted within 28 days of of any incident likely to result in a claim.

MEANING OF WORDS

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

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.

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

Limits of Cover: Our maximum liability in any one **period of insurance** is limited to the amount stated in the Summary of Cover, per **insured person**.

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.

Period of Insurance: Cover starts when **you** purchase this insurance or when **you** book **your ticket**, whichever is the later, and ends when the **ticketed event** commences for **single events** or after 365 days of the commence date if **annual multi-event** has been purchased. There is no cover outside of the **period of insurance**.

Pre-existing Medical Condition:

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

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

Ticket: A document or e-document that gives the holder a certain right to enter an **event** or destination.

Ticketed event: Including but not limited to an official sporting occasion, music concert, exhibition, educational or cultural tour, cinema, theatre, theme park or military display, or a visit to any other tourist attraction.

United Kingdom: England, Scotland, Wales, Northern Ireland.

We, Our or Us: MAPFRE ASISTENCIA Compañía Internacional de Seguros y Reaseguros Sociedad Anonima. 5th Floor, Alpha House, 24a Lime Street, London EC3M 7HS.

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

TICKET CANCELLATION INSURANCE

What you are covered for:

We will pay **you** the purchase value of the **ticket** for a **ticketed event** up to the amount shown on **your certificate of insurance**, that **you** have paid for or contracted to pay for and that cannot be recovered from anywhere else, if **you** cannot attend the **ticketed event** due to:

- the death, injury or illness of **you** or a **close relative**;
- you** being called for jury service in the **United Kingdom** or as a witness in a court in the **United Kingdom** but not as an expert or where **your** employment would normally require **you** to attend court;
- You** being a member of the armed forces, police, fire, nursing or ambulance services and **you** having to stay in **your** home area because of an emergency or **you** being posted overseas unexpectedly.
- If **you** become pregnant after **we** have sold **you** this policy, and **you** will be more than 32 weeks pregnant (or 24 weeks if **you** know **you** are having more than one baby) at the date of **your ticketed event**. Or, **your** doctor advises that **you** are not fit to attend because **you** are suffering from complications of pregnancy or childbirth.
- your** home being made uninhabitable due to accidental damage, burglary, flooding or fire;
- the police requesting **your** presence following burglary or attempted burglary at **your** home;
- the public transport (including scheduled flights) that **you** are using to get **you** to the **ticketed event** not running to its timetable resulting in **you** missing the **ticketed event**; or
- the vehicle in which **you** are travelling being involved in an accident, breaking down or being delayed in a traffic jam for more than 3 hours, when there is no alternative route available and the delay results in **you** missing the **ticketed event**.

In addition, if **you** have a valid claim under this section and **you** have purchased the Optional Travel and Hotel Cover, **we** will pay **you** up to the amount shown in the Summary of Cover for the unused portion of **your** travel costs to reach the **ticketed event** that **you** have paid, or contracted to pay, which cannot be recovered from anywhere else.

What you are NOT covered for:

Claims in connection with or arising from:

- the cancellation, abandonment, postponement or relocation of the

ticketed event by the artist, performer, organisers or promoters of the **event**;

2. **you** not allowing sufficient time, in **our** reasonable opinion, to travel to the **ticketed event**;
3. the bankruptcy or liquidation of the artist, performer, company organising or promoting the **ticketed event**, their agents or any person acting for **you**;
4. **tickets** that include transport or accommodation costs, if **you** have not paid the additional premium to cover **your** travel costs;
5. any other costs which **you** have paid or are responsible for paying in respect of any other part of the **ticketed event** (for example, the cost of accommodation, other transportation or excursions planned to be taken during **your ticketed event**);
6. annual season **tickets** or passes;
7. **you** not wanting to attend or not enjoying the **ticketed event**;
8. **you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
9. **your** suicide, self-injury or deliberately putting **yourself** at risk (unless **you** were trying to save another person's life);
10. **you** being under the influence of drugs or alcohol;
11. any deliberately careless or deliberately negligent or illegal act or omission by **you**;
12. **you** fighting except in self-defence;
13. any claim arising from a **pre-existing medical condition** affecting **you**;
14. any claims arising from the **medical condition** of a **close relative** if prior to **you** purchasing the **tickets** to the **ticketed event** 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;
15. financial circumstances or work commitments;
16. something that **you** knew about at the time of booking this insurance;
17. delays or failure of public transport caused by **strike** or **industrial action**, which began or was announced before **you** left home or where **you** could have reasonably made other travel arrangements.
18. the withdrawal from service of an aircraft, cross-channel train or sea vessel (temporarily or permanently), on which **you** are booked to travel, by a scheduled airline or on the recommendation or order of any government, civil aviation authority, port authority, rail authority or other similar authority in any country.
19. war, invasion, act of foreign enemy, hostilities (whether war is declared or not) civil war, civil commotion, rebellion, revolution, insurrection, military force, coup d'etat, terrorism, weapons of mass destruction;
20. delay, loss, damage or injury, directly or indirectly caused by the actual or potential inability of any computer, data processing equipment or media, microchip, integrated circuit or similar device, or any computer software or stored programme to function correctly as a result of a computer virus or which fails to recognise any date as its true calendar date or to continue to function correctly in respect of or beyond that date.
21. **you** travelling to a country or specific area or **event** to which the Foreign and Commonwealth Office have advised against travel, or all but essential travel.

OPTIONAL TRAVEL AND HOTEL COVER

This section only applies if **you** have paid the appropriate premium and travel and hotel cover is shown on **your** certificate of insurance.

What you are covered for

If **you** make a claim under the Ticket Cancellation section **we** will also pay up to the £1,500 for unused Travel and Hotel expenses that **you** have paid or have agreed to pay under a contract and which **you** cannot get back, provided **you** have to cancel **your** booked travel and hotel as a direct result of **you** having to cancel **your event**.

What you are not covered for

1. If **you** are unable to claim under Ticket Cancellation section.
2. Any Travel and Hotel expenses that are not for the same trip in which your Ticket Cancellation **event** is scheduled.
3. The provider (for example, an airline, hotel, ferry company and so on) not providing any part of the trip **you** have booked, (this could be a service or transport) unless the **event** is covered by this policy. If this happens, **you** should claim against the provider.

4. Compensation for any air miles, cruise miles or holiday points **you** used to pay for the trip in part or in full.

CONDITIONS APPLYING TO YOUR POLICY

1. **You** must:
 - a) get a letter from the public transport provider (if this applies) confirming that the service did not run on time;
 - b) get confirmation of the delay from the authority who went to the accident or breakdown (if this applies) affecting the vehicle **you** were travelling in;
 - c) have allowed time in **your** travel plans for delays which could be anticipated.
 - d) get certified confirmation from a **medical practitioner** that the cancellation of **your** attendance at the **ticketed event** was unexpected and unavoidable;
 - e) provide us with a certified medical certificate or death certificate in the **event** of death, illness or injury of a **close relative**.
2. **We** may, at any time, pay to **you** our full liability under this policy after which no further liability shall attach to us in any respect.
3. Where it is possible for us to recover sums that **we** have paid out under the terms of the policy, **you** will co-operate fully with us in any recovery attempt **we** make and **we** will pay all costs associated with the recovery of our outlay. **You** agree not take any action that may prejudice our recovery rights and will advise us if **you** instigate proceedings to recover compensation arising from any incident which has led to a successful claim against this policy. The sums **we** have paid out under the terms of the policy will be reimbursed from any recovery made.
4. In the **event** of a valid claim **you** shall allow us the use of any relevant **tickets you** are not able to use because of the claim.
5. **You** must notify us in writing of any situation which may lead to a claim within 28 days.
6. **We** reserve the right to require **you** to undergo an independent medical examination at our expense. In the **event** of the death of an insured person **we** shall be entitled to have a post mortem examination carried out at our expense. **You** must supply us with a written statement substantiating **your** claim, together with (at **your** own expense) all certificates, information, evidence and receipts that **we** reasonably require.
7. **You** will be required to repay to us, within one month of our request to **you**, any costs or expenses **we** have paid on **your** behalf which are not covered under the terms and conditions of this policy.
8. This policy is subject to the Laws of England and Wales.

DATA PROTECTION NOTICE

We will collect certain information about **you** in the course of considering **your** application and conducting our relationship with **you**. This information will be processed for the purposes of underwriting **your** insurance cover, managing any insurance issued, administering claims and fraud prevention. **We** may pass **your** information to a qualified **medical practitioner**, other insurers, reinsurers, other parties who provide services under the policy and loss adjusters for these purposes. This may involve the transfer of **your** information to countries which do not have data protection laws. Some of the information may be classified as 'sensitive' - that is information about physical and mental health and employment records. Data protection laws impose specific conditions in relation to sensitive information including, in some circumstances, the need to obtain **your** explicit consent before the information may be processed. By finalising **your** insurance application, **you** consent to the processing and transfer of information described in this notice. Without this consent **we** would not be able to consider **your** application.

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

CUSTOMER SATISFACTION

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

For complaints about how a claim has been handled **you** should contact:

Reactive Claims
Phone: 01420 383010
Email: insuremytickets@reactiveclaims.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

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>

CANCELLATION PROVISIONS

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

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

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

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

CONTACT NUMBERS

HELPLINE	Number
Helpline	0333 300 2149
Claims	01420 383010