

YOUR POLICY WORDING

Thank you for purchasing **your** Columbus Direct policy. This policy wording including any cover notes issued by Columbus Direct forms a contract of insurance between the underwriters, Professional Travel Insurance Company Ltd., and those people specified on **your** insurance schedule. This contract is only valid when **you** have a valid insurance schedule and have paid the appropriate premium.

Please read the following, which should assist **you** in achieving a trouble-free and enjoyable trip. If you have any query whatsoever **our** Customer Services staff will be happy to assist, Tel: 0845 330 8518.

1. Read the terms and conditions stated in **your** policy documents. Contact Customer Services if the cover provided is inadequate for **your** needs.
2. **You** may have a right to cancel the cover up to 14 days from the date **you** receive **your** policy documentation. If **you** have such a Cancellation Right **we** will confirm this to **you** on **your** policy schedule. **You** must return **your** insurance schedule to Columbus Direct to activate this right.
3. **You** have an obligation to notify **us** immediately of any changes in **your** circumstances (medical or otherwise) which may pose an increased risk to **us**.
4. If **you** wish to apply to have **your** policy extended to cover any **medical conditions**, contact **us**.
5. Ensure the limits (including single item limits) of the policy are sufficient to cover the items you intend to take with **you** including **cash** and **valuables**.
6. If **you** intend to participate in Sports or Activities, ensure this is detailed on **your** schedule.
7. **You** will not be covered if you drive or ride on a motorcycle over 125cc whilst **you** are away.
8. **You** will not be covered for watches or jewellery, unless **your** claim is as a result of a mugging or any form of physical violence to **you**.
9. Ensure all passports are valid.
10. **You** will not be covered if **you** choose to travel to a specific area against the advice issued by the Foreign and Commonwealth Office. www.fco.gov.uk - tel +44 (0) 207 008 0232/0233.
11. Obtain all appropriate vaccinations and travel advice from **your** local GP or travel clinic.
12. If **you** are travelling to a country in the European Union, obtain the Health Advice for Travellers booklet from the Post Office. This contains form E111, which **you** will need to receive immediate emergency medical treatment under the reciprocal agreement. Ensure **you** have completed **your** E111 and it has been stamped by the Post Office before **you** travel.
13. Take **your Insurance Schedule**, Policy Wording and any **Endorsement** issued by **us** with **you** when you travel.
14. Allow sufficient time for **your** journey from **home** to **your** departure point in order to meet the specified check-in time.

CLAIMS PROCEDURE

Medical

The **Assistance Service** will confirm whether **your** treatment or expenses are covered under the terms of **your** policy and can liaise directly with hospitals regarding **your** medical requirements and payment of bills. Should **you** require specialist travel arrangements, the **Assistance Service** can make appropriate arrangements, based on medical necessity.

In some cases it may be easier to pay minor expenses yourself. If **you** are in any doubt as to whether these costs will be covered, contact the **Assistance Service** for prior authorisation. Keep all receipts and medical reports and submit a claim when **you** return **home**.

Curtailment

Call the **Assistance Service** if **you** need to return early for an insured reason.

All Other Claims:

- Check the relevant policy section to see if **you** are covered.
- Check what documentation is required to make a claim.
- Contact the Claims Service to request a claim form.
- Submit **your** claim within 28 days of returning **home**. (In certain cases **you** may wish to claim whilst still travelling – this is possible but **you** must still adhere to the usual claims requirements).
- Keep copies of **your** completed claim form and all supporting documentation (originals must be submitted to the Claims Service).
- Keep any damaged items that are the subject of a claim. They may be required for salvage/assessment.

How the Claims Service deal with your claim

- They will aim to assess your claim within 5 working days of receiving your completed claim form.
- They may require you to provide further information, in which case your response will be assessed within 5 working days.
- They may appoint a loss adjuster to discuss **your** claim in person.
- They will settle all valid claims by sterling cheque.

CLAIMS CONDITIONS

- You** must exercise reasonable care to prevent illness, accidental injury, loss or damage and exercise all reasonable care for the safety and supervision of **your** property as if uninsured.
- Original receipts and/or proof of ownership and value must be supplied in the event of a claim.
- You** must take all reasonable steps to recover any lost or stolen article.
- If **we** require any medical certificates, information, evidence or receipts, these must be obtained by **you**, at **your** expense.
- If any claim is found to be fraudulent, in amount or in any other respect, this will invalidate **your** insurance and all claims will be forfeited.
- If, at the time of making a claim, there is any other policy covering the same risk, **we** are entitled to contact that insurer for a contribution.
- We** may, at any time, pay **our** full liability under the policy in final settlement.
- This insurance policy does not cover any claim which, but for the existence of this insurance, would be covered under any other insurance policy(ies). This includes any amounts recovered by **you** from private health insurance, E111 payments, any reciprocal health agreements, airlines, hotels, home contents insurers or any other recovery by yourself which is the basis of a claim.
- We** may, at **our** own expense, take proceedings in **your** name to recover compensation or secure an indemnity from any third party, insurance company, reciprocal health agreement, airline or hotel. Any monies so recovered or secured shall belong to **us**.
- In the event of a claim, if **we** require a medical examination **you** must agree to this. In the event of death, **we** are entitled to a post mortem examination. The medical examination and post mortem would be at **our** expense.
- You** must not make any payment, admit liability, offer or promise to make any payment without written consent from **us**.
- We** are entitled to take over any rights in the defence or settlement of any claim and to take proceedings in **your** name for **our** benefit against any other party.

DEFINITIONS APPLICABLE TO THE WHOLE POLICY

Whenever the following words appear in this policy they will always have these meanings:

We/Us/Our: Professional Travel Insurance Company Ltd. and their appointed representatives.

You/Your: Each insured person as shown on **your** insurance schedule.

Additional Sports Equipment: items taken on a trip used exclusively for a sport or activity declared to **us** and shown on **your** insurance schedule.

Assistance Service: the assistance service named on the insurance schedule.

Business Equipment: Any equipment, as declared to **us** and used for the sole purpose of **your** business trip.

Cash: Any legal currency.

Close Business Associate: Any person whose absence from business for one or more complete days at the same time as **your** absence prevents the effective continuation of that business.

Country of Residence: The United Kingdom or as stated on **your** insurance schedule.

Curtail/Curtailment: Return **home** early to **your country of residence**.

Documents: Travel tickets, passports and driving licence held by **you** for social, domestic and/or pleasure purposes.

Endorsement: A written agreement detailing specific policy terms.

Excess: An amount deducted in the event of a claim that applies to every incident and each insured person involved.

Home: **Your** residential address in **your country of residence**.

Immediate Relative: Mother, father, sister, brother, wife, husband, fiancé(e), common-law spouse, daughter, son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step-parent, step-child, step-brother or step-sister.

Medical Condition: Any **medical condition**, which has been suffered, or under investigation or review (routine or otherwise), or for which medication, advice or treatment has been received within the past 12 months (prior to the date **your** policy is issued). This includes longstanding conditions as well as injuries that may be exacerbated by the activity/trip **you** propose to undertake.

Medical Practitioner: A registered practising member of the medical profession who is not related to **you** or to any person with whom **you** are travelling or intending to stay.

Period of Insurance: The **period of insurance** is specified on **your** insurance schedule. If **your** return is unavoidably delayed for an insured reason, cover will be extended for the period of the delay. If the period of travel exceeds, or was intended to exceed, the trip limit specified on **your** insurance schedule, then no cover will apply in respect of the entire period of travel (including the insured period under the policy).

- a) **Single Trip policies:** Section 1, Cancellation cover is effective from the time and date of issue of the insurance schedule and terminates on commencement of the planned trip. For all other sections, cover commences when **you** leave **your home** or business (whichever is the later) to commence the trip and terminates on whichever occurs first of the following:
1. the expiry of the period of cover;
 2. **your** return **home** as planned, at the end of the trip;
 3. **your** first return **home** prior to the planned return at the end of the trip (except in the case of Backpacker policies, where if **you** return to the UK within the planned trip dates, cover will be suspended from the time **you** arrive in the UK and will only resume once you leave immigration control in the country of **your** next ticketed destination).
- b) **Annual Multi-trip policies:** Section 1, Cancellation cover for each trip is effective from either the start date on the insurance schedule or the time and date at which each trip is booked (whichever is the later), and terminates on whichever occurs first of the following:
1. the commencement of each trip, or
 2. the expiry of the period of cover.

For all other sections, cover commences when **you** leave **your home** or business (whichever is the later) to commence each trip and terminates on whichever occurs first of the following:

1. the expiry of the period of cover;
2. **your** return **home** as planned, at the end of each trip;
3. **your** first return to your **country of residence** prior to the planned return at the end of each trip;
4. **your** period of travel exceeding the trip limit specified in **your** insurance schedule.

For UK trips: **you** must have **pre-booked accommodation** for 2 nights or more.

- c) **One-way trips only:** the **period of insurance** will cease upon whichever occurs first of the following:
1. the expiry of the period of cover, or
 2. when **you** first leave immigration control in the country of **your** final ticketed and declared destination.

Personal Baggage: **Your** suitcases (or similar luggage carriers) and contents usually taken on a trip, together with articles worn or carried by **you** for **your** individual use during **your** trip. (Not including any specialised items, medical or otherwise).

Pre-booked Accommodation: a hotel, hostel, bed and breakfast, rented holiday home, camping or caravan site, for which an invoice, bill, receipt or voucher can be produced.

Public Transport: The following regular scheduled forms of transport: train, coach, taxi, bus, aircraft and sea vessel, on which **you** are a fare paying passenger.

Replacement Business Colleague: a person working for the same company and in the same office as **you** and nominated in order to continue the proper functioning of **your** trip.

Travelling Companion: means the person with whom **you** have booked to travel on the planned trip. In the case of a tour, **travelling companion** shall mean the person(s) shown on **your** booking form.

Valuables: Cameras, photographic apparatus, binoculars, video equipment, mobile telephones and any audio or audiovisual equipment including (but not limited to): tape recorders, cassettes and players, radios, compact discs and players, minidisks and players, computers and accessories, video games and TV sets, prescribed medication.

Winter Sports: On and off-piste skiing, blading and snowboarding, tobogganing and outdoor ice skating.

Winter Sports Equipment: Skis, bindings, ski boots, ski poles, snowboards and specialised clothing.

GENERAL CONDITIONS

A. INDEPENDENT TRAVEL

Each person named on the insurance schedule is insured separately.

B. TERRITORIAL DEFINITIONS

You are covered for travel within the geographical region defined on **your** insurance schedule.

C. POLICY EXCESS

The policy **excess** will be deducted in the event of a claim under certain sections of the policy. The **excess** will be charged for each incident that results in a claim.

D. SPORTS AND ACTIVITIES

You are covered to participate in the following sports and activities (provided **you** are not participating on a professional basis):

angling, archery*, athletics*, badminton, banana boating, baseball*, basketball, billiards, body boarding, bowling, boxing training (no contact), camel riding*, canoeing, catamaran sailing**, clay pigeon shooting, climbing (climbing wall), cricket*, croquet, curling, cycling (non-touring)*, dancing, darts, dinghy racing, dinghy sailing, elephant ride, fell walking, flag american football, football, golf, gymnastics, helicopter ride (passenger), hiking, horse drawn sleigh, horse trekking, hot air ballooning (passenger), jet skiing*, kite surfing (on a lake)*, light aircraft rides (passenger) martial arts training, motorcycling under 125cc* (as a means of transport only), netball, orienteering, paint balling*, pony trekking, pool, rambling, rifle range*, ringos, rounders, rugby league*, rugby union*, sailing** (in-shore & off-shore), scuba diving (max. 30m),

sledging, snooker, snorkelling, snow-shoeing, soccer, softball, squash*, surfing*, swimming, swimming with dolphins, table tennis, tennis, ten-pin bowling*, tobogganing (winter), touch football, trampolining, trekking, tubing, tug-o-war, volleyball, wake boarding, walking, walking up Sydney Harbour Bridge, water polo, water skiing, wheelchair basketball, windsurfing (on a lake)*.

* no Personal Liability cover

** no Personal Liability / offshore rescue cover

You are NOT covered for any other Sports and Activities, unless declared to and agreed by **us** on **your** insurance schedule and an additional premium paid if required.

E. WORKING OVERSEAS

You are not covered for manual work overseas unless specified on **your** insurance schedule. In any event, no cover is provided for Section 12, Personal Liability whilst working overseas.

F. DISCLOSURE OF MATERIAL FACTS

It is a condition of this insurance that all material facts have been disclosed to **us**. Failure to do so may invalidate this insurance. A material fact is any fact, medical or otherwise, which poses an increase in risk to **us** and is likely to influence **us** in the assessment, acceptance or continuance of **your** insurance.

MEDICAL CONDITIONS

We will not pay for any claim incurred as a consequence of a **medical condition** suffered by **you**, or for which medication, advice or treatment or admission has been received by **you** or has been under investigation or review in the last 12 months, unless this has been declared and accepted by **us** in writing.

You must notify **us** immediately **you** become aware of any change regarding **your** health. **We** will not pay additional costs incurred following any change in **medical condition**, unless this has been declared to and accepted by **us** in writing. (This means that if **you** make further payments e.g. book another trip or pay the final balance of a trip previously booked, or if there is an increase in the cancellation charges due to **you** not contacting **us** immediately, **we** are not liable for these additional costs).

We will notify **you** in writing of any amendments to **your** policy conditions and advise **you** of any additional premium that may be required. In certain cases **we** may be unable to offer cover. **We** reserve the right not to extend this insurance. **We** cannot extend cover for claims relating to **your travelling companion**, an **immediate relative** or **close business associate** or a person with whom **you** have arranged to stay. Please refer to Section 1, Cancellation and Section 2, Curtailment for full terms and conditions.

EXCLUSIONS APPLICABLE TO THE WHOLE POLICY

You are not covered for anything caused as a consequence of the following unless an **endorsement** has been issued by **us**:

1. any **medical condition** of **you** or anyone upon whom the trip depends;
2. any claim which arises directly or indirectly from depression, stress, anxiety or mental disorder;
3. pregnancy within 12 weeks before the estimated date of delivery;
4. suicide, attempted suicide, self inflicted injury, alcohol or drug abuse, alcoholism, drug addiction, solvent abuse, wilful exposure to exceptional risk (unless **you** are trying to save someone's life);
5. sexually transmitted diseases;
6. HIV or a related illness including AIDS and/or any mutant derivative thereof, however caused;
7. the crewing of a vessel or taking part in expeditions;
8. manual work of any kind;
9. travelling on motorcycles over 125cc;
10. professional or organised sports, **winter sports**, racing, speed or endurance tests or dangerous pursuits;
11. sports and activities not described in General Conditions D, page 4 or declared to and agreed by **us** and an additional premium paid if required;
12. bankruptcy/liquidation of a tour operator, travel agent or transport company;
13. consequential loss of any kind (e.g. loss of earnings);
14. any costs incurred on behalf of other party members who are not specified on the insurance schedule;
15. any costs recoverable from another source;
16. any payment which **you** would normally have made during **your** travels, if no claim had arisen;
17. travelling to a specific area against the advice issued by the Foreign and Commonwealth Office;
18. failure to comply with laws applicable to the country in which **you** are travelling;
19. air travel (other than as a fare-paying passenger on a regular scheduled airline or licensed charter aircraft);
20.
 - a. ionising radiation or radioactive contamination from nuclear fuel or nuclear waste or any risk from nuclear equipment
 - b. the radioactive toxic explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof;

- any consequence whether direct or indirect of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), any acts of terrorism, civil war, rebellion, revolution, insurrection, blockade, military or usurped power;
- any criminal or illegal act committed by **you** or **your travelling companion**;
- any loss which has not been conclusively proven and the amount claimed substantiated;
- any claim covered by an employer's insurance for the benefit of an employee.

SECTION 1 - CANCELLATION

Covered

You are covered up to the amount specified on **your** policy schedule for travel and **pre-booked accommodation** cancellation costs relating only to those people specified on the insurance schedule. (If travel arrangements were paid for by Air Miles or by any other form of redeemable vouchers, reimbursement will be the reinstatement of the Air Miles or redeemable vouchers to their original account. If reinstatement is not possible, **we** will reimburse the lowest advertised fare by the airline for the flight in question). Cancellation must be necessary and unavoidable and not as a result of disinclination to undertake **your** planned trip. Cover is only provided due to a cause listed below occurring during the period of insurance:

- Accidental injury, serious illness, death or being subject to quarantine of **you**, any person with whom **you** are intending to travel or stay, an **immediate relative** of **yours** or of any person with whom **you** intend to travel or a **close business associate** of **yours**;
- the pregnancy of **you** or **your travelling companion** known after the date of issue of this policy or the date the trip was booked (whichever was later), if the birth is expected within 12 weeks of the booked departure date or return date, or if complications with the pregnancy occur prior to the 29th week (provided there have not been any complications with any previous pregnancy);
- you** being called for jury service, attending court as a witness (but not as an expert witness or where **your** employment would normally require **you** to attend court);
- you** or any person with whom **you** have arranged to travel being made redundant where **you**/they have been employed for two continuous years with the same employer at the time of being made redundant and are under the normal retirement age for someone holding that position;
- your home** or place of business being made uninhabitable, within 14 days prior to the date of travel, or the police asking to see **you** after a theft from **your home** which occurred within 14 days of travel;
- you** posting overseas or emergency and unavoidable duty if **you** are a member of the medical or nursing professions, police, fire or ambulance services;
- prevention of travel by British Government restriction;
- abandonment of **your** trip as a result of more than 24 hours travel delay on **your** outward flight, sea crossing, coach or train departure from **your country of residence** (see Section 5, Travel Delay and Abandonment).

Replacement Business Colleague: Provided cancellation is due to a cause listed above and the sole purpose of the trip was for carrying out **your** business, **you** are covered up to the amount specified on **your** policy schedule for the cost of a **replacement business colleague**.

Not Covered

- the policy **excess** of £50 (except for deposit only claims where the **excess** is £20 per insured);
- medically related claims where a certificate has not been obtained from a **medical practitioner**, confirming that cancellation of the trip is necessary on medical grounds;
- any claim arising directly or indirectly as a result of a **medical condition** which has been suffered by **you** or for which medication, advice or treatment or admission has been received by **you** or has been under investigation or review in the last 12 months prior to the date this policy was issued or the date the trip was booked (whichever is later), unless declared to **us**, agreed by **us** on **your** insurance schedule and additional premium paid if required;
- medically related claims as a result of **your travelling companion**, an **immediate relative** or **close business associate** of **you** or the person with whom **you** have arranged to stay on the trip, having suffered a condition or for which they have received medication, medical advice or treatment within six months prior to the date this policy was issued or the date the trip was booked (whichever is later);
- any claim:
 - where at the time of taking out this insurance, the person whose condition gives rise to the claim is an in-patient in (or awaiting admission or booked to be admitted to) a hospital, hospice or nursing home;
 - where at the departure date, **you** or **your** travel companion are travelling against the advice of a **medical practitioner** or travelling for the purpose of obtaining medical treatment;
- additional cancellation costs incurred as a result of not immediately telling the travel agent, tour operator or provider of transport or accommodation that **you** need to cancel the trip. **We** will only pay the cancellation charges that would have applied at the time **you** knew it was necessary to cancel **your** trip, if a valid claim exists;

- any costs incurred on behalf of other party members who are not specified on the insurance schedule;
- any costs recoverable from another source (e.g. airport taxes);
- any claim as a consequence of prohibitive regulations of the Government of any country;
- any claim arising from any circumstances known about at the date of booking the trip or the date the policy was issued, which could reasonably have been expected to give rise to the cancellation of the trip;
- anything listed in "Exclusions applicable to the whole policy".

SECTION 2 - CURTAILMENT

Covered

You are covered up to the amount specified on **your** policy schedule for:

- the value of the portion of **your** travel and **pre-booked accommodation** expenses, calculated from the date of **your** return to **your** home, which have not been used and which were paid for before **your** departure from **your** country of residence.
- reasonable additional travelling expenses (on the same basis as **your** original booking) authorised by **us** and incurred by **you** for returning to **your** home earlier than planned due to a cause listed below:
 - accidental injury to or serious illness or death of **you**, any person with whom **you** intend to travel, an **immediate relative of yours** or of the person with whom **you** intend to travel or a **close business associate**;
 - the pregnancy of **you** or **your travelling companion** known after the date of issue of this policy or the date the trip was booked (whichever was later), if complications with the pregnancy occur prior to the 29th week (provided there have not been any complications with any previous pregnancy);
 - your** home or place of business being made uninhabitable or the police asking to see **you** after a theft from **your** home.

Replacement Business Colleague: Provided curtailment is due to a cause listed above and the sole purpose of the trip is for carrying out **your** business, **you** are covered up to the amount specified on **your** policy schedule for additional travel and accommodation costs incurred for a business colleague to replace **you**.

Conditions

- You** must contact the **Assistance Service** for assistance/advice if **you** need to cut short **your** trip for an insured reason.
- You** must use or revalidate **your** original ticket for **your** early return. If this is not possible **you** must provide evidence that additional costs were necessary. Any refunds due on unused original tickets will be deducted from **your** claim. If **you** do not have an original return ticket, **you** will not be reimbursed for costs incurred for **your** early return.
- If **you** require the **Assistance Service** to pay for arrangements, they may first need to contact the relevant **medical practitioner** to confirm **your** claim falls within the terms of **your** cover.
- If **you** make **your** own arrangements **you** must supply all necessary documentation to substantiate that **your** claim falls within the terms of cover.
- This policy does not provide compensation for loss of enjoyment.

24 hour Assistance Service – Telephone Number: +44 (0) 870 905 8545

Not Covered

- the policy **excess** of £50
- claims that are not confirmed as medically necessary by the **Assistance Service**, and where a medical certificate has not been obtained from the attending **medical practitioner** confirming the necessity to **curtail**;
- any claim arising directly or indirectly as a result of a **medical condition** which has been suffered by **you** or for which medication, advice or treatment or admission has been received by **you** or has been under investigation or review in the last 12 months prior to the date this policy was issued or the date the trip was booked (whichever is later), unless declared to **us**, agreed by **us** on **your** insurance schedule and additional premium paid if required;
- medically related claims as a result of **your travelling companion**, an immediate relative or **close business associate** of **you** or the person with whom **you** have arranged to stay on the trip, having suffered a condition or for which they have received medication, medical advice or treatment within six months prior to the date this policy was issued or the date the trip was booked (whichever is later);
- additional travelling expenses incurred which are not authorised by the **Assistance Service**;
- unused prepaid travel tickets where repatriation has been arranged by **you** or the **Assistance Service**;
- any claim:
 - where at the time of taking out this insurance, the person whose condition gives rise to the claim is an in-patient in (or awaiting admission or booked to be admitted to) a hospital, hospice or nursing home;
 - where at the departure date, **you** or **your travelling companion** are travelling against the advice of a **medical practitioner** or travelling for the purpose of obtaining medical treatment.
- anything listed in "Exclusions applicable to the whole policy";

Covered

You are covered up to the amount specified on **your** policy schedule for costs incurred outside **your country of residence** for:

1. Reasonable emergency medical treatment (including necessary physiotherapy but only when authorised by the **Assistance Service**);
2. emergency dental treatment (for pain relief only), limited to £200;
3. reasonable and necessary additional accommodation (bed and breakfast only) and travelling expenses (on the same basis as **your** original booking). This includes those of one relative or travel companion if **you** have to be accompanied **home** on medical advice or on compassionate grounds or if **you** are a child and require an escort **home** (in the event that they have applied for and received written authorisation from the **Assistance Service**);
4. repatriation to **your home** by medically appropriate means, as determined by the **Assistance Service**;
5. in the event of **your** death: reasonable costs for the transport of **your** body or ashes to **your country of residence** (the cost of burial or cremation is not included); or local funeral expenses abroad, limited to £1,000.
6. if pregnancy is known and declared at policy application, agreed by **us** on the schedule and additional premium paid if required, then this policy will cover **you** for complications of pregnancy occurring prior to the 29th week, provided **you** are under 35 years of age and between 8 and 20 weeks pregnant and **you** have not had any complications in any previous pregnancy at the time of policy application. If **you** hold an annual policy, then cover for complications of pregnancy occurring prior to the 29th week will only apply if the pregnancy was not known at the time the trip was booked, provided **you** are under 35 years of age and between 8 and 20 weeks pregnant and **you** have not had any complications in any previous pregnancy at the time of booking the trip

Conditions

1. **You** must contact the **Assistance Service** immediately should **you** be admitted to hospital or require on-going out-patient treatment overseas.
2. All treatment or expenses must be authorised by the **Assistance Service**.
3. **You** must maintain contact with the **Assistance Service** until **your** return to **your country of residence** or until **you** no longer require treatment or assistance.
4. If **you** are travelling to a country in the European Union, **you** must take with **you** a completed form E111. **We** will waive the policy **excess** under this Section if **you** use the E111 form or another reciprocal health agreement to reduce the amount of **your** claim.
5. If **you** require medical treatment in Australia, **you** must register with Medicare via their local office. (Any treatment not available under Medicare must be authorised by the **Assistance Service**).
6. In the event of repatriation, any value remaining in unused original return travel tickets which is recoverable shall be deducted from the amount of the claim.
7. **We** reserve the right to:
 - a. repatriate **you** when, in the opinion of the treating doctor and the **Assistance Service**, **you** are fit to travel;
 - b. avoid further liability in the event that **you** refuse repatriation when, in the opinion of the treating doctor and the **Assistance Service**, **you** are fit to travel;
 - c. transfer **you** to the hospital, clinic or location of **our** choice when, in the opinion of the treating doctor and the **Assistance Service**, **you** are fit to be transferred.

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Not Covered

1. the policy **excess** of £50;
2. any medical or dental treatment costs incurred in the United Kingdom or **your country of residence**;
3. any transport or accommodation costs incurred in the United Kingdom or **your country of residence**, unless authorised by the **Assistance Service**;
4. any costs covered under a reciprocal health arrangement (e.g. E111 within EU countries, reciprocal cover in Austria, Channel Islands, Eire and New Zealand, Medicare in Australia);
5. any costs recoverable from another source; (e.g. where another insurance may cover the same loss);
6. medical costs relating to pregnancy, other than complications of pregnancy occurring prior to the 29th week if pregnancy was known after this policy was issued or the date the trip was booked (whichever is later) and **you** have not had complications with any previous pregnancy, or medical costs relating to pregnancy if **your** policy is an annual policy and the pregnancy was known at the time the trip was booked;
7. any claim where at the time of taking out this insurance, the person whose condition gives rise to the claim is an in-patient in (or awaiting admission or booked to be admitted to) a hospital, hospice or nursing home;
8. any claim where at the departure date, **you** or **your** travel companion are travelling against the advice of a **medical practitioner** or travelling for the purposes of obtaining medical treatment;

9. any claim arising directly or indirectly as a result of a **medical condition** which has been suffered by **you** or for which medication, advice or treatment or admission has been received by **you** or has been under investigation or review in the last 12 months prior to the date this policy was issued or the date the trip was booked (whichever is later), unless declared to **us**, agreed by **us** on **your** insurance schedule and additional premium paid if required;
10. any claim arising directly or indirectly as a result of a change regarding **your** health (including injury and pregnancy; please refer to separate terms and conditions relating to pregnancy, as per Covered, point no.6) occurring before the start of **your** trip, which has not been declared to and accepted by **us** in writing;
11. any costs for in-patient treatment, on-going out-patient treatment or **curtailment** of a trip on medical grounds without prior authorisation from the **Assistance Service**;
12. any costs for surgery or medical treatment which, in the opinion of the **Assistance Service**, can reasonably be delayed until **your** return to **your country of residence**;
13. any costs for medication and/or treatment which, at the time of departure, is known to be required or continued outside **your country of residence**;
14. the cost of any routine or elective (non-emergency) care or treatment, including specialist review or referral, investigations, treatment or surgery;
15. claims that are not confirmed as medically necessary by the **Assistance Service**;
16. additional hospital costs arising from single or private room accommodation, unless medically necessary;
17. further costs **you** incur if **we** wish to bring **you home** early but **you** refuse (where in the opinion of the treating doctor and the **Assistance Service** **you** are fit to travel);
18. travelling on motorcycles over 125cc (unless an endorsement has been issued by **us**);
19. anything listed in "Exclusions applicable to the whole policy".

SECTION 4 - ADDITIONAL HOSPITAL BENEFIT

This benefit payment contributes towards miscellaneous expenses incurred whilst **you** are an in-patient (e.g. taxi fares and telephone calls). It does not provide compensation for loss of holiday/enjoyment.

Covered

You are covered up to the amount specified on **your** policy schedule for:

1. payment of £25 for each complete 24 hours **you** spend in hospital as a result of **you** being admitted as an in-patient to a registered hospital. This is in addition to any medical expenses incurred under Section 3, Emergency Medical Expenses.

Conditions

1. This benefit is payable only if the hospital admission has been covered under the terms of Section 3, Emergency Medical Expenses.
2. In the event of a claim **you** must provide documentation confirming the date and time of admission and discharge.

Not Covered

1. anything listed in "Exclusions applicable to the whole policy".

SECTION 5 - TRAVEL DELAY AND ABANDONMENT

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

Covered

1. In the event of **your** outward or return flight, sea crossing, coach or train departure to or from **your country of residence** being delayed for more than 12 hours beyond the intended departure time (as specified on **your** travel ticket) as a result of:
 - a. adverse weather conditions;
 - b. mechanical breakdown or technical fault of the aircraft, coach, train or sea vessel;
 - c. strike, industrial action or security alert (provided that when this policy was issued or the trip was booked, whichever is later, no such action had already been declared and therefore there was no reasonable expectation that this would affect **your** trip);

we will pay the amount specified on **your** policy schedule per insured person for each complete 12 hours **you** are delayed up to the maximum limit stated on **your** policy schedule. If **you** incur more than 24 hours delay on **your** outward flight, sea crossing, coach or train departure from **your country of residence**, **you** may abandon **your** trip and claim under Section 1, Cancellation less the **excess**;

2. If **you** abandon **your** trip as a result of **your** vehicle being involved in an accident or mechanical breakdown en route to **your** departure point from **your country of residence**, rendering it impossible for **you** to undertake **your** planned itinerary, **we** will pay up to the limit as specified on **your** policy schedule under Section 1, Cancellation, less the **excess**.

Conditions

1. In the event of a claim due to delayed public transport **you** must provide documentation from the transport company, confirming the period of and the reason for the delay.
2. In the event of a claim due to vehicle breakdown, **you** must provide a police or roadside assistance report.

Not Covered

1. the policy **excess** of £50 if **you** abandon **your** trip;
2. where **you** have not checked in, allowing sufficient time, for **your** outward or return journey;
3. any claims arising from withdrawal from service temporarily or otherwise of the aircraft, coach, train or sea vessel on the orders or recommendation of the Civil Aviation Authority or a Port Authority or similar body in any country;
4. internal flights which do not form part of **your** outbound or inbound journey to/from **your country of residence**;
5. anything listed in "Exclusions applicable to the whole policy".

SECTION 6 - PERSONAL ACCIDENT

Covered

You are covered up to the amount specified on **your** policy schedule for benefits, which will be paid to **you** or **your** legal representative, if you sustain bodily injury caused solely and directly by outward violence and visible means during **your** trip which, at the end of 12 months of the occurrence of that accident, is the sole cause of:

1. **your** death;
2. the physical loss of or permanent and total loss of use of one or more limbs at or above the wrist or ankle;
3. the complete and irrecoverable loss of sight in one or both eyes;
4. permanent total disablement which prevents **you** from attending to any business or occupation in any capacity for a period of 12 months and which, in the opinion of our medical and/or vocational advisors, will not improve;

Conditions

1. Points 2, 3 and 4 above may be subject to the Continental Scale of Benefits (available on request);
2. if **you** are aged under 16 or over 70 at the time of the accident, the death benefit will be limited to funeral and other reasonable costs up to £3,000 and the permanent total disablement benefit will not apply;
3. The permanent total disablement benefit is limited to 50% if **you** were not employed for six months prior to the departure date of the trip in which the accident occurred.
4. No benefits shall be paid for more than one loss suffered
5. **You** must agree to examination by our medical and/or vocational advisors.

Not Covered

1. any claims caused as a consequence of:
 - a. disease or any physical defect or illness;
 - b. an injury which existed prior to the beginning of the trip/purchase of the policy;
2. anything listed in "Exclusions applicable to the whole policy".

SECTION 7 - MISSED DEPARTURE

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

Covered

You are covered up to the amount specified on **your** policy schedule for necessary hotel and travelling expenses incurred in reaching **your** booked destination, if **you** arrive too late to commence **your** booked trip from or to **your country of residence** as a result of:

1. the vehicle in which **you** are travelling being involved in an accident or breakdown or **you** being delayed as a result of a major accident on a motorway;
2. the **public transport** used being delayed.

Conditions

1. In the event of a claim due to vehicle breakdown or a road accident, **you** must provide a police or roadside assistance report.
2. In the event of a claim due to delayed **public transport** **you** must provide documentation from the transport company, confirming the period of and the reason for the delay.

Not Covered

1. the policy **excess** of £50;
2. if sufficient time has not been allowed for **your** journey in order to meet the check-in time specified by the transport providers or agent;
3. if **you** are not proceeding directly to the departure point;
4. any costs claimed under Section 5, Travel Delay and Abandonment, which relate to the same trip;
5. anything listed in "Exclusions applicable to the whole policy".

SECTION 8 - BAGGAGE

Covered

A: PERSONAL BAGGAGE

Up to the amount specified on **your** policy schedule for the value of or repair to any of **your** own **personal baggage** (not hired, loaned or entrusted to **you**), which is lost, stolen, damaged or destroyed (after making proper allowance for wear and tear and depreciation) **Business Equipment: You** are covered up to the amount specified on **your** policy schedule for the value of any specified **business equipment** (used for the sole purpose of carrying out **your** business) which is accidentally lost, stolen or damaged.

B: DELAYED BAGGAGE

Up to the amount specified on **your** policy schedule for the cost of buying emergency necessities if **your personal baggage** is delayed in reaching **you** on **your** outward journey for at least 12 hours and **you** have a written report from the carrier (e.g. airline, shipping company etc.) or tour representative. Receipts will be required in the event of a claim.

Conditions

1. Any amount **we** pay **you** under B. (Delayed Baggage) will be deducted from the final claim settlement if **your personal baggage** is permanently lost.
2. **You** must obtain written proof of the incident from the police, **your** accommodation management, tour operator or carrier, within 24 hours of the discovery in the event of loss, burglary or theft of the **personal baggage**. Failure to do so may result in **your** claim being turned down.
3. In the event of a claim for damaged items, proof of the damage must be supplied.
4. In the event of a claim for a pair or set of items, **we** shall be liable only for the value of that part of the pair or set which is lost, stolen, damaged or destroyed.
5. If the repair cost is more than the value of an item, **we** will assess the claim as if the item has been lost.

Not Covered

1. the policy **excess** of £50 under (A) Personal Baggage;
2. any item, pair or set of items with a value of over £50, if an original receipt, valuation report or other acceptable proof of ownership and value cannot be supplied to support **your** claim. The total amount payable for all such items will be £250;
3. if **you** do not exercise reasonable care for the safety and supervision of **your** property;
4. **personal baggage** left unattended by **you**, unless located in locked accommodation and where an appropriately sized safety deposit box was not available for use by **you**;
5. **personal baggage** left in the custody of a person who does not have an official responsibility for the safekeeping of the property;
6. **personal baggage** stolen from an unattended vehicle:
 - a. unless it was in the locked glove compartment or locked rear boot or luggage area of the vehicle and is covered so as not to be visible from the outside of the vehicle;
 - b. if there is no visible evidence of forcible and violent entry;
 - c. left for any period between the hours of 8pm and 8am (other than motor homes);
7. **valuables** left in a motor vehicle (other than motor homes, provided the **valuables** are stored out of view);
8. **valuables** within checked-in luggage or in luggage compartments/racks not immediately adjacent to **you** on any form of public transport (other than hand luggage that stays with **you** at all times);
9. damage to **personal baggage** whilst in the custody of an airline;
10. if **your personal baggage** is lost or delayed in transit and **you** do not:
 - a. notify the carrier (i.e. airline, shipping company etc) immediately and obtain a written carrier's report (or Property Irregularity Report in the case of an airline); or
 - b. follow up in writing within 7 days to obtain a written carrier's report (or Property Irregularity Report in the case of an airline) if **you** are unable to obtain one immediately;
11. loss, destruction, damage or theft of the following property:
 - a. contact or corneal lenses, hearing aids, dentures and false body parts or other prostheses;
 - b. watches and jewellery (unless as a result of mugging or any form of physical violence to **you**);
 - c. glass, china, pictures, musical instruments, antiques and precious stones;

- d. pedal cycles, dinghies, boats and/or ancillary equipment, vehicles or vehicle accessories (other than wheelchairs and pushchairs);
 - e. tools of trade;
 - f. perishable items e.g. food;
12. loss, destruction, damage or theft due to:
 - a. confiscation or detention by Customs or other officials or authorities;
 - b. wear and tear, process of cleaning, denting or scratching, staining, moth or vermin;
 - c. transportation by any postal service;
 13. electrical or mechanical breakdown or manufacturing fault;
 14. breakage of fragile or brittle articles being transported by a carrier, unless the breakage is due to fire or other accident to the vessel, aircraft or vehicle in which they are being carried;
 15. any property more specifically insured or recoverable under any other source. Any reimbursement received will be deducted from the amount of **your** claim under this section;
 16. stamps, documents, deeds, samples or merchandise, manuscripts or securities of any kind;
 17. **winter sports equipment** (unless the appropriate premium has been paid and is shown on **your** insurance schedule, which covers **you** under a separate section of the policy), or **additional sports equipment** (unless the appropriate premium has been paid and this is shown on **your** insurance schedule);
 18. anything listed in "Exclusions applicable to the whole policy".

SECTION 9 - CASH AND DOCUMENTS

Covered

You are covered up to the amount specified on **your** policy schedule for accidental loss or theft of **your** own **cash** and/or **documents**. **Cash** is only covered whilst being carried on **your** person or left in a locked safety deposit box. **Cash** is limited to the amount specified on **your** policy schedule, unless **you** are under 16 years of age, in which case the maximum payable is £50.

Replacement business documents: **You** are covered up to the amount specified on **your** policy schedule for the cost of replacement business documents (provided the documents are vital to the carrying out of business) which are accidentally lost, stolen or damaged.

Condition

1. In the event of a claim for loss of **cash** you must provide evidence of the initial withdrawal of the **cash** and also evidence of how you coped financially immediately after the loss (e.g. currency exchange/withdrawal slips, bank/credit card statements).

Not Covered

1. the policy **excess** of £50 (except for **cash** only claims, where the **excess** is £20);
2. if you do not exercise reasonable care in protecting **your cash** and **documents** against loss, theft or damage;
3. **documents** left unattended by you, unless located in locked accommodation and where an appropriately sized safety deposit box was not available for use by you;
4. **documents** left in the custody of a person who does not have an official responsibility for the safekeeping of the property;
5. **documents** stolen from an unattended vehicle:
 - a. unless they were in the locked glove compartment or locked rear boot or luggage area of the vehicle and were covered so as not to be visible from the outside of the vehicle;
 - b. if there is no visible evidence of forcible and violent entry;
 - c. left for any period between the hours of 8pm and 8am (other than motor homes);
6. if **you** do not obtain a written police report within 24 hours of the discovery in the event of loss, burglary or theft of **cash** and/or **documents**;
7. any shortages due to error, omission or depreciation in value;
8. anything listed in "Exclusions applicable to the whole policy".

SECTION 10 - LOSS OF PASSPORT/DRIVING LICENCE EXPENSES

Covered

You are covered up to the amount specified on **your** policy schedule for:

1. reasonable travel or accommodation expenses over and above any payment which **you** would normally have made during **your** trip if no loss had been incurred, that **you** have to pay as a result of you needing to replace a lost or stolen passport/driving licence.

Condition

1. **You** must provide receipts for all costs incurred.

Not Covered

1. the policy **excess** of £50;
2. any costs that **you** would have incurred had **you** not lost **your** passport or driving licence;
3. if **you** do not exercise reasonable care for the safety or supervision of **your** passport/driving licence;
4. costs arising from any loss not covered under Section 9, Cash and Documents;
5. if **you** do not obtain a written police report within 24 hours of the loss;
6. loss, destruction or damage arising from confiscation or detention by Customs or other officials or authorities;
7. anything listed in "Exclusions applicable to the whole policy".

SECTION 11 - HIJACK

Covered

You are covered up to the amount specified on **your** policy schedule for the unlawful seizure or wrongful exercise of control over **you** or of an aircraft or conveyance in which **you** are travelling as a passenger.

Not Covered

1. if **you** or **your** family or **your** business associates have engaged in activities that could be expected to increase the risk of hijack;
2. anything listed in "Exclusions applicable to the whole policy".

SECTION 12 - PERSONAL LIABILITY

Covered

You are covered up to the amount specified on **your** policy schedule for legal expenses and legal liability for damages incurred by **you** which are caused by an accident that occurred during **your** trip, leading to a claim made against **you** as a result of:

1. accidental bodily injury to a person who is not a member of **your** family or household, a **travelling companion** or employed by **you**;
2. loss of or damage to any property which does not belong to, is not in the charge of, and is not in the control of **you** or any member of **your** family, household, any **travelling companion** or employee (except hired wheelchairs);
3. loss of or damage to **your** temporary holiday accommodation that does not belong to **you**, or any member of **your** family, household, any **travelling companion** or anyone employed by **you**.

Conditions

1. No liability shall be admitted and no admission, arrangement, offer, promise or payment shall be made by **you** without **our** written consent.
2. **We** are entitled to take over any rights in the defence or settlement of any claim and to take proceedings in **your** name for our benefit against any other party.
3. **You** must, wherever possible, provide all such information and assistance as **we** require.

Not Covered

1. the policy **excess** of £100;
2. fines imposed by a Court of Law or other relevant bodies;
3. anything caused as a consequence of:
 - a. liability which **you** incur as a result of an agreement that **you** made which would not apply in the absence of that agreement;
 - b. injury, loss or damage arising from:
 - i. ownership or use of aircraft, horse-drawn or mechanical/motorised vehicles, bicycles, vessels (other than rowing boats, punts or canoes), animals or firearms;
 - ii. the occupation (except temporarily for the purpose of the trip) or ownership of any land or buildings;
 - iii. the carrying out of any trade, profession, manual work or hazardous occupation;
 - iv. racing of any kind;
 - v. any deliberate or criminal act;
4. liability as an employer or under any other contract or insurance policy;
5. all forms of pollution and contamination;
6. anything listed in "Exclusions applicable to the whole policy".

SECTION 13 - LEGAL EXPENSES

Covered

You are covered up to the amount specified on **your** policy schedule for legal costs and expenses incurred to claim for compensation or damages if **you** suffer physical bodily injury or **you** die during the period of **your** trip as a result of an Accident. (For the purposes of this policy, bodily injury sustained as a result of a **medical...**

condition(s) caused or happening as a result of travelling or travel conditions, or bodily injury sustained as a result of medical malpractice, any incorrect medical procedure(s) performed or incorrect diagnosis, shall not be considered an Accident).

Conditions

1. **You** must obtain as much information as possible, including police reports, witness details and any photographs and contact the Claims Service as soon as possible, submitting **your** request in writing.
2. **We** shall have control over the legal proceedings and the selection, appointment and control of a solicitor. **You** must follow the advice provided by **our** appointed legal representatives. Failure to do so will result in cover being withdrawn.
3. In the event that **you** are awarded legal costs as part of any judgement or settlement, **we** shall be entitled to repayment by **you** of any sums paid under this Section.
4. In the event that **you** are awarded compensation (by judgement or settlement), **we** shall be entitled to recover from **you**, two thirds of any sum paid to **you** under any Section of this policy on account of the same incident for which compensation is received.
5. If there is more than one insured claiming, **we** shall apply a maximum limit of double the individual sum insured in respect to all claimants.

Not Covered

1. the policy **excess** of £200, which will be refunded to **you** if **we** recover our outlay in full from the settlement received;
2. any claim reported to **us** more than 30 days after the occurrence of the incident giving rise to the claim;
3. costs incurred in pursuit of any claim against **us**, our agents, an Insurer underwriting any section of this policy, a travel agent, a tour operator or carrier;
4. legal expenses incurred either prior to **our** written acknowledgement granting **our** support or obtained without **our** written consent;
5. any claim where **we** consider a reasonable settlement is unlikely or where the cost of the action could be more than the settlement;
6. any cost for bringing a legal action in more than one country for the same event;
7. actions between members of the same household or a relative or **travelling companion**, or actions to enforce a judgement or legally binding decision;
8. any amount deducted in legal fees from **your** compensation or damages, which has been calculated as a proportion or percentage of those damages;
9. the funding of any appeal costs;
10. travel and accommodation expenses incurred in pursuit of a legal action;
11. any contingent fee arrangement between **you** and **your** legal representatives;
12. any legal costs resulting from criminal proceedings;
13. anything listed in "Exclusions applicable to the whole policy".

SECTION 14 - WINTER SPORTS COVER

WINTER SPORTS MEDICAL

The Emergency Medical Expenses section of this policy is extended to cover **you** whilst partaking in **winter sports**.

WINTER SPORTS LIABILITY

The Personal Liability section of this policy is extended to cover **you** whilst partaking in **winter sports**.

Not Covered

1. if **you** do not adhere to the International Ski Federation code or the resort regulations;
2. ski jumping, ice hockey, the use of skeletons or bobsleighs, taking part in International and National events, their heats or officially organised practice or training for these events;
3. anything listed in "Exclusions applicable to the whole policy".

SECTION 15- PISTE CLOSURE

Covered

You are covered up to the amount specified on **your** policy schedule (up to the maximum amount specified on **your** policy schedule) if there is a lack of snow or bad weather conditions in **your** holiday resort and the pistes are closed so preventing **you** from skiing. Cover is only available during the months that constitute the local regular ski season and where **you** purchased **your** policy more than 14 days before **your** departure date.

Condition

1. In the event of a claim **you** must provide documentation from the resort's management confirming how long the pistes were closed at **your** resort and the reason.

Not Covered

1. anything listed in "Exclusions applicable to the whole policy".

SECTION 16 - WINTER SPORTS HIRE

Covered

You are covered up to the amount specified on **your** policy schedule for the reasonable cost of hiring winter sports equipment for the rest of **your** trip or until **your** own or hired winter sports equipment has been returned to **you**, if:

- a. **your** equipment is lost, stolen or damaged; or
- b. **your** equipment is delayed for more than 12 hours on **your** outward journey.

Condition

1. In the event of a claim **you** must provide the following documentation:
 - a. **loss or theft**: report from police, resort management or tour operator plus receipts showing original and additional hire charges.
 - b. **damage**: confirmation from the hire company of damage sustained and additional charges incurred.
 - c. **delay**: confirmation from the airline or transport company that **your** equipment was delayed for over 12 hours on the outward journey plus a receipt showing original and additional hire charges.

Not Covered

1. the policy **excess** of £50;
2. anything listed in "Exclusions applicable to the whole policy".

Covered

You are covered up to the amount specified on **your** policy schedule for the value of the unused portion of **your** ski school, lift pass and **winter sports equipment** hire costs limited to the amount specified on **your** policy schedule per week, if:

- a. **you** have an accident or **you** are ill;
- b. **your** lift pass is lost or stolen.

Condition

1. In the event of a claim **you** must provide the following documentation:
 - a. **accident or illness:** medical report confirming the reason and length of time **you** were unable to undertake **your** planned activity plus the original lift pass and evidence of initial cost.
 - b. **loss or theft:** report from police or resort management plus evidence of initial cost and cost of replacement pass.

Not Covered

1. the policy **excess** of £50;
2. if **you** do not adhere to the International Ski Federation code or the resort regulations;
3. anything not covered in Section 8, Baggage;
4. anything not covered in Section 3, Emergency Medical Expenses;
5. ski jumping, ice hockey, the use of skeletons or bobsleighs, taking part in International and National events, their heats or officially organised practice or training for these events;
6. anything listed in "Exclusions applicable to the whole policy".

Covered

You are covered up to the amount specified on **your** policy schedule for the value or repair of **your** own winter sports equipment (after making proper allowance for wear and tear and depreciation) or hired winter sports equipment, if they are lost, stolen or damaged during **your** trip. For skis and snowboards over 5 years old the maximum we will pay is £50.

Condition

1. In the event of a claim **you** must provide the following documentation:
 - a. **loss or theft:** a report from police, resort management or tour operator; plus original receipt or proof of ownership and confirmation of second hand value from a specialist dealer where possible.
 - b. **damage:** confirmation from a specialist dealer of the damage sustained and repair costs, or confirmation that damage is beyond economic repair, plus the second hand value prior to damage.

Not Covered

1. the policy **excess** of £50;
2. if **you** do not adhere to the International Ski Federation code or the resort regulations;
3. anything not covered in Section 8, Baggage;
4. ski jumping, ice hockey, the use of skeletons or bobsleighs, taking part in International and National events, their heats or officially organised practice or training for these events;
5. anything listed in "Exclusions applicable to the whole policy".

THE INTERNATIONAL SKI FEDERATION SAFE SKIING CODE

RESPECT FOR OTHERS

You must behave in such a way that **you** do not endanger others.

CONTROL OF SPEED AND SKIING

You must be in control, and adapt **your** speed and manner of skiing to **your** ability and the prevailing conditions of terrain, snow and weather, as well as to the density of other skiers.

CHOICE OF ROUTE

You must choose **your** route in such a way that, when coming from behind, **you** do not endanger others ahead.

OVERTAKING

Make sure that **you** leave enough room when overtaking others for any voluntary or involuntary movements that they may make.

ENTERING AND STARTING

When entering a marked run, or starting again after stopping, make sure that **you** look both up and down the run to ensure that **you** can do so without endangering **yourself** or other skiers.

STOPPING ON THE PISTE

Unless absolutely necessary, **you** must avoid stopping on the piste in narrow places or where visibility is restricted.

CLIMBING AND DESCENDING ON FOOT

When climbing or descending on foot, **you** must keep to the sides of the piste.

RESPECT FOR SIGNALS AND MARKINGS

You must respect all signals and markings.

ASSISTANCE

If an accident occurs, every skier is duty bound to assist.

IDENTIFICATION

Following an accident, every skier and witness, whether responsible or not for causing the accident, must exchange names and addresses.

Procedure for renewal of Annual Policies

*Automatic credit card renewal ensures **you** never have to worry about travelling uninsured.*

*We will debit **your** payment card annually.*

When will **you know **my** renewal is due?**

We will notify of the renewal 30 days in advance of policy expiry, including a quotation based closely on **your** current cover type.

I might need to make changes...

Your quotation will remind **you** that **you** need to declare pre-existing medical conditions, along with any sports activities **you** may take part in whilst on **your** trip. **You** may need to change the geographic limits of **your** cover, or the amount to which **you** are insured. Contact details will be provided and any necessary amendments can be notified to us by post, email or telephone.

When will **my card be debited?**

Payment will be taken within 7 days prior to the renewal date.

My credit card is due to expire before renewal is due...

If we are unable to renew **your** policy for any reason, we will contact **you** by post or telephone

How can I cancel the Automatic Renewal?

You can do this at anytime, by post, email or by telephone. If **you** express a wish to discontinue Automatic Renewal **you** will remain covered for the duration of this year's policy.

We will contact **you** to notify **you** of **your** policy's expiry date, but we will not renew **your** cover on **your** behalf or debit **your** card.

If **your** policy has Automatically Renewed, **you** have a money back guarantee period within the 14 days after start of cover, during which time **you** can return **your** policy schedule for a full refund provided no claim has been made.