



CONTACT NUMBERS



Emergency Assistance
24/7, 365 days a year

+34 938 000 297



Claims Team
09:00-17:00 Monday - Friday

+34 938 000 297



Customer Services
09:00-17:00 Monday- Friday

+34 912 903 344
customerservices@fit2trip.com

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POLICY SUMMARY

This Policy Summary does not contain the full details and conditions of **your** insurance – this can be found within this Policy booklet.

EMERGENCY TELEPHONE NUMBER

PLEASE CALL US ON: **+34 938 000 297**

CLAIM TELEPHONE NUMBER

PLEASE CALL US ON: **+34 938 000 297**

INSURER

INTER PARTNER ASSISTANCE, S.A., a member of the AXA Partners group and a Belgian insurance company, acting freely to provide services in Spain, with registered offices at Avenue Louise 166, 1050, Brussels (Belgium), is registered with the National Bank of Belgium under No. 0487 and in the Commercial Register, under the registration number: 0415.591.055.

In compliance with the provisions of Art. 96 of Law 20/2015, of 14 July, on the management, supervision and solvency of insurance and reinsurance companies, and their implementing regulations, the Policyholder of the Insurance Policy is informed that the legislation applicable to him/her is Spanish and from the General Department of Insurance and Pension Funds, under the Ministry of Economy and Finance, the control body in which it is registered under code L0913. However, given that the Insurer who has signed the Insurance Policy is domiciled in Belgium, the Policyholder is also informed that, in case of liquidation, Belgian regulations on the liquidation of insurance companies will apply, while Spanish regulations will not apply.

In accordance with Art. 99 of Law 20/2015, of 14 July, on the management, supervision and solvency of insurance and reinsurance companies, it is reported that data, or parts thereof, and data generated in the event of a claim, will be transferred by INTER PARTNER ASSISTANCE S.A. to public or private organisations pertaining to the insurance sector for statistical, actuarial and fraud prevention purposes, in the selection of risks and in the settlement of claims.

TYPE OF INSURANCE AND COVER

Travel insurance can be bought for single or annual multi trips – Please refer to **your** Policy Certificate for **your** selected cover.

Winter Sports, Golf and Business cover may also be included upon payment of an appropriate additional premium – **your** Policy Certificate will show if **you** selected this option.

AGE ELIGIBILITY

The maximum age limit is 85 years inclusive. If **you** reach the age of 86 during the **period of insurance**, cover will continue until the end of that **period of insurance** but not thereafter.

POLICY EXCESS

Under some sections of **your** policy, claims will be subject to an **excess**. This means that **you** will be responsible for the first amount for each and every claim.

TERRITORIAL LIMITS

Spain

Cover is available for **trips** made within Spain (including the Balearic and Canary Islands).

Europe

Cover is available for **trips** made to the continent of Europe, including all countries west of the Ural Mountains and countries bordering the Mediterranean Sea including: Algeria, Egypt, Israel, Lebanon, Morocco, Tunisia & Turkey, islands in the Mediterranean, Madeira, the Azores and Iceland

Worldwide Excluding Canada, the Caribbean, China, Hong Kong, Mexico, Singapore & the USA

Cover is available for **trips** made to all countries worldwide, Excluding Canada, the Caribbean, China, Hong Kong, Mexico, Singapore & the USA.

Worldwide

Cover is available for **trips** made to all countries worldwide.

PLEASE NOTE: Any **trips** to a country, specific area or event when the Travel Advice Unit of the Ministry of Foreign Affairs or regulatory authority in a country to/from which **you** are travelling has advised against all travel or all but essential travel are not covered.

In addition, any trips to following countries are NOT covered: Iran, North Korea, Sudan, South Sudan, Syria, Belarus, Democratic Republic of Congo, Somalia or Zimbabwe.

DURATION OF YOUR POLICY

- if **you** have selected ANNUAL MULTI TRIP cover: the period for which **we** have accepted the premium as stated in the Policy Certificate. During this period any **trip** not exceeding 31 days is covered with a maximum of 90 days during the **period of insurance**.
- if **you** have selected SINGLE TRIP cover: the period of the **trip** and terminating upon its completion, but not in any case exceeding the period shown in the Policy Certificate.
- Winter Sports cover is limited to a maximum of 17 days per **period of insurance**.

All **trips** must begin and end in the **country of residence**. Any **trip** solely within the **country of residence** is covered provided **you** have pre-booked at least two nights accommodation.

PLEASE NOTE: If **your trip** is longer than the maximum duration, this policy will not cover **you** for any part of that **trip**.

SPORTS AND ACTIVITIES

Your policy covers many sports and activities as standard, provided **you** are doing it on an incidental basis, such as:

- Scuba diving (unqualified and above 18 meters)
- Trekking (up to 2,500 metres without the use of climbing equipment)
- Sailing / Yachting (within 20 nautical miles of the shore)

Please see the SPORTS AND ACTIVITIES section for the full list.

Under no circumstances will any claims arising from any activities not listed be covered regardless of whether undertaken as part of an organised excursion or event.

FEATURES AND BENEFITS

CANCELLATION

- Unavoidable or necessary cancellation of **your trip** before completion due to:
 - Death, bodily injury or illness; or
 - compulsory quarantine or jury service; or
 - redundancy; or
 - the police requesting **you** to return to or remain at **your home** due to serious damage to **your home** caused by fire, aircraft, explosion, storm, flood, subsidence, malicious persons or **theft**.

CURTAILMENT

- Unavoidable or necessary curtailment of **your trip** before completion due to:
 - Death, bodily injury or illness; or
 - compulsory quarantine or jury service; or
 - redundancy; or
 - the police requesting **you** to return to or remain at **your home** due to serious damage to **your home** caused by fire, aircraft, explosion, storm, flood, subsidence, malicious persons or **theft**.

MISSED DEPARTURE/ MISSED CONNECTION

- Up to the amount shown in the **Benefit Table** for additional room only accommodation and travel expense due to the failure of **public transport** or an accident or breakdown of the vehicle **you** are travelling in or strike

TRAVEL DELAY

- Delayed departure for at least 12 hours from the scheduled departure time.

BAGGAGE DELAY

- Emergency replacement of clothing, medication and toiletries if **your baggage** is lost and not returned for more than 12 hours on the outward journey.

EMERGENCY MEDICAL EXPENSES AND REPATRIATION

- Medical, surgical, hospital, ambulance and nursing fees outside the **country of residence**. Medical expertise to arrange medical assistance or transport home following an accident or illness.
- Emergency dental treatment for pain relief incurred outside the **country of residence**.
- Reasonable cost of funeral expenses abroad or the reasonable cost of conveying the ashes or remains home.
- Reasonable additional transport and/or accommodation expenses incurred if it is medically necessary for **you** and a companion to stay beyond **your** scheduled return date.

PERSONAL BELONGINGS, PERSONAL MONEY AND PASSPORT

- Accidental loss, theft or damage to **baggage** or **personal money**.

Please note a single item, cash limit and valuables limit applies – this is detailed in **your** Policy Certificate.

- Reasonable additional costs for travel and accommodation incurred whilst obtaining a replacement passport or visa abroad.

HOSPITAL BENEFIT

- Up to the amount shown in the **Benefit Table** for every completed 24 hours of in-patient stay in hospital or medical facility.

PERSONAL ACCIDENT

- Up to the amount shown in the **Benefit Table** for death, **loss of limb**, **loss of sight**, or **permanent total disablement**, subject to age.

PERSONAL LIABILITY

- Personal liability for any compensation **you** become legally liable to pay up to the amount shown in the **Benefit Table**.

WINTER SPORTS

SKI EQUIPMENT & SKI EQUIPMENT HIRE

- Accidental loss, **theft** of or damage to **your ski equipment**.

Please note a single item limit applies.

- hiring ski equipment following the loss, **theft** of or damage to **your ski equipment**.

SKI PACK

- The unused portion of **your ski pack** following your **bodily injury** or illness.

PISTE CLOSURE

- The cost of transport organised by **your** tour operator to an alternative site if snow conditions result in total closure of skiing facilities.

AVALANCHE

- Reasonable extra accommodation and travel expenses if access to and from the ski resort is blocked or scheduled **public transport** services are cancelled.

SIGNIFICANT OR UNUSUAL EXCLUSIONS

GENERAL EXCLUSIONS

- War, civil commotion, **terrorism** (except under Emergency Medical Expenses unless caused by nuclear, chemical or biological attack).
- Sonic bangs, radioactive contamination.
- There are a number of sports, activities and winter sports that are excluded - please see SPORTS AND ACTIVITIES.
- Wilful, self-inflicted injury, solvent, drug or alcohol abuse.
- Unlawful actions and any subsequent legal proceedings brought against **you**.
- **Your** travel to a country or specific area or event to which a government agency in the **country of residence** or the World Health Organisation has advised the public not to travel, or which are officially under embargo by the United Nations.
- Under all sections, any claim not arising from the circumstances listed in WHAT IS COVERED.
- Claims arising from alcohol; **we** do not expect **you** to avoid alcohol during **your trip**, but **we** will not cover any claim arising where **you** have consumed so much alcohol that **you** have notably impaired **your** faculties and/or judgement and **you** need to make a claim. **Your** claim will also be declined where **you** refuse to allow the treating doctor, medical facility or police to complete appropriate testing such as breathalyser or blood tests and/or **you** refuse to make the report available to **us**.

CANCELLATION OR CURTAILMENT

- Any claims arising directly or indirectly from a **pre-existing medical conditions** unless **you** have declared ALL **pre-existing medical conditions** to **us** and **we** have written to **you** accepting them for insurance.
- Redundancy caused by misconduct, resignation, voluntary redundancy or where notification of redundancy was given prior to the application for this policy.
- Any circumstances known prior to booking the **trip** that could reasonably be expected to give rise to a claim.
- Any claim arising from **complications of pregnancy** which:
 - for cancellation – first arise before booking or paying for the **trip**, whichever is the later.
 - for curtailment – first arise before departing on **your trip**.
- The cost of recoverable airport charges, ATOL fees, levies and taxes.
- Claims for travelling companions if they are not **insured persons**.
- Any costs paid for using any airline mileage reward scheme, for example Avios (formerly air miles), or any card bonus point

schemes, any Timeshare, Holiday Property Bond or other holiday point's scheme and/or any associated maintenance fees.

- Any claim resulting from **your** inability to travel due to failure to hold, obtain or produce a valid passport or any required visas of any member of the travelling party.

MISSED DEPARTURE / MISSED CONNECTION

- **Strike or industrial action** publicly known by the date **you** purchased this insurance or at the time of booking any **trip**.
- Any costs or charges for which any carrier or provider must, has or will compensate **you**.

BAGGAGE DELAY

- Any costs or charges for which any carrier or provider must, has or will compensate **you**.
- Reimbursement where itemised receipts are not provided.

PERSONAL BELONGINGS, PERSONAL MONEY AND PASSPORT

- **Valuables** left **unattended** at any time unless in a hotel safe or safety deposit box.
- Mobile Phones of any kind.
- Contact or corneal lenses, hearing aids, dental or medical fittings and other items are excluded.
- Incidents of loss or **theft** of **baggage** or **valuables** which are not reported to the local police within 24 hours of discovery and a written report is not obtained. A Holiday Representatives Report is not sufficient.
- Loss or damage due to delay, confiscation or detention by customs or other authority.

PERSONAL MONEY

- **Personal money** left **unattended** at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe or locked safety deposit box. If items are stolen from a hotel safe or safety deposit box, any claims where **you** have not reported the incident to the hotel in writing and obtained an official report from the appropriate local authority.
- Claims relating to currency when **you** do not produce evidence of the withdrawal.

PASSPORT

- Passports left **unattended** at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe or locked safety deposit box. If items are stolen from a hotel safe or safety deposit box, any claims where **you** have not reported the incident to the hotel in writing and obtained an official report from the appropriate local authority.
- Costs for transportation **home** incurred if **you** are unable to travel on **your homeward journey** due to loss, **theft** or damage to a passport.
- Any claim resulting from **your** inability to travel due to failure to hold, obtain or produce a valid passport for any of the travelling party.
- Any costs in replacing the passport once **you** have returned to the **country of residence**.

EMERGENCY MEDICAL EXPENSES

- Any claims arising directly or indirectly from a **pre-existing medical conditions** unless **you** have declared ALL **pre-existing medical conditions** to **us** and **we** have written to **you** accepting them for insurance.
- Any costs incurred in the **country of residence** unless previously agreed to by **our** Chief Medical Officer.
- Any claim arising from pregnancy related conditions not due to **complications of pregnancy** which first arise after departing on **your trip**. Normal pregnancy or childbirth, or travelling when **your** medical practitioner has recorded **your** pregnancy as being at heightened risk of premature birth, would not constitute an unforeseen event.
- Expenses incurred in obtaining or replacing medication, which at the time of departure is known to be required or to be continued outside the **country of residence** unless stolen or damaged.
- Any costs you incur outside the **country of residence** after the date our Chief Medical Officer tells **you you** should return **home** or **we** arrange for **you** to return **home**.
- Any form of treatment or surgery which in the opinion of our Chief Medical Officer can be reasonably delayed until your return to the **country of residence**.

PERSONAL ACCIDENT

- Any claim arising directly or indirectly from any **pre-existing medical conditions**.

PERSONAL LIABILITY

- Pursuit of any trade, business or profession, or the ownership, possession or use of any vehicles, aircraft or mechanically operated watercraft.

WINTER SPORTS

SKI EQUIPMENT AND SKI EQUIPMENT HIRE

- Any claim where **you** do not provide original receipts.
- Incidents of loss or **theft** of **baggage** or **valuables** which are not reported to the local police within 24 hours of discovery and a written report is not obtained. A Holiday Representatives Report is not sufficient.

SKI PACK

- Any claim arising directly or indirectly from a **pre-existing medical condition**.
- Claims where **you** do not provide written confirmation from a **medical practitioner** that such **bodily injury** or illness prevented **you** from using **your ski pack**.

PISTE CLOSURE

- **Trips** to resorts outside their published ski season.
- **Trips** where **you** have not pre-booked at least one nights' accommodation.
- Claims when closure of a lift system occurs after the pre-booked period of **your trip**.
- Claims where **you** have not obtained a written confirmation from the resort management of the piste conditions confirming the closure of the facilities, the reason for closure and the dates applicable.

AVALANCHE

- **Trips** to resorts outside their published ski season.
- Claims when avalanches or landslides occur after the pre-booked period of **your trip**.

CANCELLATION OF YOUR POLICY

Statutory Cancellation Rights

You may cancel this policy within 14 days of receipt of the policy documents (new policies) or for ANNUAL MULTI TRIP policies the renewal date (the Cancellation Period) by writing to or calling **us** during the Cancellation Period. Any premium already paid will be refunded to **you** providing **you** have not travelled and no claim has been made or is intended to be made and no incident likely to give rise to a claim has occurred. Any cancellations after this 14 day period will not be refunded.

Cancellation Outside The Statutory Period

You may cancel this policy at any time after the Cancellation Period by writing to **us** at the address shown on **your** policy certificate. If **you** cancel after the Cancellation Period no premium refund will be made.

We reserve the right to cancel the policy by providing 21 days notice by registered post to **your** last known address. A pro-rata refund of **your** premium may be made.

Non payment of premiums

We reserve the right to cancel this policy immediately in the event of non payment of the premium.

CLAIMS PROCEDURE

In the event of an emergency **you** should call **us** on +34 938 000 297.

For all other claims please call **our** claims helpline on +34 938 000 297 (Monday - Friday 09:00 – 17:00) to obtain a claim form. **You** will need to give:

- **your** name
- **your** policy number
- brief details of **your** claim.

You will need to obtain some information about **your** claim while **you** are away. This is listed in the MAKING A CLAIM section on page 14. **We** may ask for more documentation than what is listed to substantiate **your** claim. If **you** do not provide the necessary documentation **your** claim could be refused.

COMPLAINTS PROCEDURE

For complaints relating to the purchase of the travel insurance policy please contact Fit 2 Trip at: customerservices@fit2trip.com

OR telephone +34 912 903 344

For all other complaints relating to the travel insurance policy, **you** can write to the Complaints Team, who will arrange an investigation on **your** behalf: +34 938 000 297.

If, after **our** investigation is complete, it is impossible to reach an agreement, **you** may have the right to make an appeal to the independent mediator by writing to:

General Directorate of Insurance and Pension Plans
Complaint Department
Walk of the Castellena nº 44
28046 Madrid

YOUR FIT 2 TRIP POLICY

MEDICAL ONLY - BENEFIT TABLE

Cover	Basic	Standard	Premier
All benefit amounts are per beneficiary per trip unless otherwise noted			
Curtailment			
Curtailment, maximum	€1,000	€3,000	€7,500
Excess	€200	€100	€0
Emergency Medical Expenses			
Medical Expenses, Maximum within Spain	€6,000	€50,000	€75,000
Medical Expenses, Maximum in rest of the world	€100,000	€1,000,000	€5,000,000
Infants born following Complication of Pregnancy	€ 75,000 (or € 100,000 for trips to USA or Caribbean)	€ 75,000 (or € 200,000 for trips to USA or Caribbean)	€ 75,000 (or € 200,000 for trips to USA or Caribbean)
Repatriation Expenses	€1,000,000	€2,000,000	€2,000,000
Transport costs for escorts	€1,000,000	€2,000,000	€2,000,000
Return Home of Children	€1,000,000	€2,000,000	€2,000,000
Funeral Expenses and Repatriation of mortal remains	€1,000,000	€2,000,000	€2,000,000
Excess	€200	€100	€0

MULTIRISK - BENEFIT TABLE

Cover	Basic	Standard	Premier
All benefit amounts are per beneficiary per trip unless otherwise noted			
Cancellation and Abandonment			
Cancellation, maximum	€1,000	€3,000	€7,500
Abandonment, maximum	€1,000	€3,000	€7,500
Excess	€200	€100	€0
Curtailment			
Curtailment, maximum	€1,000	€3,000	€7,500
Excess	€200	€100	€0
Emergency Medical Expenses and Repatriation			
Medical Expenses, Maximum within Spain	€6,000	€50,000	€75,000
Medical Expenses, Maximum in rest of the world	€100,000	€1,000,000	€5,000,000
Infants born following Complication of Pregnancy	€ 75,000 (or € 100,000 for trips to USA or Caribbean)	€ 75,000 (or € 200,000 for trips to USA or Caribbean)	€ 75,000 (or € 200,000 for trips to USA or Caribbean)
Repatriation Expenses	€1,000,000	€2,000,000	€2,000,000
Transport costs for escorts	€1,000,000	€2,000,000	€2,000,000
Return Home of Children	€1,000,000	€2,000,000	€2,000,000
Funeral Expenses and Repatriation of mortal remains	€1,000,000	€2,000,000	€2,000,000
Excess	€200	€100	€0
Hospital benefit			
Hospital Benefit, maximum	€0	€500	€750
- per 24hrs	€0	€50	€75
Travel Delay			
Travel Delay, maximum	€100	€120	€160
- for the first full 12 hours	€25	€30	€40
- per 24hrs after initial 12hrs	€25	€30	€40

Baggage Delay			
Baggage Delay, maximum after 12 hours	€120	€150	€200
Baggage & Personal Money			
Baggage, maximum	€1,000	€2,000	€3,000
- Single Article Limit	€150	€250	€350
- Valuables	€200	€300	€400
Baggage, excess	€75	€50	€0
Personal Money, maximum	€0	€250	€350
Personal Money, excess	€0	€75	€0
Passport and Travel Documents	€0	€100	€150
Missed Departure/Missed Connection			
Missed Departure, maximum	€500	€500	€500
Missed Connection, maximum	€500	€500	€500
Excess	€200	€100	€0
Personal Accident			
Personal Accident, maximum	€0	€20,000	€25,000
- Loss of Life, 15 - 17 years of age	€0	€2,000	€3,000
- Loss of Life, 18 - 65 years of age	€0	€7,000	€10,000
- Loss of Life, over 66 years of age	€0	€2,000	€3,000
- Loss of Limb or Loss of Sight	€0	€20,000	€25,000
- Permanent Total Disablement	€0	€20,000	€25,000
Personal Liability			
Personal Liability, maximum	€2,000,000	€2,000,000	€2,000,000
Overseas Legal Expenses			
Overseas Legal Expenses, maximum	€25,000	€25,000	€25,000
Hijack and Mugging			
Hijack and Mugging, maximum	€500	€500	€500
- per 24hrs	€50	€50	€50
Uninhabitable Accommodation			
Uninhabitable Accommodation, maximum	€100	€120	€160
- per 24hrs	€25	€30	€40
Pet Care			
Pet Care, maximum	€0	€200	€400
- per 24hrs	€0	€20	€40
Catastrophe Cover			
Catastrophe Cover, maximum	€1,000	€1,500	€2,000
Excess	€200	€100	€0
Winter sports (optional cover)			
Winter Sports Equipment	€1,500	€1,500	€1,500
- Limit per Article/Pair/Set	€375	€375	€375
- Winter Sports Equipment, excess	€100	€100	€100
Winter Sports Equipment Hire	€500	€500	€500
- per 24hrs	€50	€50	€50
Lift Pass	€500	€500	€500
- per 24hrs	€50	€50	€50
Ski-Pack	€500	€500	€500
- per 24hrs	€50	€50	€50
Piste Closure	€500	€500	€500
- per 24hrs	€50	€50	€50
Avalanche Benefit	€500	€500	€500
- per 24hrs	€50	€50	€50

Golf cover (optional cover)

Golf Equipment	€1,500	€1,500	€1,500
- Limit per Article/Pair/Set	€375	€375	€375
Excess	€100	€100	€100
Golf Equipment Hire	€500	€500	€500
- per 24hrs	€50	€50	€50
Green Fees	€500	€500	€500
- per 24hrs	€50	€50	€50

Business cover (optional cover)

Business Equipment	€1,000	€1,000	€1,000
- Limit per Article/Pair/Set	€500	€500	€500
Excess	€50	€50	€50
Business Money	€500	€500	€500
- Business Money, excess	€50	€50	€50
Replacement Business Colleague	€1,500	€1,500	€1,500

INTRODUCTION

Thank you for choosing Fit 2 Trip.

This is **your** travel insurance policy wording. It contains details of cover, conditions and exclusions relating to each person named on the policy certificate and is the basis on which all claims will be settled. The travel insurance certificate will be attached to the policy. **You** will need to take the travel insurance certificate on holiday with **you** as proof of **your** holding a valid policy with Fit 2 Trip.

The travel insurance certificate and any endorsements are all part of the policy.

INSURER

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In compliance with the provisions of Art. 96 of Law 20/2015, of 14 July, on the management, supervision and solvency of insurance and reinsurance companies, and their implementing regulations, the Policyholder of the Insurance Policy is informed that the legislation applicable to him/her is Spanish and from the General Department of Insurance and Pension Funds, under the Ministry of Economy and Finance, the control body in which it is registered under code L0913. However, given that the Insurer who has signed the Insurance Policy is domiciled in Belgium, the Policyholder is also informed that, in case of liquidation, Belgian regulations on the liquidation of insurance companies will apply, while Spanish regulations will not apply.

In accordance with Art. 99 of Law 20/2015, of 14 July, on the management, supervision and solvency of insurance and reinsurance companies, it is reported that data, or parts thereof, and data generated in the event of a claim, will be transferred by INTER PARTNER ASSISTANCE S.A. to public or private organisations pertaining to the insurance sector for statistical, actuarial and fraud prevention purposes, in the selection of risks and in the settlement of claims.

IMPORTANT INFORMATION

1. Any claims arising directly or indirectly as a result of any **pre-existing medical conditions** unless **you** have declared ALL **pre-existing medical conditions** to **us** and **we** have written to **you** accepting them for insurance are not covered.
2. Claims arising when **you** are travelling against the advice of a **medical practitioner** (or would be travelling against the advice of a **medical practitioner** had **you** sought their advice) are not covered.
3. Claims arising when **you** are travelling with the intention of obtaining medical treatment or consultation abroad are not covered.
4. Claims arising when **you** have any undiagnosed symptoms that require attention or investigation in the future (that is symptoms for which **you** are awaiting investigations or consultations, or awaiting results of investigations, where the underlying cause has not been established) are not covered.
5. In case of any medical emergency **you** or the treating facility should contact **us** on +34 938 000 297 as soon as possible. **You** would also need to contact **us** to report any loss, **theft** or damage.
6. If **you** need to **curtail your trip** **you** must contact **us** on +34 938 000 297.
7. This policy will be governed by the laws of Spain.
8. **We** will only pay up to the single article limit for any **baggage** or **valuables**.

9. **Trips** must begin and end in the **country of residence** and both outbound and inbound travel tickets must be purchased before the **trip** begins. Any **trip** solely within the **country of residence** is only covered where **you** have pre-booked at least two nights' accommodation rented for a fee. Please note if **your trip** is longer than the maximum duration, **we** will only cover that portion of the **trip**.

IMPORTANT CONDITIONS RELATING TO HEALTH

You must comply with the following conditions in order to have full cover under these benefits. If **you** do not comply **we** may refuse to deal with **your** claim or reduce the amount of any claim payment.

These benefits will not cover **you** if **you**:

- are travelling against the advice of a **medical practitioner** (or would be travelling against the advice of a **medical practitioner** had you sought his/her advice);
- are travelling with the intention of obtaining medical treatment or consultation abroad;

In addition, **you** will not be covered under EMERGENCY MEDICAL EXPENSES, or for CANCELLATION OR CURTAILMENT due to a medical reason, if **you**:

- have any undiagnosed symptoms that require attention or investigation in the future (that is symptoms for which **you** are awaiting investigations/consultations, or awaiting results of investigations where the underlying cause has not been established);
- are not a permanent resident of, and (where applicable) registered with a **General Practitioner** in the **country of residence**.

No claim arising directly or indirectly from a **pre-existing medical condition(s)** affecting **you** will be covered unless:

- **you** have declared ALL **pre-existing medical condition(s)** to **us**; and
- **we** have accepted the condition(s) for cover in writing.

If **you** have a **pre-existing medical condition** **you** must make a medical health declaration.

We will assess the medical information supplied to **us** and advise if **we** can cover the **pre-existing medical condition(s)**, if certain exclusions or restrictions should be imposed, or if cover can be offered subject to the payment of an additional premium.

If the cover is subject to the payment of an additional premium, cover will not commence until full payment has been received by **us** and written confirmation has been provided by **us**.

Failure to declare **pre-existing medical condition(s)** that are relevant to these benefits may invalidate **your** claim. To declare a **pre-existing medical condition(s)**, **you** should contact the Fit 2 Trip Medical Assessment Helpline on +34 912 903 344.

INDIRECTLY RELATED CONDITIONS

For **your** information, examples of conditions that can be indirectly linked to any medical condition **you** have, or have had include:

- someone with breathing difficulties who then suffers a chest infection of any kind;
- someone with high blood pressure or diabetes who then has a heart attack, stroke or mini-stroke;
- someone who has or has had cancer who suffers with a secondary cancer;
- someone with osteoporosis who then suffers with a broken or fractured bone.

IMPORTANT LIMITATIONS UNDER CANCELLATION AND CURTAILMENT

This policy will not cover any claims under Cancellation or Curtailment arising from any **pre-existing medical condition** known to **you** prior to purchasing the policy or prior to booking any **trip** (whichever is the later), affecting any **close relative, close business associate**, any person with whom **you** are travelling, or any person with whom **you** have arranged to stay, if:

1. a terminal diagnosis had been given by a **medical practitioner**; or
2. they were on a waiting-list for, or had knowledge of the need for, surgery, inpatient treatment or investigation at any hospital or clinic;
3. during the 90 days immediately prior to **you** purchasing the policy or prior to booking any **trip** (whichever is later) they had required surgery, inpatient treatment or hospital consultations.

EMERGENCY ASSISTANCE

Contact **us** on Telephone: +34 938 000 297

If **you** suffer any serious illness or accident which may lead to **your** admission to hospital before any plans are made for repatriation or if **you** need to **curtail your trip** **you** must contact **us**. **We** are open 24/7 for advice and will be able to assist in arranging repatriation and settling medical expenses directly with the treating facility. Any treatment in a private facility is not covered unless pre-authorized by **us**. If it is not possible to contact **us** before any treatment happens (for any immediate emergency treatment) please call **us** as soon as possible. For any outpatient treatment (where **you** are not admitted into

hospital) or minor illness or injury (excluding fractures) **you** should pay for the treatment and claim it back from **us** when **you** are **home**.

MEDICAL ASSISTANCE ABROAD

We will arrange transport **home** if this is considered **medically necessary**, or when **you** have news of a serious illness, injury or death of a **close relative** at **home**.

PAYMENT FOR MEDICAL TREATMENT ABROAD

If you are admitted to a hospital/clinic while outside your country of residence, we will arrange for medical expenses covered by the policy to be paid direct to the hospital/clinic. We will also arrange transport home when this is considered medically necessary, or when you have news of serious illness, injury, or death of a close relative at home. Please contact us on +34 938 000 297 for you as soon as possible. For simple out-patient treatment, you should pay the hospital/clinic yourself and claim back medical expenses from us on your return to the country of residence. Please be careful not to sign anything confirming you will pay for excessive treatment or charges. If in doubt regarding any requests, please call AXA Assistance for guidance.

AGE LIMITATIONS

The maximum age limit for all benefits is 85 years inclusive. If **you** reach the age of 86 during the **period of insurance**, cover will continue until the end of that **period of insurance** but not thereafter.

TERRITORIAL LIMITS

Spain

Cover is available for **trips** made within Spain (including the Balearic and Canary Islands).

Europe

Cover is available for **trips** made to the continent of Europe, including all countries west of the Ural Mountains and countries bordering the Mediterranean Sea including: Algeria, Egypt, Israel, Lebanon, Morocco, Tunisia & Turkey, islands in the Mediterranean, Madeira, the Azores and Iceland

Worldwide Excluding Canada, the Caribbean, China, Hong Kong, Mexico, Singapore & the USA

Cover is available for **trips** made to all countries worldwide, Excluding Canada, the Caribbean, China, Hong Kong, Mexico, Singapore & the USA.

Worldwide

Cover is available for **trips** made to all countries worldwide.

PLEASE NOTE: Any **trips** to a country, specific area or event when the Travel Advice Unit of the Ministry of Foreign Affairs or regulatory authority in a country to/from which **you** are travelling has advised against all travel or all but essential travel are not covered.

In addition, any trips to following countries are NOT covered: Iran, North Korea, Sudan, South Sudan, Syria, Belarus, Democratic Republic of Congo, Somalia or Zimbabwe.

PERIOD OF INSURANCE

Cover for cancellation under Single Trip policies starts at the time **you** book the **trip** or pay the insurance premium, whichever is later.

Cover for cancellation under Annual Multi Trip policies starts on the policy start date or at the time **you** book the **trip**, whichever is later.

Cover for cancellation ends as soon as **you** start **your trip**.

Cover under all other sections starts when **you** leave your home in the **country of residence** (but not earlier than 24 hours before the booked departure time) or from the first day of the **period of insurance** as shown on **your** Policy Certificate, whichever is the later.

Cover ends when **you** return to your **home** in the **country of residence** (but not later than 24 hours after **your** return to the **country of residence**) or at the end of the **period of insurance** as shown on **your** Policy Certificate, whichever is earlier.

Cover cannot start after **you** have left **your home** in the **country of residence**. Each **trip** must begin and end in the **country of residence**.

TARJETA SANITARIA EUROPEA (TSE)

Before travelling to a European Union (EU) country, the European Economic Area (EEA) or Switzerland, **we** recommend that **you** apply for a Tarjeta Sanitaria Europea (TSE). This card entitles **you** to certain free or reduced cost health cover arrangements in the EU, EEA or Switzerland.

DUAL INSURANCE

If at the time of any incident which results in a claim under this policy, there is another insurance covering the same loss, damage, expense or liability **we** will not pay more than **our** proportional share (not applicable to PERSONAL ACCIDENT).

DEFINITIONS

Any word or expression which relates to a definition will have the same meaning throughout this policy and will be highlighted in bold. There may also be specific definitions relating to that section of the policy, these will all be listed at the start of the policy section.

Adverse weather conditions

rain, wind, fog, thunder or lightning storm, flood, snow, sleet, hail, hurricane, cyclone, tornado or tropical storm which is not caused by or has not originated from a geological or catastrophic event such as but not limited to an earthquake, volcano or tsunami.

Baggage

clothing, personal effects, luggage and other articles which belong to you (excluding **valuables, ski equipment, golf equipment, personal money** and documents of any kind) and are worn, used or carried by **you** during any **trip**.

Benefit Table

the tables listing the benefit amounts on page 9.

Bodily injury

an identifiable physical injury caused by a sudden, violent, external, unexpected specific event. Injury as a result of **your** unavoidable exposure to the elements shall be deemed to be a **bodily injury**.

Business Equipment

computer equipment, (including laptop computers, hardware and software, peripherals and PDAs), communication devices, (including mobile phones). This includes stocks and samples, and other business related equipment which **you** need in the course of **your** business, and is not covered elsewhere.

Cancellation Period

the 14 days following purchase of the insurance policy or renewal for annual multi trips.

Close Business Associate

any person whose absence from business for five or more complete days at the same time as your absence prevents the proper continuation of that business.

Close relative

mother, father, sister, brother, spouse, or fiancé/fiancée or common law partner (any couple, in a common law relationship living permanently at the same address) daughter, son, including adopted daughter or son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, stepparent, stepchild, stepsister, stepbrother, foster child, legal guardian, legal ward.

Complications of Pregnancy

the following unforeseen complications of pregnancy as certified by a **medical practitioner**: toxemia; gestational hypertension; pre-eclampsia; ectopic pregnancy; hydatidiform mole (molar pregnancy); hyperemesis gravidarum; ante partum haemorrhage; placental abruption; placenta praevia; post-partum haemorrhage; retained placenta membrane; miscarriage; stillbirths; medically necessary emergency Caesarean sections/ medically necessary termination; and any premature births or threatened early labour more than 8 weeks (or 16 weeks in the case of a multiple pregnancy) prior to the expected delivery date.

Country of residence

Spain (including the Balearic and Canary Islands). **You** must have a residential address that **you** can refer to within Spain and have spent more than 6 of the last 12 months living in Spain.

Curtailment / Curtail

cutting short **your trip** by returning **home** due to an emergency authorised by **us**.

Excess

the first amount, as shown in the policy summary, which **you** will be responsible for, per **insured person**, for each and every event.

Home

your normal place of residence in **your country of residence**.

Homeward journey

travelling to **your** home address in the **country of residence** from **your trip** destination.

Loss of limb

loss by physical severance, or the total and irrecoverable permanent loss of use or function of, an arm at or above the wrist joint, or a leg at or above the ankle joint.

Loss of sight

total and irrecoverable loss of sight in one or both eye(s); this is considered to have occurred if the degree of sight remaining after correction is 3/60 or less on the Snellen scale. (This means being able to see at 3 feet or less what **you** should see at 60 feet.)

Medical condition(s)

any medical or psychological disease, sickness, condition, illness or injury that has affected **you** or any **close relative**, travelling companion or person with whom **you** intend to stay whilst on **your trip** or **your close business associate**.

Medical emergency

a **bodily injury** or sudden and unforeseen illness suffered by **you** while **you** are on a **trip** outside the **country of residence** and a registered **medical practitioner** tells **you** that **you** need immediate medical treatment or medical attention.

Medical Health Declaration

Medical information that needs to be declared to **us** by any **insured person** who has suffered from a **pre-existing medical condition**.

Medically Necessary

reasonable and essential medical services and supplies, ordered by a **medical practitioner** exercising prudent clinical judgement, needed to diagnose or treat an illness, injury, **medical condition**, disease or its symptoms, and that meet generally accepted standards of medical practice.

Medical practitioner

a legally licensed member of the medical profession, recognised by the law of the country where treatment is provided and who, in rendering such treatment is practising within the scope of his/her licence and training, and who is not related to **you** or any travelling companion.

Outward journey

travelling from your **home** or business address in the **country of residence** to **your trip** destination including international flights, sea crossings or rail journeys which are booked prior to **you** leaving **your country of residence** which is directly related to the **outbound journey**.

Pair or set

items forming part of a set or which are normally used together.

Period of insurance

SINGLE TRIP

- the period of the **trip**, not exceeding the period shown on the travel insurance certificate. Cover for cancellation of **your trip** begins when **you** purchase the policy and ends at the start of **your trip**.

ANNUAL MULTI-TRIP

- the period stated in the travel insurance certificate. During this period, any **trip** not exceeding 31 days is covered. **Winter Sports** cover is limited to 17 days in total in each **period of insurance** (if **you** have paid the appropriate **Winter Sports** premium to include this cover). Cover for cancellation starts on the policy start date or at the time **you** book the **trip**, whichever is later.

EXTENSION TO THE PERIOD OF INSURANCE

any **trip** that had already begun when **you** purchased this insurance will not be covered, except where **you** renew an existing annual multi trip policy which fell due for renewal during the **trip** and there is no gap in cover.

Permanent total disablement

disablement which, having lasted for a period of at least 12 consecutive months from the date of occurrence will, in the opinion of an independent qualified specialist, prevent **you** from engaging in, or giving any attention to, any business or occupation for the remainder of **your** life.

Personal money

bank notes, currency notes and coins in current use, travellers' and other cheques, postal or money orders, pre-paid coupons or vouchers, travel tickets, hotel vouchers, all held for private purposes.

Policyholder

the lead traveller who purchases the insurance policy for all **insured person(s)**.

Pre-existing medical condition(s)

- any past or current **medical condition** for which any form of treatment or prescribed medication, medical consultation, investigation or follow-up/check-up has been required or received during the 2 years prior to **you** purchasing the policy and/or prior to the booking of and/or commencement of any **trip**: and
- any cardiovascular or circulatory condition (e.g. heart condition, hypertension, blood clots, raised cholesterol, stroke, aneurysm) that has occurred at any time prior to commencement of cover under this policy and/or prior to any **trip**.

Public transport

any transport by road, rail, sea or air with a licensed carrier operating a regular and/or charter passenger service on which **you** are booked to travel.

Sports and activities

the activities listed under SPORTS AND ACTIVITIES.

Strike or industrial action

any form of industrial action which is carried out with the intention of stopping, restricting or interfering with the production of goods or provision of services.

Terrorism

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

Theft

any theft committed by violence, threat of violence, mugging, assault or through break in by a third party (a person who is not a relative, **close relative** or travel companion)

Trip

any holiday, or journey for business or pleasure made by **you** which begins and ends in **your country of residence**, during the **period of insurance**. **Trips** using one way or one way open tickets are not covered unless the outbound and inbound travel tickets have been purchased before the **trip** begins.

Any **trips** to a country, specific area or event when the Travel Advice Unit of the Ministry of Foreign Affairs or regulatory authority in a country to/from which **you** are travelling has advised against all travel or all but essential travel are not covered.

Unattended

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

Valuables

jewellery, precious metals or precious stones or items made from precious metals or precious stones, watches, furs, leather articles, photographic- audio- video- computer- television- games (including but not limited to CDs, DVDs, memory devices and headphones), telescopes, binoculars, laptops, tablets and notebooks, E-readers, or MP3/4 players.

We/us/our

the service provider, arranged by Interpartner Assistance S.A.

You/your/insured person(s)

each person travelling on a trip whose name appears in the Policy Certificate.

SPORTS AND ACTIVITIES

Your policy covers many Sports and Activities as standard which are listed below in Grade 1. Your policy can be extended to cover additional sporting activities when you have paid the appropriate premium.

Sports and Activities are only covered on an incidental, non-competitive and non-professional basis.

GRADE 1

the following sports and activities will automatically be covered under your policy

- Badminton
- Baseball
- Basketball
- Bowling
- Camel riding
- Canoeing (up to grade/class 2)
- Cricket
- Elephant riding
- Fishing
- Football
- Hockey
- Horse trekking
- Kitesurfing
- Netball
- Orienteering
- Pony trekking
- Raquetball
- Roller skating
- Rounders
- Running
- Sailing (within 20 nautical miles of the coastline)
- Scuba diving (unqualified and above 18 meters)
- Squash
- Surfing
- Table tennis
- Tennis
- Trampolining
- Trekking (Up to 4000 meters without use of climbing equipment)
- Volleyball
- Water polo
- Water skiing
- Wind surfing
- Yachting (within 20 Nautical Miles of the coastline)
- Zorbing

GRADE 2

Your policy can be extended to cover the following sports and activities when the appropriate premium is paid, but no cover will be available for PERSONAL ACCIDENT or PERSONAL LIABILITY.

- Abseiling
- Archery
- Canoeing (up to grade/class 3 to 4)
- Fell running (up to 12 miles with up to 500 meters of elevation)
- Go-karting
- Horse riding
- Hot air ballooning
- Jet biking
- Jet skiing
- Motorcycling under 125cc (no racing and as a means of transport only)
- Mountain biking on tarmac
- Paintball
- Fencing
- Sailing (outside 20 Nautical Miles of the coastline)
- Scuba diving (Qualified and above 40 meters)
- War Games
- Yachting (Outside 20 meters of the coastline)

GRADE 3

Your policy can be extended to cover the following sports and activities when the appropriate premium is paid, but no cover will be available for PERSONAL ACCIDENT or PERSONAL LIABILITY.

- American Football
- Bungee jumping
- Gaelic football
- Mountain biking off tarmac and with guides
- Parascending (on water)
- Rock climbing with ropes (organised aid climbing only)
- Rugby League
- Rugby Union
- Ski diving
- White water canoeing/rafting (up to grade 4)

GRADE 4

You will not be covered when participating in the following sports and activities as well as any not listed in Grade 1, 2 or 3.

- Base jumping
- Boxing
- Canyoning
- Cave diving
- Caving
- Cliff diving
- Cliff jumping
- Driving on a race track
- Flying other than as a fare paying passenger
- Gliding
- Hang gliding
- Horse jumping
- Horse racing
- Martial arts
- Microlighting
- Motor racing speed performance or endurance
- Motor rallies
- Motorboat racing
- Motorcycle racing (125 cc and over)
- Motorsports
- Mountaineering
- Parachuting
- Paragliding
- Parascending (over land)
- Polo
- Potholing
- Professional sports
- Quad biking
- Rock climbing without ropes and guides
- Safari with guns
- Shark diving
- Steeplechase

POLICY SECTIONS

CANCELLATION AND ABANDONMENT

DEFINITIONS - APPLICABLE TO THIS SECTION

Regional quarantine

any period of restricted movement or isolation, including national lockdowns, within your country of residence or destination country imposed on a community or geographic location, such as a county or region, by a government or public authority.

Personal quarantine

a period of time where you are suspected of carrying an infection or have been exposed to an infection and as a result are confined or isolated on the orders of a medical professional or public health board in an effort to prevent disease from spreading.

WHAT IS COVERED

CANCELLATION

Up to the amount shown in the **Benefit Table** per **trip** for all **insured persons** travelling together for irrecoverable unused travel and accommodation costs and any pre-paid excursions, tours or activities at **your trip** destination which **you** have paid or will have to pay for **insured persons** together with any reasonable additional travel expenses incurred if cancellation or rebooking of the **trip** is necessary and unavoidable as a result of any of the following changes in circumstances, which are beyond **your** control, and of which **you** were unaware at the time **you** booked **your trip** or began **your trip**, whichever is the later:

- a. Unforeseen illness, injury, **complication of pregnancy** or death of **you**, a **close relative**, a **close business associate**, or any person with whom **you** are travelling or staying during **your trip**. Any pandemic illness is not covered within 48 hours of **your** policy purchase date.
- b. Compulsory **personal quarantine**, jury service attendance or being called as a witness at a Court of Law (other than in an advisory or professional capacity) of **you** or **your** travelling companion(s). Any claim for **personal quarantine** is not covered within 48 hours of **your** policy purchase date.
- c. The Travel Advice Unit of the Ministry of Foreign Affairs or other regulatory authority in a country in which **you** are travelling advising against all travel or all but essential travel to the area **you** are travelling to/in, but not including where advice is issued due to a pandemic or regional quarantine, providing the advice came into force after **you** purchased this insurance or booked the **trip** (whichever is the later) and was within 21 days of your departure date.
- d. The emergency services requesting **you** to remain at or subsequently return home due to serious damage to **your home** or business (where the **policyholder** is the owner, manager or principal of the business) caused by a third party that is not related to **you**.
- e. **Your** redundancy where **you** are in permanent employment, and have passed **your** probationary period, with **your** employer.
- f. If **You** or any travelling companion or person **you** are staying with on **your trip**, are a member of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and have **your**/their authorised leave cancelled for operational reasons, provided that such cancellation or curtailment could not reasonably have been expected at the time when **you** purchased this insurance or at the time of booking any **trip** (whichever is the later).
- g. If **your outward journey** on scheduled **public transport** is delayed at the final departure point for more than 24 hours from the scheduled time of departure due to **strike or industrial action**; or **adverse weather conditions**; or mechanical breakdown of or a technical fault occurring in the scheduled **public transport** on which **you** are booked to travel.
- h. If the car which **you** intended to use for **your trip** is stolen, or damaged and is unroadworthy, within seven days of the original departure date, and repairs are unable to be completed by the day of departure, only the costs of an equivalent hire car will be covered and no cancellation costs will be paid.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

ABANDONMENT

If after a minimum of 24 hours delay on **your outward journey** and the period of **your trip** is reduced by more than 25% of the original pre-booked duration, **you** may choose to submit a cancellation claim under the Cancellation section above. A refund or alternative compensation must initially be sought from the travel provider.

Please refer to MAKING A CLAIM for the documents you would need to provide.

WHAT IS NOT COVERED

1. The **excess** as shown in the **Benefit Table** per **insured person** for each and every claim.
2. Any **pre-existing medical condition** affecting **you** unless **you** have declared ALL **pre-existing medical conditions** to **us** and **we** have written to **you** accepting them for insurance.

3. Claims where **you** have not provided the necessary documentation requested by **us**.
4. Any claim where **you** cannot travel or choose not to travel because the Ministry of Foreign Affairs (or any other equivalent government body in another country) advises against travel due to a pandemic.
5. Any claim due to a **regional quarantine**.
6. Any claim for illness of **you**, **your** travel companion, **close relative** or colleague due to a pandemic illness, or for **personal quarantine** is not covered within the first 48 hours of the policy purchase date.
7. Any claim arising directly or indirectly from circumstances known to **you** prior to the date **you** purchased the policy or the time of booking or commencing any **trip** (whichever is later) which could reasonably have been expected to give rise to a claim.
8. Any costs for cancellation of the **trip** due to **bodily injury** or illness where **you** do not provide a medical certificate from the **medical practitioner** treating the injured/ill person, stating that it was necessary for **you** to cancel and prevented **you** from travelling or return to **your country of residence** due to **bodily injury** or illness.
9. Claims for travelling companions if they are not **insured persons**.
10. Any claim relating to IVF treatment
11. Any unused or additional costs incurred by **you** which are recoverable from:
 - a. The providers of the accommodation, their booking agents, travel agent or other compensation scheme.
 - b. The providers of the transportation, their booking agents, travel agent, compensation scheme.
 - c. Your credit or debit card provider or Paypal.
12. Any costs paid for using any airline mileage reward scheme, for example Avios (formerly air miles), or any card bonus point schemes, any Timeshare, Holiday Property Bond or other holiday point's scheme and/or any associated maintenance fees.
13. Any costs or charges for which the **public transport** provider will compensate **you**.
14. Claims where **you** have not complied with the terms of contract of the travel agent, tour operator or provider of transport.
15. **Strike or industrial action** or air traffic control delay existing or publicly declared by the date these benefits became effective or **you** booked **your trip** (whichever is the earlier).
16. Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Aviation Authority, a Port Authority or any similar body in any country.
17. Any claim resulting from the failure of the provider of any service forming part of **your** booked **trip** to provide any part of **your** booked **trip** (apart from excursions) including error, insolvency, omission or default.
18. Any claim resulting from **your** inability to travel due to failure to hold, obtain or produce a valid passport or any required visas of any member of the travelling party.
19. The cost of recoverable airport charges, ATOL fees, levies and taxes.
20. Claims where **you** delay or fail to notify the travel agent, tour operator or provider of transport/ accommodation, at the time it is found necessary to cancel the **trip**. Our liability shall be restricted to the cancellation charges that would have applied had failure or delay not occurred.
21. Claims for unused travel tickets to a destination where **we** have already paid for **your** alternative travel arrangements.
22. Claims for abandonment where **you** have not obtained confirmation from the carriers (or their handling agents) of the length and reason for the delay.
23. Any claim arising from **complications of pregnancy** which first arise before booking or paying for the **trip**, whichever is later. Normal pregnancy or childbirth, or travelling when **your medical practitioner** has recorded **your** pregnancy as being at heightened risk of premature birth, would not constitute an unforeseen event.
24. Any claim resulting from a change of plans due to **your** financial circumstances except if **you** are made redundant whilst in permanent employment with the same employer for 2 years or more.
25. Claims where documented evidence that authorised leave is cancelled for unforeseen operational reasons is not provided.
26. Any rebooking costs that exceed the cost of **your** originally booked **trip**.
27. Claims where **you** have not checked in according to the itinerary supplied to **you**.
28. Abandonment after the first leg of a **trip**.
29. Any expenses when reasonable alternative travel arrangements have been made available within 24 hours of the scheduled departure time.
30. Any claims for abandonment under this section if **you** have claimed under MISSED DEPARTURE/MISSED CONNECTION or under TRAVEL DELAY.

31. Any claim resulting from the delay or change to **your** booked **trip** because of Government action or restrictive regulations. Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

CURTAILMENT

YOU MUST ALWAYS CONTACT US BEFORE CURTAILING YOUR TRIP

Telephone Number +34 938 000 297

WHAT IS COVERED

Up to the amount shown in the **Benefit Table** per **trip** for all **insured persons** travelling together for irrecoverable unused travel and accommodation costs and any pre-paid excursions, tours or activities at **your trip** destination which **you** have paid or will have to pay for **insured persons** together with any reasonable additional travel expenses incurred if the **trip** is curtailed before completion as a result of any of the following changes in circumstances, which are beyond **your** control, and of which **you** were unaware at the time **you** booked **your trip** or began **your trip**, whichever is the later:

- a. Unforeseen illness, injury, **complication of pregnancy** or death of **you**, a **close relative** or any person with whom **you** are travelling or staying during **your trip**.
- b. The emergency services requesting **you** to remain at or subsequently return **home** due to serious damage to **your home** or business (where the policyholder is the owner, manager or principal of the business) caused by a third party that is not related to **you**.
- c. If **You** or any travelling companion or person you are staying with on **your trip**, are a member of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and have **your**/their authorised leave cancelled for operational reasons, provided that such cancellation or curtailment could not reasonably have been expected at the time when **you** purchased this insurance or at the time of booking any **trip** (whichever is the later).

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

PLEASE NOTE: Reimbursement will be calculated strictly from the date **you** return to **your home** in **your country of residence**.

WHAT IS NOT COVERED

1. The **excess** as shown in the **Benefit Table** per **insured person** for each and every claim.
2. Any **pre-existing medical condition** affecting **you** unless **you** have declared ALL **pre-existing medical conditions** to **us** and **we** have written to **you** accepting them for insurance.
3. Claims where **you** have not provided the necessary documentation requested by **us**.
4. Any claim arising directly or indirectly from circumstances known to **you** prior to the date **you** purchased the policy or the time of booking or commencing any **trip** (whichever is later) which could reasonably have been expected to give rise to a claim.
5. Any costs for **curtailment** of the **trip** due to **bodily injury** or illness where **you** do not provide a medical certificate from the **medical practitioner** treating the injured/ill person, stating that it was necessary for **you** to cancel and prevented **you** from travelling or return to **your country of residence** due to **bodily injury** or illness.
6. Claims for travelling companions if they are not **insured persons**.
7. Any claim relating to IVF treatment
8. Any unused or additional costs incurred by **you** which are recoverable from:
 - a. The providers of the accommodation, their booking agents, travel agent or other compensation scheme.
 - b. The providers of the transportation, their booking agents, travel agent, compensation scheme.
 - c. **Your** credit or debit card provider or Paypal.
9. Any costs paid for using any airline mileage reward scheme, for example Avios (formerly air miles), or any card bonus point schemes, any Timeshare, Holiday Property Bond or other holiday point's scheme and/or any associated maintenance fees.
10. Any costs or charges for which the **public transport** provider will compensate **you**.
11. Claims where **you** have not complied with the terms of contract of the travel agent, tour operator or provider of transport.
12. **Strike or industrial action** or air traffic control delay existing or publicly declared by the date these benefits became effective or **you** booked **your trip** (whichever is the earlier).
13. Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Aviation Authority, a Port Authority or any similar body in any country.
14. Any claim resulting from the failure of the provider of any service forming part of **your** booked **trip** to provide any part of **your** booked **trip** (apart from excursions) including error, insolvency, omission or default.
15. Any cancellation or **curtailment** caused by work commitment or amendment of **your** holiday entitlement by **your** employer unless **you** or any travelling companion or person **you** are staying with on **your trip** are a member of the

Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and have **you**/ their authorised leave cancelled for operational reasons.

16. Any claim resulting from **your** inability to travel due to failure to hold, obtain or produce a valid passport or any required visas of any member of the travelling party.
17. Any claim where **you** do not get pre-authorisation from **us** before returning to **your country of residence**. **We** will confirm the necessity to return **home** before **curtailment** due to **bodily injury** or illness.
18. Any costs for transportation and/ or accommodation not arranged by **us** or incurred without **our** prior approval.
19. Any claim arising from **complications of pregnancy** which first arise before departing on **your trip**. Normal pregnancy or childbirth, or travelling when **your medical practitioner** has recorded **your** pregnancy as being at heightened risk of premature birth, would not constitute an unforeseen event.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

IMPORTANT LIMITATIONS UNDER CANCELLATION OR CURTAILMENT

This policy will not cover any claims arising directly or indirectly from any **pre-existing medical condition** known to **you** prior to **you** purchasing the policy or prior to booking any **trip** (whichever is the later), affecting any **close relative**, any **close business associate**, or any person with whom **you** are travelling, or staying during **your trip** if:

- a. a terminal diagnosis had been given by a **medical practitioner**; or
- b. they were on a waiting-list for, or had knowledge of the need for, surgery, inpatient treatment or investigation at any hospital or clinic;
- c. during the 90 days immediately prior to **you** purchasing the policy or prior to booking any **trip** (whichever is later) they had required surgery, inpatient treatment or hospital consultations.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

EMERGENCY MEDICAL EXPENSES AND REPATRIATION

This is not private medical insurance

If **you** become unexpectedly ill, injured or have a **complication of pregnancy** and **you** require in-patient treatment, repatriation or it is likely that the costs will exceed €500 then **you** must contact **us** on +34 938 000 297.

We may:

- move **you** from one hospital to another; and/or
- return **you** to **your home** in the **country of residence**; or move **you** to the most suitable hospital in the **country of residence**;

at any time, if **us** and the treating **medical practitioner** believes that it is **medically necessary** and safe to do so.

If **our** Chief Medical Officer advises a date when it is feasible and practical to repatriate **you**, but **you** choose not to be repatriated, **our** liability to pay any further costs under this section after that date will be limited to what **we** would have paid if **your** repatriation had taken place.

WHAT IS COVERED

EMERGENCY MEDICAL EXPENSES

Up to the amount shown in the **Benefit Table** for costs incurred outside **your country of residence** for:

- a. All reasonable and necessary expenses which arise as a result of a **medical emergency** involving **you**. This includes **medical practitioners'** fees, hospital expenses, medical treatment and all the costs of transporting **you** to the nearest suitable hospital, when deemed necessary by a recognised **medical practitioner**.
- b. All reasonable and necessary emergency medical expenses for all infants born following **complications of pregnancy** during a **trip**. Claims involving multiple births are considered to be one event.
- c. Emergency dental treatment for the immediate relief of pain and/or emergency repairs to dentures or artificial teeth solely to relieve distress in eating.
- d. If **you** die abroad:
 - cremation or burial charges in the country in which **you** die; or
 - transportation charges for returning **your** body or ashes back to **your country of residence**.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

REPATRIATION

Up to the amount shown in the **Benefit Table** for costs incurred outside **your country of residence** for:

- a. With the prior authorisation of **us**, additional travelling costs to repatriate **you** to **your home** when recommended by **our** Chief Medical Officer, including the cost of a medical escort if necessary. Repatriation expenses will be in the identical class of travel utilised on the outward journey unless **we** agrees otherwise.

- b. With the prior authorisation of **us** and if deemed **medically necessary** by **our** Chief Medical Officer:
 - all necessary and reasonable accommodation (room only) and travel expenses incurred if it is **medically necessary** for **you** to stay beyond **your** scheduled return date, and including travel costs, back to **your country of residence** if **you** cannot use **your** original ticket.
 - all necessary and reasonable accommodation (room only) and travel expenses incurred by any one other person if required on medical advice to accompany **you** or escort a child **home** to **your country of residence**.
 - all necessary and reasonable accommodation (room only) and travel expenses for a friend or **close relative** to travel from the **country of residence** to escort **insured persons** under the age of 18 to **your home** in the **country of residence** if **you** are physically unable to take care of them and are travelling alone. If you cannot nominate a person **we** will then select a competent person. If the original pre-booked return ticket(s) for the child cannot be used, **we** will pay for economy one way travel to return the child to the **home**. **We** will not pay for travel and/or accommodation that has not been arranged through **us** or incurred without **our** prior approval.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

WHAT IS NOT COVERED

1. The **excess** as shown in the **Benefit Table** per **insured person** for each and every claim except where the **Insured person** has used the Tarjeta Sanitaria Europea (TSE) and it has been accepted by the treating facility.
2. Any claim arising directly or indirectly from any **pre-existing medical condition** affecting **you**, unless **you** have declared **ALL pre-existing medical conditions** to **us** and **we** have written to **you** accepting them for insurance.
3. Any claim arising from pregnancy related conditions not due to **complications of pregnancy** which first arise after departing on **your trip**. Normal pregnancy or childbirth, or travelling when your **medical practitioner** has recorded **your** pregnancy as being at heightened risk of premature birth, would not constitute an unforeseen event.
4. Claims where **you** unreasonably refuse the medical repatriation services **we** agree to provide and pay for under this policy. If **you** choose alternative medical repatriation services you must notify **us** in writing in advance and it will be at **your** own risk and own cost.
5. Any costs **you** incur outside the **country of residence** after the date **our** Chief Medical Officer tells **you** **you** should return **home** or **we** arrange for **you** to return **home**. (**Our** liability to pay further costs under this section after that date will be limited to what **we** would have paid if **your** repatriation had taken place).
6. Any treatment which is not a surgical or medical procedure with the sole purpose of curing or relieving acute unforeseen illness or injury.
7. Any expenses which are not usual, reasonable or customary to treat **your bodily injury** or illness.
8. Any treatment or diagnostic testing that was pre-planned or pre-known by **you**.
9. Any form of treatment or surgery which in the opinion of **our** Chief Medical Officer can be reasonably delayed until **your** return to the **country of residence**.
10. Expenses incurred in obtaining or replacing medication, which at the time of departure is known to be required or to be continued outside the **country of residence** unless stolen or damaged.
11. Additional costs arising from single or private room accommodation.
12. Treatment or services provided by a private clinic or hospital, health spa, convalescent or nursing home or any rehabilitation centre unless agreed by **us**.
13. Treatment costs for cosmetic reasons unless **our** Chief Medical Officer agrees such treatment is necessary as a result of an accident covered by this policy.
14. Any expenses incurred after **you** have returned to **your country of residence** unless previously agreed to by **us**.
15. Any claim arising from **your** failure to obtain any recommended vaccines, inoculations or medications prior to **your trip**.
16. The cost of flight tickets exceeding economy class for an accompanying non-medical escort in the event of medical repatriation (any increase in cost due to requested upgraded flight tickets must be at the personal expense of the person(s) travelling).
17. The cost of dental treatment involving the provision of dentures, artificial teeth or the use of precious metals and not for the immediate relief of pain.
18. Costs of telephone calls, other than calls to **us** notifying **us** of the problem for which **you** are able to provide a receipt or other evidence to show the cost of the call and the number telephoned.
19. Air-sea rescue costs.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

HOSPITAL BENEFIT

WHAT IS COVERED

If **we** accept a claim under EMERGENCY MEDICAL EXPENSES, **we** will also pay **you** up to the amount shown in the **Benefit Table** for incidental expenses for each continuous 24 hour period that **you** have to spend in hospital as an in-patient outside the **country of residence**.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

WHAT IS NOT COVERED

1. Any additional period of hospitalisation relating to treatment or surgery, including exploratory tests, which are not directly related to the **bodily injury** or **medical condition** which necessitated **your** admittance into hospital.
2. Any additional period of hospitalisation relating to treatment or services provided by a convalescent or nursing home or any rehabilitation centre.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

TRAVEL DELAY

WHAT IS COVERED

If **you** have arrived at the terminal and have checked in or attempted to check in during **your outward journey** or **homeward journey** and the departure of **your** pre-booked scheduled **public transport** is delayed at the final departure point for more than 12 hours from the scheduled departure time due to:

1. **strike or industrial action**; or
2. **adverse weather conditions**; or
3. mechanical breakdown of or a technical fault occurring in the scheduled **public transport** on which **you** are booked to travel;

we will pay **you**:

- a. up to the amount shown in the **Benefit Table** for the first full 12 hours that **your** departure is delayed, and
- b. up to the amount shown in the **Benefit Table** for each additional full 24 hour period of delay.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

WHAT IS NOT COVERED

1. Any costs or charges for which any carrier or provider must, has or will reimburse **you** and all amounts paid in compensation by the carrier.
2. Claims where **you** have not checked in or attempted to check in according to the itinerary supplied to **you**. **You** must also arrive at the departure point before the advised departure time.
3. Claims where **you** have not complied with the terms of contract of the travel agent, tour operator or provider of transport.
4. Claims where **you** have not obtained confirmation from the carriers (or their handling agents) in writing of the number of hours of delay and the reason for the delay.
5. **Strike or industrial action** or air traffic control delay which had commenced or for which the start date had been announced before **you** made **your** travel arrangements for **your trip**, and/or **you** purchased the policy.
6. Withdrawal from service (temporary or otherwise) of public transport on the recommendation of the Aviation Authority or a Port Authority or any similar body in any country.
7. Any claim where **you** have not been delayed for more than 12 hours of the scheduled departure time.
8. Any claims for travel delay under this section if **you** have claimed under MISSED DEPARTURE/MISSED CONNECTION, CANCELLATION or CURTAILMENT.
9. Privately chartered flights.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

BAGGAGE, PERSONAL MONEY AND TRAVEL DOCUMENTS

WHAT IS COVERED

BAGGAGE

Up to the amount shown in the **Benefit Table** for the accidental loss of, **theft** of or damage to **baggage** and **valuables**.

The amount payable will be the value at the time of purchase less a deduction for wear and tear based on the age of the property, (or if the item can be repaired economically we will pay the cost of repair only).

The maximum **we** will pay for any one article, **pair or set** of articles is equal to the Single Item Limit shown in the Policy Summary.

The maximum **we** will pay for all **valuables** in total is equal to the **valuables** limit shown in the Policy Summary.

PERSONAL MONEY

Up to the amounts shown in the **Benefit Table** per **trip** for the accidental loss of, **theft** of or damage to **personal money**.

TRAVEL DOCUMENTS

Up to the amount shown in the **Benefit Table** for reasonable additional travel and accommodation expenses incurred necessarily abroad to obtain a replacement of **your** lost or stolen travel documents as well as the pro-rata cost of the lost or stolen document.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

IMPORTANT CLAIM CONDITIONS

1. If **baggage** is lost, stolen or damaged while in the care of a carrier, transport company, authority or hotel **you** must report to them, in writing, details of the incident. **You** must obtain an official report from the local police within 24 hours.
2. If **baggage** is lost, stolen or damaged whilst in the care of an airline **you** must:
 - obtain a Property Irregularity Report from the airline at the airport when the incident occurs.
 - give written notice of the claim to the airline within the time limitations of the carriage or the handling agents and please retain a copy.
 - retain all travel tickets and tags to submit with a claim.
3. **You** must provide an original receipt or proof of ownership for items to help to substantiate **your** claim.
4. Any amounts paid under BAGGAGE DELAY will be deducted from the final amount to be paid under this section.

WHAT IS NOT COVERED

1. The **excess** as shown in the **Benefit Table** per **insured person** for each and every claim.
2. Claims which are not supported by the proof of ownership or insurance valuation (obtained prior to the loss) of the item(s) lost, stolen or damaged.
3. Incidents of loss or **theft** of **baggage** or **valuables** which are not reported to the local police within 24 hours of discovery and a written report is not obtained; A Holiday Representatives Report is not sufficient.
4. Items damaged whilst **you** are on a **trip** when **you** do not obtain a damage/repair statement from an appropriate agent within 7 days of **your** return to **your country of residence**.
5. Loss or damage due to delay, confiscation or detention by customs or other authority.
6. Cheques, traveller's cheques, postal or money orders, pre-paid coupons or vouchers, travel tickets, if **you** have not followed the issuer's instructions.
7. Claims relating to currency when **you** do not produce evidence of the withdrawal.
8. Unset precious stones, contact or corneal lenses, non-prescription spectacles or sunglasses without a receipt, hearing aids, dental or medical fittings, cosmetics, perfumes, tobacco, vaporisers or E-cigarettes, drones, alcohol, antiques, musical instruments, deeds, manuscripts, securities, perishable goods, surfboards/sailboards, bicycles, marine equipment or craft or any related equipment or fittings of any kind and damage to suitcases (unless the suitcases are entirely unusable as a result of one single incidence of damage). Damage to china, glass (other than glass in watch faces, prescription spectacles and sunglasses, cameras, binoculars or telescopes), porcelain or other brittle or fragile articles unless caused by fire, **theft**, or accident to the transportation vehicle or vessel in which they are being carried.
9. Loss or damage due to breakage of sports equipment or damage to sports clothing whilst in use.
10. Any amounts already paid under Baggage Delay.
11. All items used in connection with **your** business, trade, profession or occupation.
12. Damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moths, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown or liquid damage.
13. Depreciation in value, variations in exchange rates or loss due to error or omission by **you** or a third party.
14. Claims arising from loss or theft from **your** accommodation unless there is evidence of forced entry which is confirmed by a police report.
15. **Valuables** or **personal money** or passport left unattended at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe or locked safety deposit box. If items are stolen from a hotel safe or safety deposit box, any claims where **you** have not reported the incident to the hotel in writing and obtained an official report from the appropriate local authority.
16. Claims arising from damage caused by leakage of powder or liquid carried within **baggage**.
17. Claims arising from **baggage** shipped as freight

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

MISSED DEPARTURE/ MISSED CONNECTION

WHAT IS COVERED

MISSED DEPARTURE

If you arrive at the airport, port or rail terminal too late to commence **your** international **trip** as a result of:

- a. the failure of other scheduled **public transport**; or
- b. an accident to or breakdown of the vehicle in which **you** are travelling or a major event causing serious delay on the roads on which **you** are travelling;
- c. unexpected **adverse weather conditions**

we will reimburse **you** up to the amount shown in the **Benefit Table** per **trip** for all **insured persons** travelling together, for additional accommodation (room only) and travel expenses necessarily incurred in reaching **your** overseas destination or connecting flights outside the **country of residence**.

PLEASE NOTE: Claims are strictly calculated from the time of **your** scheduled departure to the time of **your** actual departure.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

MISSED CONNECTION

If **you** arrive at the airport, port or rail terminal too late to commence **your** international trip as a result of delay of a connecting flight to **your** international departure point when the connecting time between flights is more than 12 hours and no less than 2 hours (a longer connecting time must be allowed for if flight reservation systems require longer periods for connections), **we** will reimburse **you** up to the amount shown in the **Benefit Table** per **trip** for all **insured persons** travelling together, for additional accommodation (room only) and travel expenses necessarily incurred in reaching **your** overseas destination or connecting flights outside the **country of residence**.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

WHAT IS NOT COVERED

1. Claims where **you** have not allowed sufficient time (i.e. a reasonable period of time as allowed on a recognised itinerary/ route map for the journey based on the method of transport to arrive in time for check-in) for the scheduled **public transport** or other transport to arrive on schedule and to deliver **you** to the departure point.
2. Claims where **you** have not provided a written report from the carrier confirming the length and reason for the delay.
3. Costs in excess of the original provider's alternative arrangements for expenses incurred where **you** take alternative transportation.
4. All amounts in excess of any compensation provided by the carrier.
5. Claims where **you** have not retained and provided original receipts for costs above £5.
6. Breakdown of any vehicle in which **you** are travelling if the vehicle is owned by **you** and has not been serviced properly and maintained in accordance with the manufacturer's instructions.
7. Claims where **you** have not obtained a written report from the police or emergency service, or a repairers report and/or receipt within 7 days of **you** returning **home** if the vehicle **you** are travelling in breaks down or is involved in an accident.
8. Withdrawal from service (temporary or otherwise) of **public transport** on the recommendation of the Aviation Authority or a Port Authority or any similar body in any country.
9. Any claims for missed departure or missed connection under this section if **you** have claimed under CANCELLATION or under TRAVEL DELAY.
10. Any expenses when reasonable alternative travel arrangements have been made available by the **public transport** operator within 4 hours of the actual departure time or actual connecting flight time.
11. Privately chartered flights.
12. **Strike or industrial action** which had commenced or for which the start date had been announced before **you** made your travel arrangements for **your trip**, and/or **you** purchasing the policy.
13. Additional expenses where the scheduled **public transport** operator has offered reasonable alternative travel arrangements within 4 hours of the scheduled departure time or within 4 hours of an actual connecting flight arrival time.
14. Denied boarding due to **your** drug or alcohol abuse or **your** inability to provide a valid passport, visa or other documentation required by the public transport operator.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

PERSONAL ACCIDENT

WHAT IS COVERED

Up to the amount shown in the **Benefit Table**, if **you** suffer a bodily injury caused by an accident during a **trip**, which within 12 months directly results in **your**

- Death; or
- **Loss of Sight**; or
- **Loss of Limb**; or
- **Permanent Total Disablement**

If **you** suffer from **loss of limb** or **loss of sight**, the following amounts may be paid, but in any case will not exceed 100% of the benefit amount for **permanent total disablement**.

Loss of:	Benefit Amount
Both hands	100% of the Permanent Total Disablement Benefit
Both feet	
Entire sight in both eyes	
One hand and one foot	
One hand or foot and the entire sight of one eye	
One hand	50% of the Permanent Total Disablement Benefit
One foot	
The entire sight of one eye	

Please refer to MAKING A CLAIM for the documents you would need to provide

IMPORTANT CLAIMS CONDITIONS

1. **Our** medical practitioner may examine **you** as often as may be reasonably necessary prior to paying a claim.
2. The benefit is not payable under **permanent total disablement**, until one year after the date **you** sustain **bodily injury**.
3. **We** will not pay more than one benefit for the same **bodily injury**.

WHAT IS NOT COVERED

1. Any claim arising directly or indirectly from any **pre-existing medical conditions**.
2. Any disability or death that is caused by a worsening of physical health (e.g. a stroke or a heart attack) and not as a direct result of a **bodily injury**.
3. Payment under **permanent total disablement** one year before the date **you** sustain **bodily injury**.
4. Normal and habitual travel between **your home** and place of employment or second residence will not be considered as a covered **trip**.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

PERSONAL LIABILITY

WHAT IS COVERED

Up to the amount shown in the **Benefit Table**, against any amount **you** become legally liable to pay as compensation for any claim or series of claims arising from any event occurring during a **trip** outside of the **country of residence** in respect of accidental:

1. **Bodily injury**, death, illness or disease to any person who is not in **your** employment or who is not a relative, **close relative** or member of **your** household.
2. Loss of or damage to property that does not belong to and is neither in the charge of or under the control of **you**, a relative, **close relative**, anyone in **your** employment or any member of **your** household other than any temporary holiday accommodation occupied (but not owned) by **you**.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

IMPORTANT CLAIMS CONDITIONS

1. **You** must give **us** written notice as soon as possible of any incident, which may give rise to a claim.
2. **You** must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without **our** written consent.
3. **We** will be entitled if **we** so desire to take over and conduct in **your** name the defence of any claims for indemnity or damages or otherwise against any third party. **We** shall have full discretion in the conduct of any negotiation or proceedings or in the settlement of any claim and **you** shall give **us** all necessary information and assistance which **we** may require.
4. In the event of **your death**, **your** legal representative(s) will have the protection of the **Benefit Table** provided that such

representative(s) comply (ies) with the terms and conditions outlined in this document.

WHAT IS NOT COVERED

Compensation or legal costs arising from:

- a. Liability which has been assumed by **you** which would not apply had **you** not agreed to take on the liability.
- b. Pursuit of any business, trade, paid or unpaid voluntary work, profession or occupation or the supply of goods or services.
- c. Ownership, possession or use of firearms, vehicles, aircraft or watercraft (other than surfboards or manually propelled rowboats, punts, canoes).
- d. The transmission of any communicable disease or virus.
- e. Ownership or occupation of land or buildings (other than occupation only of any temporary holiday accommodation where **we** will not pay for the first €250 of each and every claim arising from the same incident).
- f. **Your** criminal, malicious or deliberate acts.
- g. Punitive or exemplary damages

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

OVERSEAS LEGAL EXPENSES

DEFINITIONS - APPLICABLE TO THIS SECTION

Adviser

specialist solicitors or their agents.

Adviser's costs

reasonable fees and disbursements incurred by the adviser with our prior written authority. Legal and accounting expenses shall be assessed on the standard basis and third party costs shall be covered if awarded against you and paid on the standard basis of assessment.

Panel

our panel of advisers who may be appointed by us to act for you.

WHAT IS COVERED

Up to the amount shown in the **Benefit Table** for legal costs to pursue a civil action for compensation if someone else causes **your bodily injury**, illness or death during **your trip**. **We** will also pay reasonable costs for an interpreter **we** have selected for court proceedings.

HOW WE SETTLE LEGAL EXPENSES CLAIMS

We will appoint a member of **our panel** to handle **your** case. However, should **you** choose to appoint an **adviser** to act on **your** behalf, **you** must notify **us** immediately to that effect. **We** will, upon receipt of **your** notice, advise **you** of any conditions concerning such appointment.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

SPECIAL CONDITIONS

1. **You** must notify **us** of claims as soon as reasonably possible and in any event within 90 days of **you** becoming aware of an incident which may generate a claim.
2. **We** will provide **you** with a claim form which must be returned promptly with all information **we** require. **You** must supply at **your** own expense all of the information which **we** require to decide whether a claim may be accepted.
3. **We** will only authorise a legal **adviser** if there is a reasonable prospect of success.
4. **We** will only be liable for **adviser's costs** for work expressly authorised by **us** in advance in writing and undertaken where there are reasonable prospects of success. In the event that **you** instruct an **adviser** of **your** choice instead of the **panel adviser** appointed by **us**, your **adviser's** costs will be covered to the extent that they do not exceed **our** standard **panel adviser's costs**.
5. **We** will not initiate legal proceedings in more than one country for the same occurrence.
6. **We** may choose to conduct legal proceedings in the United States of America or Canada under the contingency fee system operating in those countries.

WHAT IS NOT COVERED

1. Any claim where **we** think there is not more than a 51% chance of **you** winning the case or achieving a reasonable settlement.

2. Costs or expenses incurred before **we** accept **your** claim in writing.
3. Claims not notified to **us** within 90 days of the incident or as soon as reasonably possible.
4. Claims against a carrier, the travel or holiday agent or tour operator arranging any **trip**, **us**, Inter Partner Assistance S.A, AXA Travel Insurance, **your** employer, **us** or **our** agents.
5. Claims against someone **you** were travelling with or another **insured person**.
6. Legal action where in **our** opinion the estimated amount of compensation is less than € 750 or where **you** do not have a reasonable chance of success.
7. Actions undertaken in more than one country.
8. Lawyers' fees incurred on the condition that **your** action is successful.
9. Penalties or fines which a Court awards against **you**.
10. Claims by you other than in **your** private capacity.
11. Any claims occurring when travelling in **your country of residence**.
12. Claims arising from when **you** are travelling in **your country of residence**.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

HIJACK AND MUGGING

HIJACK

WHAT IS COVERED

Up to the amounts shown in the **Benefit Table** for each 24 hours **you** are detained in the event that the aircraft or sea vessel in which **you** are travelling as a fare paying passenger is hijacked.

Please note: **You** must get written confirmation from the appropriate transport company stating how long the hijack lasted.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

MUGGING

WHAT IS COVERED

Up to the amounts shown in the **Benefit Table** for each 24 hours **you** are admitted in hospital overseas if **you** are injured as a result of a mugging.

Please note: **You** must report the incident to the local police within 24 hours of the attack and get a written police report.

Payment under this section is in addition to the benefit payable under HOSPITAL BENEFIT.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

UNINHABITABLE ACCOMMODATION

WHAT IS COVERED

Up to the amount shown in the **Benefit Table** if, after **you** have commenced **your trip**, **you** pay or agree to pay overseas for travel expenses (of a similar standard to those initially booked) to allow **you** to continue with **your trip** if **you** cannot live in **your** booked accommodation because of fire, flood, earthquake, storm, lightning, explosion, hurricane or outbreak of infectious disease as declared by the national or local health authority.

Please note: **You** must get written confirmation from the appropriate authority stating the reason why the property was uninhabitable and how long it was uninhabitable for. **You** must keep all receipts for the extra expenses **you** pay.

WHAT IS NOT COVERED

1. Any expenses that **you** can get back from **your** tour operator, airline, hotel or other service provider.
2. Any claim resulting from **you** travelling against the advice of the national or local authority.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

PET CARE

WHAT IS COVERED

1. Up to the amount shown in the **Benefit Table** for additional kennel/cattery fees incurred for every complete 24 hour period that **you** are delayed after receiving in-patient hospital treatment which is covered under EMERGENCY MEDICAL EXPENSES.
2. Up to the amount shown in the **Benefit Table** if **your** domestic dog or cat is admitted to a veterinarian's surgery as an in-patient for treatment following injuries received in an accident while **you** are on a **trip**, **we** will reimburse **you**.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

WHAT IS NOT COVERED

1. Any claim arising from **your bodily injury**, illness or disease that is not covered under EMERGENCY MEDICAL EXPENSES.
2. Any claim where **your** pet's stay does not exceed the pre-booked period of accommodation.
3. Any claim where **you** have not provided written confirmation from the appropriate kennel or cattery confirming the amount of additional fees that **you** have had to pay together with the dates for which these were payable.
4. Any **pre-existing conditions** of the pet.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

CATASTROPHE COVER

WHAT IS COVERED

Up to the amount shown in the **Benefit Table** if **you** are forced to move from the pre-booked accommodation as a result of fire, lightning, explosion, earthquake, storm, tempest, hurricane, flood, tsunami, medical epidemic or local Government directive which is confirmed in writing by local or national authority for irrecoverable travel or accommodation costs (room only) necessarily incurred to continue with the trip or, if the **trip** cannot be continued for **your** return **home**. If **you** receive any compensation from the tour operator, booking agent or any third party, any payment will be reduced by the amount of compensation received.

Please refer to MAKING A CLAIM for the documents you would need to provide.

WHAT IS NOT COVERED

1. The **excess** as shown in the **Benefit Table** per **insured person** for each and every claim.
2. Any claim where the hotel or tour company have offered or made alternative arrangements.
3. Any expenses that **you** can recover from any tour operator, airline, hotel or other service provider.
4. Any accommodation at a higher cost than that of **your** original booking

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

WINTER SPORTS (OPTIONAL COVER)

Only operative if marked as active on your policy certificate.

DEFINITIONS - APPLICABLE TO THIS SECTION

Ski equipment

skis and snowboards (including bindings), ski boots, snowboard boots and ski poles.

Ski pack

ski lift pass, ski school fees and hired ski equipment, all pre-paid.

Winter sports
You are covered for the following activities if the Winter Sports Cover if you have paid the additional premium and is marked as active on your policy certificate. Any sports or activities marked with * is excluded under PERSONAL ACCIDENT

*Glacier Skiing	*Tobogganing
*Snowblading	*Snowmobiling/Skidoo
Ice Skating (on recognised ski links)	Skiing (on piste, or off piste with a guide **)
Snowboarding (on piste, or off piste with a guide **)	** A piste is a recognised and marked ski run within the resort boundaries.
Monoskiing	
Snowshoeing	
*Ski touring	

SKI EQUIPMENT AND SKI EQUIPMENT HIRE

WHAT IS COVERED

SKI EQUIPMENT

Up to the amount shown in the **Benefit Table** for the accidental loss of, theft of or damage to **your** own **ski equipment** or hired **ski equipment**. The maximum **we** will pay for any one article, **pair or set** of articles is shown in the **Benefit Table**. Hired **ski equipment** is limited to **your** liability as specified in the hire agreement.

The amount payable will be the value at time of purchase less a deduction for wear and tear based on the age of the property (or if the item can be repaired economically we will pay the cost of repair only).

SKI EQUIPMENT HIRE

We will pay **you** up to the amount shown in the **Benefit Table** for the reasonable cost of hiring replacement **ski equipment** as a result of the accidental loss of, **theft** of or damage to or temporary loss in transit for more than 24 hours of **your** own **ski**

equipment.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

WHAT IS NOT COVERED

1. The excess as shown in the **Benefit Table** per **insured person** for each and every claim.
2. Anything listed in WHAT IS NOT COVERED under BAGGAGE, PERSONAL MONEY AND TRAVEL DOCUMENTS.
3. Any claim where **you** do not provide original receipts.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

SKI PACK

WHAT IS COVERED

We will pay **you** up to the amount shown in the **Benefit Table** for the unused portion of **your ski pack** that **you** are contracted to pay before the incident occurred, following **your bodily injury** or illness, or loss or **theft** of **your** ski lift pass. Partial unused days will not be considered.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

WHAT IS NOT COVERED

1. The **excess** as shown in the **Benefit Table** per **insured person** for each and every claim.
2. Any claim arising from **pre-existing medical conditions**.
3. Claims where **you** do not provide written confirmation from a **medical practitioner** that such **bodily injury** or illness prevented **you** from using **your ski pack**.
4. Incidents of loss or **theft** of **your** ski lift pass which are not reported to the local police within 24 hours of discovery and a written report is not obtained; A Holiday Representatives Report is not sufficient.
5. Claims where **you** do not provide confirmation that no refund is available for the unused **ski pack** elements.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

PISTE CLOSURE

WHAT IS COVERED

If **you** are prevented from skiing (excluding cross country skiing) at the pre-booked resort for more than 24 consecutive hours, due to insufficient snow or unexpected **adverse weather conditions** causing a total closure of the lift system (other than baby drags and lifts used for transport within the resort by non-skiers), **we** will pay **you** up to the amount shown in the **Benefit Table** for the cost of transport and lift pass charges for travel to and from an alternative site.

If no alternative sites are available **we** will pay you a cash benefit up to the amount shown in the **Benefit Table**.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

WHAT IS NOT COVERED

1. The **excess** as shown in the **Benefit Table** per **insured person** for each and every claim.
2. **Trips** to resorts outside their published ski season.
3. **Trips** where **you** have not pre-booked at least one nights' accommodation.
4. Claims when closure of a lift system occurs after the pre-booked period of **your trip**.
5. Claims where **you** have not obtained a written confirmation from the resort management of the piste conditions confirming the closure of the facilities, the reason for closure and the dates applicable.
6. Any costs where transport, compensation or alternative skiing facilities are provided to **you**.
7. **Trips** in the Northern Hemisphere before 1st November and after 31st March.
8. **Trips** in the Southern Hemisphere before 1st May and after 30th September.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

AVALANCHE OR LANDSLIDE CLOSURE

WHAT IS COVERED

If access to and from the ski resort is blocked or scheduled **public transport** services are cancelled following avalanches or landslides **we** will pay up to the amount as shown in the **Benefit Table** for reasonable extra accommodation and travel expenses.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

WHAT IS NOT COVERED

1. The **excess** as shown in the **Benefit Table** per **insured person** for each and every claim.

2. **Trips** to resorts outside their published ski season.
3. **Trips** where **you** have not pre-booked at least one nights' accommodation.
4. Claims when avalanches or landslides occur after the pre-booked period of **your trip**.
5. Claims where **you** have not obtained written confirmation from the resort management of the piste conditions confirming the closure of facilities and the dates applicable.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

GOLF COVER (OPTIONAL COVER)

Only operative if marked as active on your policy certificate.

DEFINITIONS - APPLICABLE TO THIS SECTION

Golf equipment

golf clubs, golf balls, golf bag, non motorised golf trolley, and golf shoes forming part of **your baggage**.

Hole-in-one

driving from the tee during a golf match and holing out in a single stroke.

GOLF EQUIPMENT

WHAT IS COVERED

Up to the amount shown in the **Benefit Table** for loss, **theft**, or damage to **your own golf equipment**. The amount payable will be the value at the time of purchase less a deduction for wear and tear based on the age of the property (or if golf equipment can be repaired economically we will pay the cost of repair only).

The maximum payment for any Single Item is shown in the **Benefit Table**.

Hired **golf equipment** is limited to your liability as specified in the hire agreement.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

WHAT IS NOT COVERED

1. The **excess** as shown in the **Benefit Table** per **insured person** for each and every claim.
2. Claims arising for **golf equipment** left **unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property at anytime.
3. Claims arising for loss, **theft** or damage of **golf equipment** carried on a vehicle roof rack.
4. Any claim where **you** do not provide original receipts.
5. Anything mentioned in WHAT IS NOT COVERED under BAGGAGE, PERSONAL MONEY AND TRAVEL DOCUMENTS.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

GREEN FEES

WHAT IS COVERED

Up to the amount shown in the **Benefit Table** to reimburse **your** pre-paid, irrecoverable Green Fees if:

1. **You** are ill or suffer a **bodily injury** during **your trip** and **you** are medically certified (by the treating registered **medical practitioner** at the resort or place of incident), as being unable to play golf for the remainder of **your trip**; or
2. If **we** accept a claim under CANCELLATION or CURTAILMENT.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

WHAT IS NOT COVERED

1. The **excess** as shown in the **Benefit Table** per **insured person** for each and every claim.
2. Claims where **you** do not provide written confirmation from a **medical practitioner** at the resort or place of incident that such **bodily injury** or illness prevented **you** from golfing.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

HOLE IN ONE BENEFIT

WHAT IS COVERED

Up to the amount shown in the **Benefit Table**, if **you** shoot a **hole-in-one** during a golf game, towards bar expenses.

WHAT IS NOT COVERED

1. The **excess** as shown in the **Benefit Table** per **insured person** for each and every claim.
2. Claims where **you** do not provide a certified copy of **your** score card signed by **you** and a witness and countersigned by the club professional, a dated Golf Club bar receipt and a dated charge slip for the green fees.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

BUSINESS TRAVEL (OPTIONAL COVER)

Only operative if marked as active on your policy certificate.

PERSONAL ASSISTANCE SERVICES

WHAT IS COVERED

We will provide **you** with advice on and arrangement of suitable overseas office/conference facilities, business translation and legal services, and details of business etiquette overseas; and advice on chartering executive jets.

WHAT IS NOT COVERED

1. The payment of any costs or expenses incurred;

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

EMERGENCY RETURN HOME

WHAT IS COVERED

All necessary additional travelling cost incurred in transporting **you** home early from a **trip** (and, if required, back to the overseas location within the original period of the booked **trip**) as a result of the following:

1. a serious accident or illness of a **close business associate** whose absence from the place of work at the same time as **you**, as certified by a director or manager, requires **your** immediate return;
2. accidental damage, burglary, flooding or fire affecting **your** usual place of business, when a loss exceeding £1,500 is involved and **your** presence is required by the Police.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

WHAT IS NOT COVERED

1. any costs for transportation not arranged by **us**, or incurred without **our** prior approval;
2. the cost of flight tickets exceeding economy class for each **insured person**.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

PERSONAL ACCIDENT

WHAT IS COVERED

The benefits provided under PERSONAL ACCIDENT, will be doubled if **you** are travelling on a booked business **trip** in which **your** transport and accommodation has been paid by **you** (if self-employed) or **your** employer, and **you** can provide proof that the purpose of **your trip** was **your** business.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

WHAT IS NOT COVERED

1. Anything listed in WHAT IS NOT COVERED for PERSONAL ACCIDENT.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

BUSINESS EQUIPMENT

WHAT IS COVERED

1. Up to €1,000 per **trip** for the loss, **theft** of, or damage to **your business equipment**:
 - up to €50 per 24 hours for the purchase of essential items of **business equipment**, if **your business equipment** is delayed or lost during **your outward journey** for more than 24 hours. **You** must get written confirmation of the length of the delay and receipts for any items that **you** buy.
 - up to a limit of €500 for any one item, pair or set;

Please refer to MAKING A CLAIM for the documents **you** would need to provide

SPECIAL CONDITIONS

1. **You** must keep all receipts for hire costs and send them in with **your** claim form.

WHAT IS NOT COVERED

1. The **excess** as shown in the **Benefit Table** per **insured person** for each and every claim.

2. computer equipment, (including laptop computers, hardware and software, peripherals and PDAs), communication devices, (including mobile phones) left **unattended** at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe or locked safety deposit box;
3. any loss, **theft** of or damage to **business equipment** during a journey, unless **you** report this to the carrier and get a property irregularity report at the time of the loss. Any claims for loss, **theft** or damage must then be made to the carrier within seven days;
4. any item, **pair or set** where **you** are not able to provide proof of value (for example, original receipts);
5. any loss, **theft** of or damage to **business equipment** shipped as freight or under a bill of lading;
6. Anything listed in WHAT IS NOT COVERED under BAGGAGE, PERSONAL MONEY AND TRAVEL DOCUMENTS, except items of business equipment.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

BUSINESS MONEY

WHAT IS COVERED

Business money which is the property of **you** (if self employed) or **your** employer is covered while **you** are carrying it on **your** person (in an item of clothing **you** are wearing or in a container which **you** are holding or which is attached to **you**) or if **you** have left it in a locked safety deposit box during **your trip**, if it is:

1. Damaged or destroyed
2. Lost or stolen

The most **we** will pay **you** in total per **trip** under this section is £1,000, of which the total for cash is £500.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

WHAT IS NOT COVERED

1. the excess per **beneficiary**, for each and every incident;
2. anything listed in WHAT IS NOT COVERED to BAGGAGE, PERSONAL MONEY AND TRAVEL DOCUMENTS.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

GENERAL CONDITIONS

You must comply with the following conditions to have the full protection of this policy. If **you** do not comply **we** may at **our** option refuse to deal with **your** claim, or reduce the amount of any claim payment.

1. **You** must comply with **our** Important Health Requirements. There will be no cover under EMERGENCY MEDICAL EXPENSES, CANCELLATION or CURTAILMENT unless each **insured person** who must make a **medical health declaration** in respect of the period for which insurance is required, has declared ALL **pre-existing medical conditions** to **us** and **we** have accepted them in writing. Any medical information **you** give **us** will be treated as strictly confidential. **We** will not pass **your** medical information to anyone without **your** specific authority. **We** will use it to decide whether or not **we** can cover **you** and **we** will refer to it in the event of any claim.
2. The maximum age limit is 85 years inclusive. If **you** reach the age of 86 during the **period of insurance**, cover will continue until the end of that **period of insurance** but not thereafter. .
3. **You** must take all reasonable care and precautions to prevent a claim happening. **You** must act as if **you** are not covered and take steps to minimise **your** loss as much as possible and take reasonable steps to prevent a further incident and to recover missing property.
4. If **you** need to **curtail your trip** **you** must contact us on +34 938 000 297. **We** are open 24/7 for advice and assistance with **your** return **home**. **We** will also arrange transport **home** if **you** have news of serious illness, deterioration or death of a **close relative** at **home**.
5. **You** must tell **us** as soon as possible in the event of an emergency or if **you** are hospitalised (any outpatient treatment, minor illness or injury (excluding fractures) costs must be paid for by **you** and reclaimed).
6. **You** must pay the appropriate premium for the full number of days comprising **your** planned **trip**.
7. **We** ask that **you** notify **us** within 28 days of **you** becoming aware that **you** need to make a claim and that **you** return **your** completed claim form and any additional information to **us** as soon as possible.
8. **You** must report all incidents to the local police in the country where it occurs and obtain a crime or lost property report, which includes an incident number.
9. **You** must not abandon any property for **us** to deal with and keep any damaged items as **we** may need to see them.
10. **You** must provide all necessary documentation requested by **us** at **your** expense. **We** may also request more

documentation than what is listed to substantiate **your** claim. If **you** do not provide this any claim may be refused.

11. **You** or **your** legal representatives must send **us** at **your** own expense all information, evidence, medical certificates, original invoices, receipts, reports, assistance that may be needed including details of other insurance policies that may cover the claim. **We** may refuse to reimburse **you** for any expenses for which **you** cannot provide receipts or bills. Please keep copies of all documents sent to **us**.
12. The policy excess, as and when applicable, will be deducted in respect of each **insured person** and each and every incident.
13. **You** must not admit, deny, settle, reject, negotiate or make any arrangement for any claim without **our** permission.
14. **You** must tell **us** and provide full details in writing immediately if someone is holding **you** responsible for damage to their property or **bodily injury** to them. **You** must immediately send **us** any writ or summons, letter of claim or other document relating to **your** claim.
15. In the event of a claim and if **we** require it, **you** must agree to be examined by a **medical practitioner** of **our** choice, at **our** expense as often as may be reasonably necessary prior to paying a claim, In the event of **your** death **we** may also request and will pay for a post-mortem examination.
16. If **we** provide transportation or settle **your** claim and as a result **you** have unused travel ticket(s) **you** must surrender those tickets to **us**. If **you** do not **we** will deduct the amount of those tickets from any amount paid to **you**.
17. **We** have the right, if **we** choose, in **your** name but at **our** expense to:
 - take over the settlement of any claim;
 - take legal action in **your** name to get compensation from anyone else for **our** own benefit or to get back from anyone else any payments that have already been made;
 - take any action to get back any lost property or property believed to be lost.
18. If **you** or anyone acting for **you** in any respect, attempts to gain funds, information or other assets by deception or any other illegal means, including deliberate misrepresentation or omission of facts in order to misrepresent the true situation, this policy shall become void. **We** may inform the police and **you** must repay to **us** any amount already received under the policy.
19. If **we** pay any expense which is not covered, **you** must pay this back within one month of **our** asking.
20. **We** will make every effort to apply the full range of services in all circumstances as shown in the policy. Remote geographical locations or unforeseeable adverse local conditions may prevent the normal standard of service being provided.
21. **You** must claim against **your** private health insurer, state health provider and/or other travel insurer first for any expenses.

GENERAL EXCLUSIONS

These exclusions apply throughout **your** policy. **We** will not pay for claims arising directly or indirectly from:

1. Any claims arising directly or indirectly as a result of any **pre-existing medical conditions** unless **you** have declared ALL **pre-existing medical conditions** to **us** and **we** have written to **you** accepting them for insurance.
2. Under all sections, any claim arising from a reason not listed in WHAT IS COVERED.
3. Claims where **you** have not provided the necessary documentation requested by **us** on at **your** expense. **We** may also ask for more documentation than what is listed to substantiate **your** claim.
4. **Your** engagement in or practice of: manual work, flying except as a fare paying passenger in a fully-licensed passenger-carrying aircraft, the use of motorised two or three wheeled vehicles unless an applicable current driving licence is held allowing the use of such vehicles in your **country of residence** and **your trip** destination and a crash helmet is worn (see the SPORTS AND ACTIVITIES Section) professional entertaining, professional sports, racing (other than on foot), motor rallies and motor competitions, track-driving, or any tests for speed or endurance.
5. **Sports and Activities** are only covered on an incidental, non-competitive and non-professional basis. Under no circumstances will any activities not listed be covered regardless of whether undertaken as part of an organised excursion or event.
6. Grade 2 and Grade 3 sports and activities are not covered unless the additional premium has been paid and are shown as active on your travel insurance certificate.
7. **Your** pursuit of **Winter Sports** unless the appropriate additional premium has been paid and WINTER SPORTS is shown on **your** travel insurance certificate. However, even if **Winter Sports** cover is included **you** are still not covered for the following activities: skiing against local authoritative warning or advice, off piste skiing or snowboarding where an avalanche warning of more than 2 is in place, ski stunting, free-style skiing, ice hockey, bobbing, tobogganing, heli skiing, ski acrobatics, ski flying, ski jumping, ski mountaineering, snowcat skiing, snow carting or the use of bob sleighs, luges or skeletons.
8. Any claim resulting from **you** attempting or committing suicide; deliberately injuring yourself; using any drug not

- prescribed by a **medical practitioner**, being addicted to, abusing or being under the influence of drugs, or alcohol.
9. Self-exposure to needless peril (except in an attempt to save human life).
 10. Any claim resulting from **your** involvement in a fight except in self-defence.
 11. **Your** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.
 12. **Your** own unlawful action or any criminal proceedings against **you** or any loss or damage deliberately carried out or caused by **you**.
 13. Any other loss, damage or additional expense following on from the event for which **you** are claiming. Examples of such loss, damage or additional expenses would be the cost incurred in preparing a claim, loss of earnings, loss or costs incurred arising from the interruption of **your** business, inconvenience, distress, or loss of enjoyment.
 14. Operational duties of a member of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department other than claims arising from authorised leave being cancelled due to operational reasons, as provided for under CANCELLATION and CURTAILMENT.
 15. Any claim where **you** are entitled to indemnity under any other insurance, including any amounts recoverable from any other source, except in respect of any excess beyond the amount which would have been covered under such other insurance, or any amount recoverable from any other source, had these benefits not been effected.
 16. Any **trips** to a country, specific area or event when the Travel Advice Unit of the Ministry of Foreign Affairs or regulatory authority in a country to/from which **you** are travelling has advised against all travel or all but essential travel are not covered.
 17. **You** climbing, jumping or moving from one balcony to another regardless of the height of the balcony.
 18. Any costs **you** would have been required or been expected to pay, if the event resulting in the claim had not happened.
 19. Any circumstances known to **you** before **you** purchased **your** policy, or at the time of booking any **trip** which could reasonably have been expected to lead to a claim under this policy.
 20. Costs of telephone calls or faxes, internet charges unless they are documented as costs to contact **us**.
 21. A condition for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**.
 22. War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, terrorism, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power but this exclusion shall not apply to losses under EMERGENCY MEDICAL EXPENSES, HOSPITAL BENEFIT unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any **trip**.
 23. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
 24. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
 25. No insurer shall be deemed to provide and no insurer shall be liable to pay any claim or provide any benefit here under to the extent that the provision of such cover, payment or such claim of such benefit would expose that insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanction, laws or regulations of the European Union, United Kingdom or United States of America.
 26. Any virtual currency including but not limited to crypto-currency, including fluctuations in value.

GETTING IN CONTACT

MAKING A CLAIM

In the event of an emergency **you** should call **us** on +34 938 000 297.

For all other claims please call **our** claims helpline on +34 938 000 297 (Monday - Friday 09:00 – 17:00) to obtain a claim form. **You** will need to give:

- **your** name
- **your** policy number
- brief details of **your** claim.

We ask that **you** notify **us** within 28 days (unless otherwise stated) of **you** becoming aware of needing to make a claim and return the completed claim forms with any additional requested documentation as soon as possible.

Please ensure the claim reference number is in the subject box of the email.

Please keep a copy of all documents sent to **us**. To help **us** agree a quick and fair settlement of a claim, it may sometimes be necessary for **us** to appoint a claims handling agent.

You will need to obtain some information about **your** claim while **you** are away. **We** may ask for more documentation than what is listed below to substantiate **your** claim. If **you** do not provide the necessary documentation **your** claim could be refused.

Below is a list of the documents required to assist **us** to deal with **your** claim as quickly as possible.

FOR ALL CLAIMS

- **Your** original booking invoice(s) and travel documents showing the dates of travel and booking date.
- Original receipts and accounts for all out-of-pocket expenses **you** have to pay.
- Original bills or invoices **you** are asked to pay.
- Details of any other insurance that may also cover the incident.
- Any documentation **you** have to substantiate **your** claim.
- For all claims relating to illness or injury a medical certificate will need to be completed by the treating **medical practitioner** treating **you**, a **close relative**, or any person with whom **you** are travelling or staying with. Or any claims due to a death **we** will require a medical certificate from the **medical practitioner** treating **you**, a **close relative**, or any person with whom **you** are travelling or staying with and a copy of their death certificate.
- Original receipts or proof of ownership for stolen, lost or damaged item(s)

CANCELLATION OR CURTAILMENT

CANCELLATION

- Original cancellation invoice(s) detailing all cancellation charges incurred and any refunds given.
- To submit a claim for abandonment after 24 hours delay **you** must obtain a written report from the carrier confirming the length and reason for the delay.
- If **your** claim relates to other covered circumstances **we** will detail what documents **you** would need to provide in the claim forms.

CURTAILMENT

- Original receipt or booking invoice for new flight.
- Original booking invoice for any unused pre-paid excursions confirming date and amount paid.
- For all claims relating to illness or injury a medical certificate will need to be completed by the treating **medical practitioner** treating **you**, a **close relative**, or any person with whom **you** are travelling or staying with during the **trip**. If **you** are **curtailing** due to a death **we** will require a medical certificate from the **medical practitioner** treating **you**, a **close relative**, or any person with whom **you** are travelling or staying with during the **trip** and a copy of their death certificate.

MISSED DEPARTURE/CONNECTION

- Proof of reason for missed departure:
 - Failure of **public transport** – letter confirming length and reason of delay.
 - Breakdown – report from the breakdown company showing date and what was wrong with vehicle.
 - Motorway Problem – Highways agency printout of that date or written confirmation from the police showing location, duration and reason for delay.
- Evidence of additional travel/accommodation expenses incurred as a result of missed departure.

TRAVEL DELAY

- Written confirmation from carrier (or their handling agents) confirming length and reason for delay.
- Original receipts for purchases of refreshments and meals, or additional accommodation if necessary.

- If after 24 hours delay on **your** initial outbound journey **you** choose to cancel, a cancellation invoice and letter from carrier confirming length and reason for delay.

BAGGAGE DELAY

- Property Irregularity Report (PIR) from the carrier or their handling agents.
- Letter from airline confirming reason and length of delay and when item(s) were returned to **you**.
- Original itemised receipts for any emergency purchases made.

BAGGAGE, PERSONAL MONEY AND TRAVEL DOCUMENTS

- If lost or stolen a police report confirming **you** reported the incident to the police within 24 hours of noticing the item(s) missing.
- If lost or damaged by the carrier please obtain a PIR (Property Irregularity Report) and letter from the airline confirming the item(s) lost. Please also keep all luggage tags where possible.
- If **personal money** was lost or stolen a police report confirming what happened and what was lost, and any bank statements/bureau de change receipt as proof of ownership.
- A damage report and repair estimate for damaged item(s).
- Keep any damaged items beyond repair as **we** may need to inspect them.
- Police report or embassy report confirming **you** reported to the local authorities within 24 hours of noticing the travel documents are missing.
- Original receipts for any additional accommodation or travel expenses incurred.

MEDICAL EXPENSES

- In case of any medical emergency **you** must contact **us** on +34 938 000 297 as soon as possible.
- For outpatient treatment (excluding fractures) **you** should pay for the treatment. Please keep all original receipts and obtain a medical report from the hospital confirming the illness or injury, any treatment and admission and discharge dates if applicable.
- A medical report from the **medical practitioner** confirming the treatment and medical expenses.
- If there are any outstanding expenses please send a copy of the outstanding bill. Please also mark on it that it remains outstanding.
- If **you** incur any additional expenses after the prior authorisation of **us** please provide these receipts.

HOSPITAL BENEFIT

- Medical report confirming the dates of admission and discharge.

PERSONAL ACCIDENT

- Detailed explanation of the circumstances surrounding the incident, including photographs and video evidence (if this applies).
- A medical certificate from the **medical practitioner** to confirm the extent of the injury and treatment given including hospital admission/discharge.
- A death certificate (where applicable).
- Full details of any witnesses, providing written statements where possible.

PERSONAL LIABILITY

- Detailed explanation of the circumstances surrounding the incident, including any photographs and video evidence (where applicable).
- Every writ, summons, or other correspondence received from a third party.
- Full details of any witnesses, providing written statements where possible.

OVERSEAS LEGAL EXPENSES

- Detailed explanation of the circumstances surrounding the incident, including any photographs and video evidence (where applicable).
- Any writ, summons, or other correspondence received from a third party.
- Full details of any witnesses, providing written statements where possible.

UNINHABITABLE ACCOMMODATION

- Proof of travel (confirmation invoice, flight tickets);
- An official letter confirming the cause of the event which rendered **your** accommodation uninhabitable and how long it lasted;
- Invoices and receipts for **your** expenses.

ATM ASSAULT

- A police report with an incident number that confirms that **you** reported the assault within 24 hours.
- An official statement from a witness describing the circumstances of the assault dated and signed, with the full name of the witness, date of birth, address and employment, passport or driving license.
- If you require any medical treatment please obtain a written medical report from the **medical practitioner**.

WINTER SPORTS (OPTIONAL COVER)

SKI PACK

- Written confirmation from the business **you** purchased the ski pack through and that no refund is available for the unused elements.
- You must obtain written confirmation from a **medical practitioner** that the **bodily injury** or illness stopped the use of the **ski pack**

SKI EQUIPMENT

- If lost or stolen a police report confirming **you** reported the incident to the police within 24 hours of noticing the item(s) missing.
- If lost or damaged by the carrier please obtain a PIR (Property Irregularity Report) and letter from the airline confirming the item(s) lost. Please also keep all luggage tags where possible.
- A damage report and repair estimate for damaged item(s).
- Keep any damaged items beyond repair as **we** may need to inspect them.
- All hire receipts and luggage labels/tags (where applicable).

PISTE CLOSURE/AVALANCHE COVER

- Written confirmation from the resort management confirming the closure of facilities and the dates applicable.

GOLF COVER (OPTIONAL COVER)

GOLF LIABILITY

- Any writ, summons, or other correspondence received from a third party.
- Detailed explanation of the circumstances surrounding the incident, including any photographs and video evidence (where applicable).
- Full details of any witnesses, providing written statements where possible.

GREEN COVER

- Written confirmation from a **medical practitioner** confirming that **you** were unable to continue playing golf.

HOLE-IN-ONE

- Score card signed by **you** and a witness and countersigned by the club professional.
- A dated Golf Club bar receipt.
- A dated charge slip for the green fees.

GOLF EQUIPMENT

- If lost or stolen a police report confirming **you** reported the incident to the police within 24 hours of noticing the item(s) missing.
- If lost or damaged by the carrier or their handling agents a PIR (Property Irregularity Report) and letter from the airline confirming the item(s) lost. Please also keep all luggage tags where possible.
- A damage report and repair estimate for damaged item(s).
- Keep any damaged items beyond repair as **we** may need to inspect them.
- All hire receipts and luggage labels/tags (where applicable).

CATASTROPHE COVER

- Written confirmation from local or national authority stating that it was not suitable for **you** to remain in **your** pre-booked accommodation.
- Original receipts for any additional travel and/or accommodation expenses **you** incur.

PET CARE

- Written confirmation from the kennel or cattery confirming the additional fees payable and the dates payable.
- Medical report from the medical practitioner treating you confirming any treatment received and admission and discharge dates.

COMPLAINTS PROCEDURE

We make every effort to provide **you** with the highest standards of service. If on any occasion **our** service falls below the

standard **you** would expect **us** to meet, the procedure below explains what **you** should do.

For complaints relating to the purchase of the travel insurance policy please contact Fit 2 Trip at: customerservices@fit2trip.com

OR telephone +34 912 903 344

For all other complaints relating to the travel insurance policy, **you** can write to the Complaints Team, who will arrange an investigation on **your** behalf: +34 938 000 297.

If, after **our** investigation is complete, it is impossible to reach an agreement, **you** may have the right to make an appeal to the independent mediator by writing to:

General Directorate of Insurance and Pension Plans,
Complaint Department,
Walk of the Castellena nº 44,
28046 Madrid

USE OF YOUR PERSONAL DATA

By providing **your** personal information in the course of purchasing this policy and using **our** services, **you** acknowledge that **we** may process **your** personal information. **You** also consent to **our** use of **your** sensitive information. If **you** provide us with details of other individuals, **you** agree to inform them of **our** use of their data as described here and in **our** website privacy notice available at www.axa-assistance.com/en.privacypolicy.

Processing **your** personal information is necessary in order to provide **you** with an insurance policy and other services. **We** also use **your** data to comply with **our** legal obligations, or where it is in **our** legitimate interests when managing **our** business. If **you** do not provide this information **we** will be unable to offer **you** a policy or process **your** claim.

We use **your** information for a number of legitimate purposes, including:

- Underwriting, policy administration, claims handling, providing travel assistance, complaints handling, sanctions checking and fraud prevention.
- Use of sensitive information about the health or vulnerability of **you** or others where relevant to any claim or assistance request, in order to provide the services described in this policy. By using **our** services, **you** consent to **us** using such information for these purposes.
- Monitoring and/or recording of **your** telephone calls in relation to cover for the purposes of record-keeping, training and quality control.
- Technical studies to analyse claims and premiums, adapt pricing, support subscription process and consolidate financial reporting (incl. regulatory). Detailed analysis on claims to better monitor providers and operations. Analysis of customer satisfaction and construction of customer segments to better adapt products to market needs.
- Obtaining and storing any relevant and appropriate supporting evidence for **your** claim, for the purpose of providing services under this policy and validating **your** claim.
- Sending **you** feedback requests or surveys relating to **our** services, and other customer care communications.

We may disclose information about **you** and **your** insurance cover to companies within the AXA group of companies, to **our** service providers and agents in order to administer and service **your** insurance cover, to provide **you** with travel assistance, for fraud prevention, to collect payments, and otherwise as required or permitted by applicable law.

We will separately seek **your** consent before using or disclosing **your** personal data to another party for the purpose of contacting **you** about other products or services (direct marketing). **You** may withdraw **your** consent to marketing at any time, or opt-out of feedback requests, by contacting the Data Protection Officer (see contact details below).

When carrying out these activities, **we** may transfer **your** personal information outside the UK or the European Economic Area (EEA). Where this happens **we** will make sure that the appropriate safeguards have been implemented to protect **your** personal information. This includes ensuring similar standards to the UK and EEA are in force and placing the party **we** are transferring personal information to under contractual obligations to protect it to adequate standards.

We keep **your** personal information for as long as reasonably necessary to fulfil the relevant purposes set out in this notice and in order to comply with **our** legal and regulatory obligations.

You are entitled to request a copy of the information we hold about **you**. **You** also have other rights in relation to how **we** use **your** data, as set out in **our** website privacy notice. Please let **us** know if **you** think any information **we** hold about **you** is inaccurate so that **we** can correct it.

If **you** want to know how to make a complaint to the UK Information Commissioner or have any other requests or concerns relating to **our** use of **your** data, including obtaining a printed copy of the website privacy notice please write to **us** at:

Data Protection Officer
AXA Travel Insurance
106-108 Station Road
Redhill
RH1 1PR

CANCELLATION OF YOUR POLICY

STATUTORY CANCELLATION RIGHTS

You may cancel this policy within 14 days of receipt of the policy documents (new policies) or for annual multi trip policies the renewal date (the Cancellation Period) by writing to or calling **us** during the Cancellation Period. Any premium already paid will be refunded to **you** providing **you** have not travelled and no claim has been made or is intended to be made and no incident likely to give rise to a claim has occurred. Any Cancellations after this 14 day period will not be refunded.

CANCELLATION OUTSIDE THE STATUTORY PERIOD

You may cancel this policy at any time after the Cancellation Period by writing to **us**. If **you** cancel after the Cancellation Period no premium refund will be made.

We reserve the right to cancel the policy by providing 21 days notice by registered post to **your** last known address. No refund of premium will be made.

NON PAYMENT OF PREMIUMS

We reserve the right to cancel this policy immediately in the event of non payment of the premium.