

A person with blonde hair, wearing a straw hat and a blue backpack, is seen from behind, looking out over a lush green mountain landscape under a clear blue sky. The person is wearing green cargo pants. The scene is bright and sunny, with a lens flare visible on the right side.

# Fit2Trip

## Fit2Trip Wording

**mana**  
underwriting

 **InterMundial**  
Compañía de Seguros

V5.1

## Contact Numbers



**Emergency Assistance: +34 910 840 792** (Option 1)

- 24/7
- 365 days a year



**Claims Team: +34 910 840 792** (Option 2)

- 09:00h. - 17:00h.
- Monday - Friday



**Customer Services: +34 912 90 33 44 / [customerservices@fit2trip.com](mailto:customerservices@fit2trip.com)**

- 09:00h. - 17:00h.
- Monday - Friday

## BENEFIT TABLE

### Your Fit2Trip policy

This policy is underwritten by the **Coverholder** MANA UNDERWRITING, S.L.U., whose registered office at Calle Irún 7, 1º 280085 Madrid, in the name and on behalf of the insurer **WHITE HORSE INSURANCE IRELAND DAC**, with registered office at Rineanna House, Free Zone West, Shannon, Co. Clare, Ireland. The policy is distributed through the insurance broker INTERMUNDIAL XXI, S.L.U., with registered office at street Irún 7, 1º 28008 Madrid; registered in the Mercantile Register of Madrid, Volume 11482, Book 0, Folio 149, Page M-180.298, section 8, Tax Identification Number B-81577231, and in the RDGSFP with number J-1541, with insurance and civil liability and financial capacity in accordance with current legislation; and its external collaborator FIT2TRIP SPAIN, S.L.

### 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 €.....	75.000 €.....	75.000 €
	(or 100.000 € for.....	(or 200.000 € for.....	(or 200.000 € for
	trips to USA or Caribbean).....	trips to USA or Caribbean).....	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

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 €.....	75.000 €.....	75.000 €
	(or 100.000 € for.....	(or 200.000 € for.....	(or 200.000 € for
	trips to USA or Caribbean).....	trips to USA or Caribbean).....	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 BENEFITS

Hospital Benefit, maximum .....	0 €.....	500 €.....	750 €
- per 24 hrs .....	0 €.....	50 €.....	75 €

#### TRAVEL DELAY

Travel Delay, maximum .....	100 €.....	120 €.....	160 €
- for the first full 12 hrs .....	25 €.....	30 €.....	40 €
- per 24hrs after initial 12 hrs .....	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

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.

This insurance contract is governed by the provisions of:

- Law 50/1980 of 8 October 1980 on Insurance Contracts (B.O.E. of 17 October 1980).
- Royal Decree-Law 3/2020 of 4 February, which transposes Directive (EU) 2016/97 on insurance distribution.
- Law 20/2015 of 14 July 2015 on the Regulation, Supervision and Solvency of insurance and reinsurance companies.
- Royal Legislative Decree 6/2004, of 29 October, which approves the revised text of the Law on the Regulation and Supervision of Private Insurance.
- Royal Decree 2486/1998, of 20 November 1998, which approves the Regulations for the Organisation and Supervision of Private Insurance.
- The particular, special and general conditions of the policy and the supplements issued to complement or modify it.
- And any other provisions that update, complement or modify the aforementioned regulations.

The contract is subject to Spanish jurisdiction. Any conflicts that may arise due to its interpretation or application shall be settled by the competent Judges and Courts of the INSURED's domicile in Spain. In the event that the INSURED is not domiciled in Spain, the competent jurisdiction shall be that of the Courts of Madrid.

## 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 +34 910 840 792 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 +34 910 840 792.
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: +34 910 840 792

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-authorised 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. In the event of any of these situations, please contact us on +34 910 840 792 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 the Emergency Assistance service 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.

### Coverholder

An entity that underwrites risks for and on behalf of an insurer.

The underwriting agency for this policy is MANA UNDERWRITING, S.L.U., with registered office at Street Irún 7, 1º, C.P. 28008-Madrid, authorised by the DGSFP, with code number AS0106.

### Curtailment / Curtail

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

### Excess

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

### External collaborator

Natural or legal person who, meeting the requirements established in the insurance distribution regulations in force, has signed a contract with a brokerage company to collaborate in the distribution activity. FIT 2 TRIP SPAIN, S.L. acts in this policy as an external collaborator on behalf of INTERMUNDIAL XXI, S.L.U, FIT 2 TRIP SPAIN S.L. which is a Spanish company, with the registered office, Calle d'Irún 7, 1º, Postal Code 28008, Madrid; registered in the Mercantile Register of Madrid, volume 40369, book 0, folio 14, page number M-717071

#### 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.

#### Insurance broker

Entity that carries out the activity of distribution of private insurance and offers independent, professional and impartial advice to those who wish to take out insurance to cover the risks to which they are exposed.

This policy is distributed with the mediation of INTERMUNDIAL XXI S.L.U., a Spanish insurance brokerage company, with the registered office at Calle d'Irún 7, 1º, Postal Code. 28008-Madrid; registered in the Mercantile Register of Madrid, Volume 11482, Book 0, Folio 149, Page M 180.298, section 8. NIF B81577231, and in the Register of the Directorate General of Insurance and Pension Funds with nº J-1541, with civil liability insurance and financial capacity according to current legislation.

#### 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.

#### **Underwriter:**

Entity assuming the risk as defined in the policy.

The INSURER under this policy is WHITE HORSE INSURANCE IRELAND LTD, whose registered office is at Rineanna House, Free Zone West, Shannon, Co Clare, Ireland.

#### **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.

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

### 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   | • Jet biking  | • Scuba diving (Qualified and above 40 meters)  |
| • Archery   | • Jet skiing  | • War Games                                     |
| • Canoeing (up to grade/class 3 to 4)                           | • Motorcycling under 125cc (no Racing and as a means of transport only) | • Yachting (Outside 20 meters of the coastline) |
| • Fell running (up to 12 miles with up 500 meters of elevation) | • Mountain biking on tarmac   |   |
| • Go-karting  | • Paintball   |   |
| • Horse riding  | • Fencing   |   |
| • Hot air ballooning  | • Sailing (outside 20 Nautical Miles 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                          | • Parascending (on water)                                | • Ski diving                                   |
| • Bungee jumping                             | • Rock climbing with ropes (organised aid climbing only) | • White water canoeing/rafting (up to grade 4) |
| • Gaelic football                            | • Rugby League   |  |
| • Mountain biking off tarmac and with guides | • Rugby Union  |  |

### 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 | • Horse jumping | • Paragliding              |
| • Boxing       | • Horse racing  | • Parascending (over land) |
| • Canyoning    | • Martial arts  | • Polo                     |
| • Cave diving  | • Microlighting | • Potholing                |

- Caving
- Cliff diving
- Cliff jumping
- Driving on a race track
- Flying other than as a fare paying passenger
- Gliding
- Hang gliding
- Motor racing speed performance or endurance
- Motor rallies
- Motorboat racing
- Motorcycle racing (125 cc and over)
- Motorsports
- Mountaineering
- Parachuting
- 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 +34 910 840 792

## 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 your/ 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 +34 910 840 792.

**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.

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.

### 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€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**, **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

\*Snowblading

Ice Skating (on recognised ski or ice rinks)

Snowboarding (on piste, or off piste with a guide\*\*)

Monoskiing

Snowshoeing

\*Ski touring

\*Tobogganing

\*Snowmobiling/Skidoo

Skiing (on piste, or off piste with a guide\*\*)

\*\* A piste is a recognised and marked ski run within the resort boundaries.

**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.

**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 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.

#### **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 +34 910 840 792. **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.
- 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 +34 910 840 792.

For all other claims please call **our** claims helpline on +34 910 840 792 (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 +34 910 840 792 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.

## Grievances and complaints relating to the handling of claims by the insurer

### Internal complaint procedure

In accordance with Spain's Ministry of Economy Order ECO/734/2004, THE INSURER has a CUSTOMER CARE SERVICE which you shall have to contact initially, and which is as follows:

- By post: Servisegur XXI Consultores, Calle Irún 7, 1 dcha, CP. 28008 – Madrid
- By email: manacomplaints@mana-uw.com

Your complaint or claim will be acknowledged promptly and in writing.

You will be notified in writing of the decision taken over your complaint or claim within 1 (one) month of its receipt.

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



**External complaint procedure**

Should you remain dissatisfied with the final response or if you have not received a final response within two months of the complaint being made you may be eligible to refer your complaint to the Directorate General of Insurance in Spain. The contact details are as follows:

**Dirección General de Seguros y Fondos de Pensiones**

Paseo de la Castellana, 44.

**28010 Madrid**

Spain

Tel: 9052 24 99 88

Website: <http://www.dgsfp.mineco.es/es/Consumidor/Reclamaciones/Paginas/InformacionProcedimiento.aspx>

You can bring legal proceedings before the court of first instance for the place where you reside, in accordance with article 24 of the Insurance Contracts Act.

## 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.

## PRIVACY POLICY AND INFORMATION ON COOKIES

White Horse Insurance Ireland dac understands and respects the importance of protecting your personal data. This Privacy Policy sets out the basis on which any personal data we collect from you, or that you provide to us, will be processed by us, in respect of your relationship with us as a customer or a potential customer. This information may be collected via our websites ("Sites"), through our call centres or stores, our mobile applications ("Apps"), our questionnaires/surveys, or our social media channels (collectively, our "Services").

Please read the following information carefully.

**Please Note:** You are responsible for ensuring that any other people that you are acting on behalf of (such as those included with you on an insurance policy), are aware of the content of this Privacy Policy and you have checked with them that they agree to their personal data being given to us on their behalf.

By purchasing from us or otherwise giving your personal data to us, we will transfer, store or process it as set out below. We will take all reasonably necessary steps to ensure that your data is treated securely and in accordance with this Privacy Policy.

### Which companies does this policy apply to:

**White Horse Insurance Ireland dac underwrites your insurance policy, but a number of other companies distribute insurance policies underwritten by us. This policy covers the data that we hold about you. Read on to find out more...**

This Privacy Policy applies to the insurance and associated services provided by us as a data controller (please see 'Contact Us' below for our registered address) and our subsidiary White Horse Administration Services Limited which processes data on our behalf. Additional data controllers may include third parties/brokers who are responsible for the sale and distribution of the insurance product and these third parties will have their own privacy policies.

### What types of personal data do we collect about you and why do we collect it:

**We collect and use certain personal data about you and about any other person you include on your policy. The sort of personal data we collect is information that you provide to us, that we collect from you or observe about you, or that we obtain from other sources. Read on to find out more...**

### Personal data you give to us

- When you buy an insurance policy or seek an insurance quotation from us, we will ask you for your personal information which may include your name, address, e-mail address, telephone number, date of birth, bank account details or payment card details, security questions and certain other information (such as destination of travel). In addition to collecting personal information about you, we may also collect personal information about other people you wish to insure on the policy. We need to collect this information in order to provide the products and other services you are requesting. Where you have bought your insurance from a third-party distributor, we will receive these details directly from the third party.
- Particularly in relation to insurance products, we may ask you for information about medical or other health conditions and disabilities about the person who is being insured, their family members and other persons to be insured on the policy. We need to collect this information so as to be able to provide you with a quote for insurance, to arrange the insurance contract and to deal with claims. This information is referred to as 'special category' personal data and when you give us this information, we'll use it to try to ensure your particular needs regarding proceeding with an application or any claim are met. We may have to share that data with our third-party suppliers and transfer it outside the UK, EU or European Economic Area (EEA), as described in this Privacy Policy. When we do this, we will ensure that we transfer the data securely and according to regulatory requirements. If you do not want to provide this information to us, or after you have provided us with this information you ask us or our compliance department to stop processing this information, it may mean we won't be able to provide all or parts of the services you have requested.
- Personal information required to be collected for the purposes of handling, investigating and/or paying insurance claims from you and any relevant insured parties.
- If you enter a competition or promotion, complete a survey, or if you report a problem with any of our Services, we will collect your name and relevant contact information and any other personal information you choose to give us.
- If you contact us online, we may keep a record of your e-mail or other correspondence, and if you call us by telephone, we may monitor and/or record phone conversations. The monitoring and recording of telephone calls ensures that we have an accurate record of instructions and information provided to us, for training purposes, to assist in the resolution of complaints, to improve our customer service and to prevent or detect fraud.
- If, when using our Services, you search on our website or provide any of your personal data (including telephone number or e-mail address), but do not make a purchase, we will keep and use the data you've provided for a limited time and purpose, as outlined below.

To help us keep your information current, accurate and complete, please ensure you tell us if anything needs to be changed.

### Personal data obtained from other sources

We might also receive your personal data from third party sources who collect information about you. This includes:

- For insurance policies where there is more than one person insured on the same policy, we may obtain personal information about you from any of the insured parties on your policy.
- From fraud prevention agencies or from other companies such as other insurance undertakings where we are investigating suspected fraud.

**Where your data is stored and who it's shared with:**

**Your personal data is held on a combination of our own systems and systems of the suppliers we use to provide our services. Read more here...**

When you give your personal data to us, some personal data will also need to be given to and processed and stored by relevant third parties. These third parties include:

- our product partners, data processors (companies that act as service providers under contract with us and only process your personal information as instructed by us).
- our distribution partners/brokers, where sales of insurance are underwritten by us.
- claims handlers and emergency assistance providers for the purposes of handling, investigating and/or paying insurance claims to provide you with the arrangements and assistance you require.
- our card payment facilitators and other relevant third parties such as fraud investigators, that help us process customer payments or assist us in detecting and preventing fraudulent payments or claims.
- regulatory authorities and state organisations e.g., the Central Bank of Ireland, Financial Services and Pensions Ombudsman, relevant tax authorities or law enforcement authorities.
- other insurance companies where there is shared liability as part of an insurance claim including for recoveries or for the prevention or detection of fraud.
- reinsurers, where we are required to pass on information for underwriting or claims purposes.
- service providers acting for us such as IT suppliers, actuaries, auditors, lawyers, data storage companies.
- healthcare practitioners and medical institutions.
- anyone with authorisation or permission to act on your behalf about your insurance policy or claim (including other relevant individuals under a policy), includes legal representatives, medical practitioners.

Some of these third parties may be based outside of the UK, EU European Economic Area ("EEA"). Organisations that are based outside of the UK, EU or EEA may not be subject to the same level of controls in regard to data protection as exist within the UK and the EEA. We aim only to transfer your data to third parties outside of the UK, EU or the EEA where either:

- (a) your personal information will be subject to one or more appropriate safeguards set out in the law, if you'd like more information about our safeguards, please contact us. These safeguards might be the use of standard contractual clauses in a form approved by regulators, or having our suppliers sign up to an independent privacy scheme approved by regulators (like the US 'Privacy Shield' scheme).
- (b) the transfer is necessary to enable your contract to be performed.
- (c) your consent has been obtained; or
- (d) on the basis of necessity for the protection of your vital interests or those of another natural person (e.g., where there is a serious risk to life).

**How do we use your information when providing our services to you:**

**In order to provide our services to you, we use the information we hold in a number of different ways. Read more here.....**

We may use and process your personal information (including special category data such as information on your health specifically for insurance purposes) **where we have a specific legal basis to do so** under applicable national law.

In certain jurisdictions, we rely on local Data Protection Law that allows us to use **health data** in connection with your insurance policy, we may need to use health data for the purposes of providing quotes, processing claims, fraud investigation and handling complaints you may have.

The following activities are carried out by us using your personal data because it is **necessary in relation to a contract** which you have entered into or because **you have asked for something to be done so you can enter into a contract**.

- To provide you with a quotation for an insurance product.
- Providing the Services internally and through our suppliers, to ensure the services you have requested are arranged, including claims-handling and related activities.
- To communicate with you regarding your insurance contract, making any changes, answering queries, providing updates, carrying out renewal of insurance policies.
- We may use automated decision-making for medical screening purposes where we need to make an assessment of risk for certain pre-existing medical conditions. This means that your personal data (including special categories of personal data), such as your age, your medical history, as provided by you, will be used to evaluate and predict the level of risk associated with providing you with a contract of insurance. The criteria used in this assessment will enable us to determine whether we can offer you cover or whether you may be required to pay an additional premium for cover.

If we make a decision about you through information processed by automated means and the decision made by us produces a legal effect concerning you (such as the rejection of offering you insurance cover), or significantly affects you, you may have the right to contest that decision, express your point of view and ask for a human review.

We may use and process your personal information as set out below where it is **necessary for us to carry out activities for which it is in our legitimate interests as a business** to do so:

- To improve customer experience;
  - To notify you about changes to our service.
- To protect our business against financial loss;
  - For debt collection or credit vetting.
  - For payment card and booking verification (including using Google reCAPTCHA on some of our Sites to ensure only genuine customer bookings are made).
  - To obtain reinsurance for the business we underwrite.
  - Sharing with other insurers in respect of recoveries or shared liabilities.
  - For preventing and detecting fraudulent or criminal activity.

- To promote our business, improve our products and services;
  - To send marketing correspondence about products and services similar to those you have previously bought from us. You can opt out and object to our sending you electronic marketing information and this option will be included in every marketing message we send you. See the section 'When and how do we use your information for marketing for more information'.
  - For statistical analysis and actuarial reporting.
  - For internal research/analysis to improve the quality of our Services, the products we offer and new products we are developing by:
    - Inviting customers to take part in surveys or customer/business discussion groups.
    - Using aggregated customer data to make informed decisions based on analysis of customer booking or other purchase trends and behaviours.
    - Management information purposes including risk assessment, performance reporting and management reporting.
- To support any potential company sale or acquisition;
  - In the event that we sell or buy any business or assets, we may disclose your personal data to the prospective seller or buyer of such business or assets.
  -

We may use and process your personal information as set out below where we consider that it is in your **vital interests** that we do:

- To assist you or arrange for assistance to be provided to you by third parties either in the event of an incident or emergency.

We may use and process your personal information as set out below where we have your **consent** to do so:

- To assist you or arrange for assistance to be provided to you by third parties where you have special requirements in relation to medical, health or diet.
- To send marketing correspondence about our products and services where we have asked for your permission to do so. See the section 'When and how do we use your information for marketing for more information'.

We and third parties acting on our instructions, such as external law firms and their employees, may use and process your personal information as set out below where there is a **legal requirement** for us to do so:

- For resolving complaints, dealing with disputes and legal proceedings. This might include contacting you proactively if we need to resolve any issues you may be experiencing or have experienced with a booking or other purchase.
- To comply with relevant legal and regulatory obligations e.g., keeping proper books and records.

#### **When and how do we use your information for marketing:**

**To find out more about our marketing communications, including when and how we may contact you and how you can opt out of marketing, please read more [here](#)...**

We will only send you information and offers by e-mail or text message if you sign up (opt in) to receive such marketing, either directly through us or by telling a third party that you would like to receive marketing from us.

#### **Your rights in relation to any personal data we hold about you:**

**You have a number of rights in relation to your personal information under data protection law. To find out more, please read [here](#)...**

#### **Your Right to Access Your Personal Information**

You have the right to make a Data Subject Access Request in many circumstances. That is a request for access to the personal information that we hold about you. If we agree that we have to provide personal information to you (or someone else on your behalf), we'll provide it to you or them free of charge.

We may ask for proof of identity and sufficient information about your interactions with us that we can locate your personal information. That may include information about your previous purchases. If someone is acting on your behalf, they will need to provide written and signed confirmation from you that you have given your authority to that person/company for them to make the request. We will ask for this to be provided before we give you (or another person acting on your behalf) a copy of any of your personal information we may be holding. We may not provide you with a copy of your personal information if it includes the personal information of other individuals or we have another lawful reason to withhold that information.

Please see the section titled 'How to Contact Us' if you need to make a Data Subject Access Request.

#### **Correcting and updating your personal information**

The accuracy of your information is important to us and we are working on ways to make it easier for you to review and correct the information that we hold about you.

In the meantime, if you change your name or address/e-mail address, or you discover that any of the other information we hold is inaccurate or out of date, please let us know by contacting us using the details below.

#### **Withdrawing your consent**

Where we rely on your consent as the legal basis for processing your personal information, as set out in section above titled '**How do we use your information when providing our services to you**', you may withdraw your consent at any time.

If you would like to withdraw your consent to us processing any information concerning medical conditions, disabilities and special requirements, please contact us using the contact details below. Please note if you ask us to stop processing this information, it may mean we won't be able to provide all or parts of the services you have requested.

If you withdraw your consent, our use of your personal information before you withdraw is still lawful. Please note that exceptions may apply where we may need to continue to process your data e.g., in order to fulfil other legal obligations or for legitimate business interests.

#### **Objecting to our use of your personal information**

Where we rely on our legitimate business interests as the legal basis for processing your personal information for any purpose(s), you may object to us using your personal information for these purposes by e-mailing or writing to us at the address provided at the end of this policy. Except for the purposes for which we are sure we can continue to process your personal information; we will temporarily stop processing your personal information in line with your objection until we have investigated the matter. If we agree that your objection is justified in accordance

with your rights under data protection law, we will permanently stop using your data for those purposes. Otherwise, we will provide you with our justification as to why we need to continue using your data.

#### **Erasing your personal information or restricting its processing**

In certain circumstances, you may ask for your personal information to be removed from our systems by e-mailing or writing to us at the address at the end of this policy. Provided we do not have any continuing lawful reason to continue processing or holding your personal information, we will make reasonable efforts to comply with your request. Please note that exceptions may apply where we may need to continue to process your data e.g., in order to fulfil other legal obligations or legitimate business interests.

You may also ask us to restrict processing your personal information where you believe it is unlawful for us to do so, you have objected to its use and our investigation is pending or you require us to keep it in connection with legal proceedings. We may only process your personal information whilst its processing is restricted if we have your consent or are legally permitted to do so, for example for storage purposes, to protect the rights of another individual or company or in connection with legal proceedings.

#### **Transferring your personal information in a structured data file**

Where we rely on your consent as the legal basis for processing your personal information or need to process it in connection with your contract, as set out in section titled '**How do we use your information when providing our services to you**', you may ask us to provide you with a copy of that information in a structured data file.

You can ask us to send your personal information directly to another service provider, and we will do so if this is technically possible. We may not provide you with a copy of your personal information if it contains the personal information of other individuals or we have another lawful reason to withhold that information.

#### **How to contact us:**

Any subject access request can be made in writing to:

Data Protection Officer, White Horse Insurance Ireland, First Floor, Rineanna House, Shannon Free Zone, Shannon, County Clare, Ireland.

Alternatively, you can make a subject access request by e-mail to: [customerservice@white-horse.ie](mailto:customerservice@white-horse.ie)

You can also make a request when speaking to any of our customer service team or claims handling team.

Once you have made your request and provided us with the information we need to begin a search for the data we hold on you (including proof of identity), we will have 30 days to respond.

#### **Making a complaint**

We encourage you to contact us if you have a complaint and we will seek to resolve any issues or concerns you may have.

You have the right to lodge a complaint with the data protection regulator where you believe your legal rights have been infringed, or where you have reason to believe your personal information is being or has been used in a way that doesn't comply with the law. The contact details for the Office of the Data Protection Commissioner (**DPC**), the data protection regulator in Ireland, are available on the [DPC's website](#).

If you wish to contact us about this Privacy Policy, you can e-mail or write to the Data Protection Officer using the contact details above.

#### **Keeping hold of your personal data:**

##### **If you want to find out more about our data retention policy, please read more here.....**

Where you've made a purchase or claim with us, your personal information will be retained to ensure we provide the best possible customer service to you and to comply with our regulatory retention requirements. For example, if you purchase a product from us, we will keep your data for up to 7 years. We will keep your data for marketing purposes for up to 2 years. In some cases, such as where there is a dispute or a legal action we may be required to keep personal information for longer. We also retain your personal data for legal and audit purposes only for as long as necessary and in accordance with any retention period required by law.

#### **What is our approach to data security:**

##### **We take data security very seriously, to find out our approach to this please read more here...**

The transmission of information via the internet is not completely secure, and although we will do our best to protect your personal data, we cannot guarantee the security of your data transmitted to our Sites, therefore any transmission is at your own risk. Once we have received your information, we will take all reasonable steps to keep your personal data secure and to try to prevent any unauthorised access, use or loss of your data, by putting in place appropriate security measures and limiting access to those who have a business need to know. All information you provide to us is stored on our secure servers. Any payment transactions will be encrypted using SSL technology. Where we have given you (or where you have chosen) a password which enables you to access certain parts of our Sites, you are responsible for keeping that password confidential. We ask you not to share a password with anyone.

We have a process to deal with any suspected personal data breach and will notify you and the relevant Data Protection authority of a breach where legally required to do so.

#### **Changes to this Privacy Policy**

Please check this page regularly for changes to our privacy policy, which we may change from time to time. You can request a copy of a previous version of our Privacy Policy.

The signee acknowledges having received, on this same date, in writing and prior to signing the Contract, all the information required in the Regulations for the development of the Law on Organization, Supervision and Solvency of Insurance and Reinsurance Entities.

Read and agreed by the Policyholder, who expressly accepts the limiting and excluding clauses, contained in the General, Particular and Special Conditions of this Policy.

#### **ADDITIONAL INFORMATION ON DATA PROTECTION OF THE INSURANCE BROKERAGE COMPANY**

Who is responsible for the processing of your data?

The data controller is INTERMUNDIAL XXI S.L.U. Correduría de Seguros with CIF B81577231, with registered office at C/ Irún 7, 1º A izquierda, CP: 28008. You can contact us by letter to the postal address indicated above or by e-mail: [lopd@intermundial.com](mailto:lopd@intermundial.com).

For what purpose do we process your personal data?

At INTERMUNDIAL XXI S.L.U. we process the information provided by the interested parties for the purpose of advising on the contract and managing the insurance contract, processing claims arising from the contract signed, sending commercial communications and newsletters.

How long will we keep your data?

The data provided will be kept for the entire duration of the contract, and will be cancelled on expiry of the insurance contract.

Notwithstanding the above, the data will be blocked and kept for the period of limitation of the actions that may arise from the contractual relationship subscribed by you.

What is the legal basis for processing your data?

The legal basis for the processing of your data is the performance of insurance contracts in accordance with the terms and conditions contained in such contracts, as well as the processing of claims arising therefrom.

The offer of products and services is legitimised by the legitimate interest of the data controller, and the Customer may at any time express their opposition to this type of processing without the exercise of this right in any case conditioning the execution of the contract.

We also inform you that failure to provide the required information will make it impossible to enter into and fulfil the contract.

To which recipients will your data be communicated?

The data will be communicated to the insurers for the management of the insurance contract.

They will also be communicated to Servisegur Consultores S.L.U. with CIF B81398414, with registered office at C/ Irún 7, 1ª izquierda, Madrid, CP 28008, for the processing of claims arising from the contract signed.

What are your rights when you provide us with your data?

Any person has the right to obtain confirmation as to whether INTERMUNDIAL XXI S.L.U. is processing personal data concerning them.

The person concerned will have the right to withdraw their consent at any time, provided that the processing is not necessary for the performance of the contract. The withdrawal of consent shall not affect the lawfulness of the processing based on the consent prior to its withdrawal.

You may exercise your rights of access, rectification, erasure, restriction of processing, objection and data portability by emailing [lopd@intermundial.es](mailto:lopd@intermundial.es).

As a last resort, you may request information about your rights and file a complaint with the Spanish Data Protection Authority, located at Calle Jorge Juan, nº 6, 28001 Madrid.



**CUSTOMER INFORMATION**

In compliance with our duty to provide information and protect our customers as part of the brokerage services that we offer, please find the relevant details below:

Registration

INTERMUNDIAL XXI, S.L.U. is registered in the Special Administrative Register of Insurance Brokers, Reinsurance Agents and Executives Insurance Agents under entry No. J-1541. Said Register is public and can be consulted by writing to the Directorate General of Insurance and Pension Funds (Paseo de la Castellana, 44, 28046 -Madrid), or by visiting said organisation's website at:

<http://www.dgsfp.mineco.es/regpublicos/pui/pui.aspx>

Furthermore, INTERMUNDIAL XXI, S.L.U. retains a Professional Civil Liability and Surety Insurance Policy pursuant to the legislation in force.

Prior information receipt confirmation clause

The Policy Holder/Insured Party hereby expressly acknowledges that he/she has received, from the Insurer, in writing and on the date on which the insurance policy was taken out pursuant to its specific terms, the relevant information corresponding to the legislation applicable to the insurance contract, the different complaint bodies, the Member State in which the Holder's place of residence is located and its control authority, the corporate name, address and legal structure of the Insurer.

Customer Care Service

To process and resolve queries and complaints, INTERMUNDIAL XXI, S.L.U. has a customer care service that has been outsourced to Inade, Instituto Atlántico del Seguro, S.L., located in Vigo, in the province of Pontevedra, post code 36202, Calle La Paz, 2 bajo. The aforementioned service is obliged to resolve said complaints and claims in a maximum period of two months from the date on which they are submitted. In the event that the Customer is unsatisfied with the resolution, he/she may contact the Claims Service of the Directorate General of Insurance and Pension Fund; in order to so, it is essential that the customer demonstrates he/she has submitted the claim or complaint in writing to the Customer Care Service of INTERMUNDIAL XXI, S.L.U.

**PERSONAL DATA PROTECTION****BASIC INFORMATION**

Heading	Basic Information (1st layer)
Data Controller	Intermundial XXI S.L.U.
Purpose	<ul style="list-style-type: none"> <li>- Advice on contracting and formalisation of insurance contracts and</li> <li>- Claims processing</li> <li>- Sending of commercial communications about products, sending of Newsletter, website updates</li> </ul>
Legitimacy	<ul style="list-style-type: none"> <li>- Execution of the insurance contract</li> <li>- Consent for commercial communications</li> </ul>
Recipients	The recipients of your data will be the Insurers that offer the contracted coverage and Servisegur Consultores S.L. for the purpose of processing claims.
Rights	You have the right to access, rectify, limit the processing of, delete and request the portability of your data.
Origin	Directly from the interested party
Commercial communications	<p>In order to improve the provision of our services, we create a commercial profile of our customers based on the information provided by them, which allows us to offer products and services of the following types according to their interests:</p> <ul style="list-style-type: none"> <li>- Travel insurance</li> </ul>
Additional information	<p>You can consult the additional information on the last page of this document and detailed information on Data protection in the following section of our website:</p> <p><a href="http://www.intermundial.es/protecciondedatos">www.intermundial.es/protecciondedatos</a></p>

Objective analysis

Our advice is provided based on a sufficient number of insurance contracts offered on the risks market subject to coverage in such a way as to provide a recommendation, pursuant to professional criteria, concerning the insurance agreement that would best suit the customer's needs. Said analysis is not exclusively limited to the product, and also extends to the quality of the service and provisions that the chosen or rejected insurer is able to provide at the time the contract is formalised.

**ADDITIONAL INFORMATION ON DATA PROTECTION****Who is responsible for processing your data?**

The data processor is INTERMUNDIAL XXI S.L.u. Correduría de Seguros, with Taxpayer Identification Code B81577231 and registered office at C/ Irún 7, 1º A Izquierda, 28008. You can contact us by sending us a letter to our indicated postal address or via our email: [lopd@Intermundial.com](mailto:lopd@Intermundial.com).

**For what purpose do we process your personal data?**

At INTERMUNDIAL XXI S.L., we process the information provided by the interested parties for advice on contracting and to manage the insurance contract, processing claims arising from the contract signed, as well as sending commercial communications and newsletters.

**For how long will we keep your data?**

The data provided shall be kept throughout the term of the contract and shall be deleted upon expiry of the insurance contract.

Notwithstanding the foregoing, the data shall be blocked and stored during the period of limitation of any actions that may arise in connection with the contractual relationship entered into by you.

**What is the legitimacy for the processing of your data?**

The legal basis for the processing of your data is the execution of the insurance contracts, under the terms and conditions contained in the contracts, as well as the processing of claims arising from them.

The legitimacy of the offer of products and services lies in the legitimate interest of the data controller, and the Customer may at any time object to this type of processing, although the exercise of this right shall not condition the execution of the contract under any circumstances.

We also inform you that failure to provide the required information results in it being impossible to sign and fulfil the contract.

**To which recipients will your data be communicated?**

The data will be communicated to the insurers for the purpose of managing the insurance contract.

Likewise, they will be communicated to Servisegur Consultores S.L., with Taxpayer Identification Code B81398414 and registered office at C/ Irún 7, 1ºA izquierda, Madrid, 28008, for the purpose of processing claims arising from the contract signed.

**What are your rights when you provide us with your data?**

Any person has the right to obtain confirmation as to whether INTERMUNDIAL XXI S.L.U. is processing personal data concerning them.

The interested party shall have the right to withdraw his/her consent at any time, provided that the processing is not necessary for the purpose of fulfilling the contract. The withdrawal of consent shall not affect the legality of the processing based on consent prior to its withdrawal.

You may exercise your rights of access, rectification, deletion, limitation in the processing and portability of data through our website ([www.intermundial.es/incidencias](http://www.intermundial.es/incidencias)), or by addressing a letter to our Legal Advisory Department at C/ Irún 7, 1º A Izquierda, Madrid, 28008.

Ultimately, you can request information on your rights and file a claim with the Spanish Data Protection Authority, whose registered office is at calle Jorge Juan, nº 6, 28001 Madrid.

