



**GOLD
COVER**

Activity

Personal Travel Insurance

Scheme Ref: 02617

Medical Assistance Ref: 02617

This document only constitutes a valid insurance policy when it is issued in conjunction with a valid booking confirmation showing cover or insurance validation certificate. The insurance and services detailed in the policy wording are arranged by Gold Cover Insurance Services Ltd together with associated agents, following payment of the appropriate premium for the sections of cover purchased.

Gold Cover Activity Plus Personal Travel Insurance is arranged by Gold Cover Insurance Services Ltd with UK General Insurance Ltd on behalf of : Ageas Insurance Limited, Registered in England No.354568. Registered Office: Ageas House, Tollgate, Eastleigh, Hampshire, SO53 3YA.

Gold Cover Insurance Services Limited, UK General Insurance Ltd and Ageas Insurance Limited are authorised and regulated by the Financial Services Authority. This can be checked on the FSA's website at www.fsa.gov.uk/pages/register or by contacting them on 0845 606 1234.

ABOUT YOUR POLICY

The Underwriter hereby draw Your attention to some important features of Your travel insurance policy. If You would like more information, please contact the issuing broker/agent, particularly if You feel the insurance may not meet Your needs.

CANCELLATION

We hope **You** are happy with the cover this policy provides. However, if after reading this certificate, this insurance does not meet with **Your** requirements, please return it to **Your** issuing Agent, within 14 days of issue and we will refund **Your** premium. Thereafter **You** may cancel the policy at any time, however no refund of premium shall be made.

If **Your** policy is an annual multi-trip policy, the Insurer shall not be bound to accept renewal of any Insurance and may at any time cancel any insurance document by sending 14 days written notice to the Insured at his last known address. Provided the premium has been paid in full the Insured maybe entitled to a proportionate rebate of premium in respect of the unexpired period showing on the Insurance.

COMPLAINTS PROCEDURE

If **You** have any cause for complaint regarding this insurance, please refer to the Complaints Procedure on page 10 of this document.

CONDITIONS, EXCLUSIONS AND WARRANTIES

Conditions and exclusions will apply to individual sections of **Your** policy, while general exclusions and conditions will apply to the whole of **Your** policy. It is a condition of this policy that all - **Material Facts** must be disclosed to the **Underwriter** at the time of taking out this insurance. If **You** do not advise us of all the relevant information, **We** may quote the wrong terms, reject or reduce **Your** claim, or **Your** policy may become invalid.

DANGEROUS SPORTS OR PASTIMES

There is no cover under the policy for claims arising from any activity where it is recognised there is an increased risk of injury or can be reasonably expected to exacerbate an existing medical condition. If **You** require cover for claims arising from such an activity, please refer to the Hazardous Activities section.

GOVERNING LAW

This Certificate shall be governed by and construed in accordance with the Law of England and Wales unless the Certificate holder's habitual residence (in the case of an individual) or central administration and/or place of establishment is located in Scotland in which case the Law of Scotland shall apply.

HEALTH CONDITIONS

Your policy excludes **Pre-existing Medical Conditions** concerning the health of: **You**, any other person on whom the insured persons trip depends including **Your Relatives**, **Your** travelling companions, or **close business associates** who would force **You** to cancel or cut short **Your** trip.

You must declare any condition to Medical Pre-screening (see page 3) if **You** require cover, as failure to do so may invalidate certain essential coverages. For the definition of what constitutes a **Pre-existing Medical Condition**, please refer to the Policy Definitions section page 4.

MANUAL EMPLOYMENT

You will not be covered for any manual employment unless declared to

and accepted by the **Underwriter**. There may be amendments in policy conditions and/or an additional premium to pay.

PERSONAL LIABILITY

There is no cover for Personal Liability claims arising directly or indirectly from, happening through or in consequence of ownership, possession or use of any vehicle, automobile, aircraft, watercraft or any mechanically propelled conveyance.

POLICY DOCUMENT

You should read this document carefully. It gives **You** full details of what is and is not covered and the conditions of the cover. Cover will vary from policy to policy.

POLICY EXCESSES

Under most sections of the policy, claims will be subject to an **Excess**. The **Excess** will be applied per person, per section and per incident under which a claim is made. This means that **You** will be responsible for the first part of the claim. The amount **You** have to pay is the **Excess**.

POLICY LIMITS

All sections of **Your** policy have limits on the amount the **Underwriter** will pay under that section. There are also specific limits under the Baggage and Personal Effects section for: **Single Items**; **Valuables**; items for which an original receipt, proof of purchase or an insurance valuation (obtained prior to loss) is not supplied; loss, theft or damage occurring on a beach or in or around a swimming pool.

PROPERTY CLAIMS

These claims are paid based on the value of goods at the time **You** lose them and not on a 'new for old' or replacement cost basis. Wear, tear and depreciation will be deducted. Certain items of personal property are not covered. Police reports are required for all losses involving theft and other losses require alternative appropriate reports, such as an Airline Property Irregularity Report, a Hotel Managers report, etc. All thefts and losses are to be reported within 24 hours, please read the Baggage and Personal Effects section on page 6 for full details.

REASONABLE CARE / UNATTENDED PROPERTY

You must exercise reasonable care to prevent illness, injury or loss or damage to **Your** property, as if uninsured. There is no cover for property left unattended in a place to which the general public has access; this does not include on-piste facilities where skis must be split. There is no cover for loss of money which was not carried on **Your** person unless placed in a safety deposit box or similar locked, fixed receptacle.

RECIPROCAL HEALTH AGREEMENT

Travellers to European Union countries should obtain a European Health Insurance Card (EHIC), **You** can get an application from a Post Office or apply online at (www.dh.gov.uk/travellers). This will entitle travellers to benefit from the reciprocal health agreements which exist between certain European Countries. In the event of a claim being accepted for medical expenses which has been reduced by the use of an EHIC, or Private Health Insurance, the deduction of the **Excess** under the Medical Expenses section will not apply. When **You** are travelling to Australia and **You** have to go to hospital, **You** must register for treatment under the national Medicare system.

SCHEDULE OF COVER

Section	Description	STANDARD Cover Limit	Excess Per Insured	PREMIER Cover Limit	Excess Per Insured
1	Cancellation and Curtailment	Up to £1,000	£75	Up to £3,000	£50
2	Medical Expenses and Emergency Repatriation	Up to £5,000,000	£75	Up to £5,000,000	£50
	Emergency Dental Treatment	Up to £200	£75	Up to £200	£50
	Hospital Benefit	£10 per 24 hours up to £300	Nil	£20 per 24 hours up to £500	Nil
3	Baggage and Personal Effects	Up to £1,500	£75	Up to £2,500	£50
	Single Item Limit	Up to £200		Up to £300	
	Total for all Valuables	Up to £200		Up to £300	
	Travel Documents	Up to £250	Nil	Up to £500	Nil
	Baggage Delay	Up to £100	Nil	Up to £100	Nil
4	Personal Money	Up to £500	£75	Up to £500	£50
	Cash Limit	Up to £200		Up to £200	
	Cash (aged under 18)	Up to £100		Up to £100	
5.1	Travel Delay	£20 first 12 hour period, £10 each additional 12 hours up to £100	Nil	£20 first 12 period, £20 each additional 12 hours up to £300	Nil
5.2	Abandonment	Up to £1,000	£75	Up to £3,000	£50
6	Missed Departure	Up to £500	£75	Up to £1000	£50
7	Personal Accident	Max. Benefit £10,000	Nil	Max. Benefit £20,000	Nil
	Loss of Limbs or Sight	£10,000		£20,000	
	Permanent Total Disablement	£10,000		£20,000	
	Death Benefit	£5,000		£5,000	
	Death Benefit (aged under 18)	£1,000		£1,000	
8	Personal Liability	Up to £2,000,000	£75 (£200 for temporary accommodation)	Up to £2,000,000	£75 (£200 for temporary accommodation)
9	Legal Expenses	Up to £10,000	£75	Up to £10,000	£50
10	Catastrophe Cover	No Cover	N/A	Up to £500	Nil
11	Hijack	No Cover	N/A	£100 per day up to £500	Nil

Wintersports cover available upon payment of an additional premium (max age 65) and shown on the booking confirmation or validation certificate

12	Wintersports Cover				
12A	Ski Equipment	Up to £300	£75	Up to £1000	£50
	Max. per item, pair or set owned or borrowed	Up to £200		Up to £400	
	Max. per item, pair or set hired	Up to £150		Up to £400	
12B	Ski Hire	£20 per day up to £200	Nil	£40 per day up to £400	Nil
12C	Ski Pack	£20 per day up to £200	£75	£30 per day up to £450	£50
12D	Piste Closure	£10 per day up to £100	Nil	£20 per day up to £500	Nil
12E	Avalanche Cover	Up to £200	Nil	Up to £500	Nil

HEALTH CONDITIONS & MATERIAL FACTS

How to contact Medical Pre-screening

Telephone: 0845 218 1644 quoting reference

Gold Cover Activity

Pre-existing Medical Conditions

If **You** are aware that **You** or any other person on whom the Insured Person's trip depends (including a **Relative**, Travelling Companion or **Close Business Associate**) have:

- a pre-existing condition that could force **You** to cancel or cut short **Your** trip;
- been admitted as an in-patient in hospital in the last 24 months;
- ever suffered from, or received any form of medical advice, treatment or medication for:

1. **Any Heart or Circulatory related condition (Including Hypertension, Angina, Stroke)**
2. **Any Lung or Breathing related condition (Other than inhaler controlled, mild Asthma, suffered in isolation)**
3. **Any Cancerous condition**
4. **Any Kidney Related Disorder**

Then **You** must contact the Medical Pre-screening company in order to arrange cover for that condition. Failure to advise the Medical Pre-screening company of a **pre-existing medical condition** will result in claims for those undisclosed conditions not being paid. Contact the Medical Pre-screening company on **0845 218 1644**

Please note that cover cannot be offered for any Pre-Existing Medical Condition if You, or the person You are travelling with:

- are awaiting the results of medical tests or investigations
- are travelling against the advice of a **Medical Practitioner**
- are travelling for the purpose of obtaining medical treatment
- are on a hospital waiting list
- are receiving ongoing dialysis treatment
- have been given a terminal prognosis
- are suffering from anxiety, stress or depression

What will happen when You call Medical Pre-screening?

Our trained operators will ask **You** a few simple questions about **Your** intended holiday and the medical condition. **You** will be advised as to whether **Your Pre-existing Medical Condition** can be covered, whether there will be an additional premium to pay or whether there are any changes to be made to the policy terms and conditions. If cover can be provided, **You** will be given an acceptance code.

What will happen if You do not contact Medical Pre-screening?

If **You** do not contact Medical Pre-screening **You** will not be covered in the event of a claim arising out of **Your Pre-existing Medical Condition**.

MEDICAL EMERGENCY

What to do in the case of a Medical Emergency

The emergency assistance provided for **You** by this insurance is operated by Global Response and Healthwatch S.A. In the event of any illness, injury, accident or hospitalisation which requires:

Inpatient treatment, anywhere in the world **You** must contact:

Global Response

Tel: +44 (0) 113 3180 186

Fax: +44 (0) 113 3180 187

Email: operations@global-response.co.uk

Outpatient treatment, anywhere in the world, excluding North America and the **United Kingdom You** must contact **Healthwatch S.A.**

Tel: +44 (0) 113 3180 124 Fax: +44 (0) 113 3180 125

Email: newcase@healthwatch.gr

Outpatient treatment, in North America and the **United Kingdom You** must contact:

Global Response

Tel: +44 (0) 113 3180 186 Fax: +44 (0) 113 3180 187

Email: operations@global-response.co.uk

Global Response or Healthwatch S.A. may be able to guarantee costs on **Your** behalf. When contacting Global Response or Healthwatch S.A. please state that **Your** insurance is provided by UK General Insurance Ltd and quote the appropriate scheme name and reference number:

Scheme Name: Goldcover Activity

Reference number: 01627

Note:**You** must retain receipts for medical and additional costs incurred and **You** are responsible for any policy excess which should be paid by **You** at the time of treatment.

In-patient Treatment Abroad

If **You** go into hospital **You** must contact Global Response immediately. If **You** do not, this could mean that **We** will not provide cover or **We** will reduce the amount **We** pay for medical expenses.

Outpatient Treatment Abroad

If **You** require outpatient treatment please contact Healthwatch SA as detailed above. Please ensure the treating Doctor or Clinic is aware of the following instructions.

OUTPATIENT INSTRUCTIONS TO DOCTORS/CLINICS

In order to have Your invoices paid quickly, please send Your invoice together with a copy of the policy (clearly showing the patient name/s) and any supporting documentation related to the outpatient treatment (Medical report, cost breakdown) by email to newcase@healthwatch.gr

You must include Your bank account details, IBAN no's and / or swift code for payment to be processed electronically

Out Patient Department tel: 00 30 2310 256454

Out Patient Department fax: 00 30 2310 256455 or 00 30 2310 254160

Email: newcase@healthwatch.gr

Returning early to the United Kingdom, Channel Islands, Isle of Man or Republic of Ireland

If **You** have to return to the **United Kingdom**, Channel Islands, Isle of Man or Republic of Ireland, under section 2 (Emergency medical, repatriation & associated expenses), the relevant 24hr Emergency Services must authorise this. If they do not, this could mean that the **Underwriters** will not provide cover or reduce the amount they will pay for **Your** return **Home**. The **Underwriters** reserve the right to repatriate **You** when, in the opinion of the doctor in attendance and the 24 Hour Emergency Service **You** are fit to travel.

POLICY PERIODS

Policy Type – Single Trip

The period of insurance as defined.

Policy Type – One way Trip

A single outward trip, as defined in the Period of Insurance, beginning in the **United Kingdom**, Channel Island, Isle of Man or Republic of Ireland. The Period of Insurance shall expire normally or in any event no later than 24 hours after the time **You** first leave the immigration control of **Your** final destination country.

Policy Type – Annual Multi-Trip

Any number of single return trips, as defined, subject to the following:

- a maximum duration of 31 days any one trip if the appropriate premium has been paid.
- cover for overnight trips within the **United Kingdom**, Channel Island, Isle of Man or Republic of Ireland only applies when accommodation has been pre-booked for two or more nights.

- **Wintersports** cover is limited to 17 days per policy per year.

Period of Insurance – Single Trip / One - Way Trip

Under the Cancellation and Curtailment Charges Section, insurance is effective from the Date of Issue of the insurance policy and terminates on commencement of the trip. In respect of all other sections, insurance commences when **You** leave **Your Home** or business in the **United Kingdom**, Channel Islands, Isle of Man or Republic of Ireland (whichever is the later) to commence the trip described in the territorial limits and shall cease with whichever occurs first of the following:

- The expiry of the Policy Period as shown on the the booking confirmation or validation certificate;
- **Your** return **Home** as planned, at the end of the trip;
- **Your** first return to the **United Kingdom**, Channel Island, Isle of Man or Republic of Ireland prior to the planned return at the end of the trip.

The Period of Insurance will be extended day by day up to a maximum of 30 days after the expiry of the period stated on the booking confirmation or validation certificate when the return is necessarily delayed as a result of **Your** ill health or

failure of **Public Transport** provided that the 24 Hour Emergency Service have been notified.

In respect of one way trips only, the Period of Insurance shall cease whichever occurs first of the following: the expiry of the Policy Period or 24 hours after the time **You** first leave the immigration control of **Your** final destination country.

Period of Insurance – Annual Multi-trip only

Under the Cancellation and Curtailment Charges Section, insurance is effective from the later of either the Start Date of the insurance policy or the time at which a trip is booked and terminates with whichever occurs first of the following:

1. The commencement of the trip; or
2. The expiry of the Policy Period (being the expiry of 365 days from the start date).

In respect of all other sections, insurance commences when **You** leave **Your Home** or business in the **United Kingdom**, Channel Island, Isle of Man or Republic of Ireland (whichever is the later) to commence the trip described in the territorial limits and shall cease with whichever occurs first of the following:

1. The expiry of the Policy Period (being the expiry of 365 days from the start date).
2. **Your** return to **Your Home** as planned, at the end of the trip;
3. **Your** first return to the **United Kingdom**, Channel Island, Isle of Man or Republic of Ireland prior to the planned return at the end of the trip; or
4. **Your** period of travel exceeding the period stated on the booking confirmation or validation certificate. (If **Your** period of travel exceeds or was intended to exceed 31 days, then the entire period of travel, including the first 31 days, will not be covered hereunder).

The Period of Insurance will be extended day by day up to a maximum of 30 days when the return is necessarily delayed as a result of **Your** ill health or failure of **Public Transport** provided that the 24 hour Emergency Service have been notified. Cover extends to each and every Period of Insurance up to the maximum duration stated herein for any one trip.

POLICY DEFINITIONS

Wherever the following words or phrases appear within this policy they will always have the same meaning and will appear in bold.

Acceptable Activities

The following amateur activities are automatically included within the cover: Archery, if adequately supervised, Angling, Athletics, Aviation (as a fare paying passenger in a duly certified passenger-carrying aircraft), Badminton, Ballooning (which has been organised in the UK prior to departure), Baseball, Basketball, Beach Games, Boating (within 12 miles), Bungee Jumping (up to 1 jump), Canoeing (to Grade 3), Clay Pigeon Shooting, Cricket (amateur), Croquet, Cycling, Dry Skiing, Fell Walking, Fencing, Fishing, Football, Golf, Go Karting, Gymnastics, Handball, Horse Riding (up to 7 days), Ice Skating, Jet Skiing or Boating, Jogging, Kite Bugging, Kayaking (to Grade 3), Motor Cycling and Quad Biking up to 125cc, Netball, Non Manual Work, Orienteering, Outward Bound, Parascending (over water), Pony Trekking, Racquetball, Rambling, Roller Skating or Roller Blading, Rounders, Rowing, Running (sprinting or long distance), Safari (which has been organised in the UK prior to departure), Sail Boarding, Sailing (within 12 miles), Scuba Diving (max 90ft/30 metres) if adequately supervised, Shooting, Skate Boarding, Squash, Snorkelling, Softball, Street Hockey, Surfing, Swimming, Tennis, Trekking/Hiking (under 2000 metres), Triathlon, Volleyball, Water Polo, Water Skiing, White Water Rafting (to Grade 3), Windsurfing, Yachting or Dinghy Sailing (within 12 miles). If **Your** activity does not appear on this list of **Acceptable Activities**, it is not covered. However, the **Underwriter** may be able to cover **Your** activity upon payment of an additional premium. Please contact the Agent who sold **You** the policy.

Accident

A sudden, unexpected, unusual, specific, violent, external event which occurs at a single identifiable time and place and independently of all other causes, results directly, immediately and solely in physical bodily injury which results in a Loss. In no event shall the contracting of any disease and/or illness (including, but not limited to heart attack, stroke or cancer), nor the injection or ingestion of any substance, be considered

an **Accident**. An event which directly or indirectly exacerbates a previously existing physical bodily injury shall not be considered an **Accident**.

Adverse Weather

Weather of such severity that the police (or appropriate authority) warn by means of public communications networks that it is unsafe for individuals to attempt travel via the route originally envisaged by **You**.

Cancellation Costs

Travel and accommodation expenses paid or contracted to be paid by **You** in respect of **Your** trip.

Cash

Currency notes and coins.

Close Business Associate(s)

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

Common-Law Partner(s)

Any couple (including same sex) in a common law relationship or who have cohabited for at least 6 months.

Consequential Loss

Any other loss, damage or additional expense following on from the event for which **You** are claiming is not covered under this insurance. Examples of such loss, damage or additional expenses would be the cost of replacing locks after losing keys, costs incurred in preparing a claim or loss of earnings following bodily injury or illness.

Curtailment Costs

Travel costs necessarily incurred to return **Your Home** before the booked return date and a pro-rata amount representing the total pre-paid or contracted costs of accommodation, car hire and excursions attributable to each complete day which is not spent overseas. This pro-rata refund excludes all costs attributable to the outward and return travel tickets, whether used or unused.

Excess

Where applicable, the **Excess** is the first amount of the claim for each person, each section and each incident which is payable by **You**. **Excess** amounts are shown in the Schedule of Cover on page 2 except where the appropriate premium has been paid to delete the excess in respect of single trip policies only.

Family

Husband and Wife (or couple cohabiting for at least six months) plus up to 6 dependent children under 19 in full time education travelling with an insured adult.

Hazardous Activity

Any activity not listed under **Acceptable Activities**. The **Underwriter** may be able to cover **Your** activity upon payment of an additional premium. Please contact the Agent who sold **You** the policy.

Home

Your usual place of residence in the **United Kingdom**, Channel Island, Isle of Man or Republic of Ireland for more than six months of the year.

Incidental Basis

Your participation in an **Acceptable** or **Hazardous Activity** on a casual, fortuitous, occasional or minor basis. Sports tours and/or activity holidays (except **Wintersports** holidays) would be considered to include participation in **Acceptable** or **Hazardous Activities** on a non-incident basis.

Loss of Sight

The complete and irrecoverable loss of vision of one or both eyes.

Loss of Limb(s)

Loss by physical severance of a hand at or above the wrist or a foot at or above the ankle.

Material Fact

Any fact which is known to **You**, which is likely to influence the **Underwriter** in the acceptance or assessment of this insurance.

Medical Practitioner

A registered practising member of the medical profession who is not related to **You** or any person with whom **You** are travelling.

Permanent Total Disablement

Disablement which, from the moment of **Accident**, entirely prevents **You** from attending to any business or occupation whatsoever of any and every kind and which lasts 12 calendar months and, at the expiry of that period, is, in the opinion of the **Underwriter**, beyond expectation of improvement.

Pre-existing Medical Condition

A Pre-existing medical condition is a medical condition where **You**; or any other person on whom the insured persons trip depend (including a **Relative**, travelling companion or **Close Business Associate**) have:

- a pre-existing condition that could force **You** to cancel or cut short **Your** trip;
- been admitted as an in-patient in hospital in the last 24 months;
- ever suffered from, or received any form of medical advice, treatment or medication for:

1. **Any Heart or Circulatory related condition (Including Hypertension, Angina, Stroke)**

2. **Any Lung or Breathing related condition (Other than inhaler controlled, mild Asthma, suffered in isolation)**

3. **Any Cancerous condition**

4. **Any Kidney Related Disorder**

Public Transport

The use of train, bus, coach or ferry services, or scheduled flights, running to a published timetable to join the booked travel itinerary.

Recreational Ski Racing

Any race which does not contain a points system which counts towards a professional or amateur circuit.

Relative

Spouse, parent, parent-in-law, son, son-in-law, daughter, daughter-in-law, grandchild, brother, brother-in-law, sister, sister in-law, fiance(e) or **Common-Law Partner**.

Single Item

Any one article, pair, set or collection.

Single Parent Family

One adult and up to 6 children under age 19 living at home and in full time education travelling with the primary insured adult.

Ski Equipment

Skis, ski poles, ski bindings, ski boots, snowboard, snowboard bindings, snowboard boots, snowblades and any other recognised snowsports equipment.

Sports Equipment

Those items which are usually worn, carried, used or held during the participation of a sporting activity. Excluding **Ski Equipment**.

Underwriter

UK General Insurance Ltd on behalf of Ageas Insurance Limited.

United Kingdom, UK

England, Scotland, Wales and Northern Ireland

Valuables

Photographic equipment, video and audio equipment of any kind, telecommunication equipment, telescopes and binoculars, jewellery, watches, furs, silks, leather goods, animal skins, precious stones and articles made of or containing gold (or other precious metals and/or precious stones).

Wintersports

4x4 off road driving on ice or snow (where accompanied by experienced driver or on an officially organised event), bob-sleiging, cross country skiing, curling, dog-sledding, glacier walking (when accompanied by an official guide), heli-skiing, ice hockey, ice skating, land skiing, lugging, mono skiing, off-piste skiing/snowboarding, **Recreational Ski Racing**, skiing, skidoos, sledging, sleigh rides, snowboarding, snow mobiling, snowparks, snow-shoeing and tobogganing. The following will also be covered when supervised by a qualified instructor at all times: bob rafting, ice climbing, ice diving (up to 30m), ice karting, snow rafting, ski joering and piste basher driving (instructor must be on board at all times).

You

Any person who is included on the Policy having paid the appropriate premium. **Your** shall be held to mean that which relates to **You**. All persons must be resident in the **United Kingdom**, Channel Islands, Isle of Man or Republic of Ireland and registered with a **Medical Practitioner** in one of these areas, being the one in which **You** permanently reside. Each person is separately insured with the exception of children insured on an annual multi-trip policy unless travelling with an insured adult.

THE INSURANCE

This Certificate of Insurance witnesses that UK General Insurance Ltd, by issuance of our Contract No. 02617 against which this Certificate is issued, agrees to provide insurance to **You** described herein, subject to the terms, conditions, limita-

tions and exclusions described herein.

Geographical Limits

Single Trip policies

- Area 1. The **United Kingdom**, Channel Islands, Isle of Man, Northern Ireland and Republic of Ireland.
- Area 2. The continent of Europe west of the Ural Mountains, Madeira, Canary Islands, Iceland, The Azores, Mediterranean Islands and non European Countries bordering the Mediterranean.
- Area 3. Worldwide (excluding USA and Canada)
- Area 4. Worldwide (including USA and Canada)

Annual Multi Trip policies

- Area 1. The continent of Europe west of the Ural Mountains, Madeira, Canary Islands, Iceland, The Azores, Mediterranean Islands and non European Countries bordering the Mediterranean.
- Area 2. Worldwide (including USA and Canada)

Residency

This policy is only available to **You** if **You** are a resident of the **United Kingdom**, Channel Islands, Isle of Man or Republic of Ireland and registered with a **Medical Practitioner** in one of these areas, being the one in which **You** permanently reside.

Section 1. CANCELLATION & CURTAILMENT

▲ What You Are Covered For:

If **Your** trip is cancelled or curtailed due to any one of the reasons listed below occurring to **You** or **Your** travelling companion, and **Your** travelling companion cancels or curtails their trip, during the Period of Insurance, the **Underwriter** will indemnify **You** up to the amount shown in the Schedule of Cover:

Cancellation

for **Cancellation Costs** (prior to any occurrence giving rise to a claim under this section) which are not recoverable.

Curtailement

for **Curtailement Costs** which are foregone and which are not recoverable.

Reasons for Cancellation and Curtailement:

- (a) death, serious injury or serious illness, occurring during the Period of Insurance, of **You**, **Your** travelling companion, a **Relative** or **Close Business Associate of Yours** or **Your** travelling companion, or the person with whom **You** have arranged to stay whilst on the trip or any person on whom **Your** trip depends;
- (b) jury service, witness call or compulsory quarantine;
- (c) the posting overseas or emergency and unavoidable requirements of duty of Armed Forces, Police, Fire, Nursing or Ambulance Services;
- (d) redundancy, notified during the Period of Insurance, which qualifies for payment under the current redundancy payments legislation.
- (e) accidental damage to **Your Home** rendering it uninhabitable or the Police requiring **Your** presence following a burglary at **Your Home** within 2 days prior to the commencement of **Your** journey or holiday;

SPECIAL NOTE:

It is a condition of this section that any claim for Cancellation be advised immediately to Direct Group Travel Services and a claim form requested. Curtailement for any reason must be authorised by the 24 hour Emergency Service, following written confirmation from the treating doctor if IT IS MEDICALLY NECESSARY THAT YOU CURTAIL YOUR TRIP.

▼ What You Are Not Covered For:

The **Underwriter** shall not be responsible for

1. the **Excess** as shown in the Schedule of Cover;
2. Claims arising directly or indirectly as a result of a **Pre-existing Medical Condition** from **Your** illness, the illness of any other person on whom the insured persons trip depends (including a **Relative**, Travelling Companion or **Close Business Associate**) any person on whom **Your** holiday plans depend.

UNLESS **You** contacted the Medical Pre-screening line on 0845 318 1644 and **You** received acceptance of cover.

3. claims arising which are not supported by written medical confirmation and clinical reports from medical service providers, as well as all other proof of the happening of an event causing Cancellation and Curtailement;
4. claims for any costs associated with unused timeshare property, airmiles or other like promotions;
5. claims arising where **You** have not been able to receive the

- necessary inoculations or vaccinations or obtain necessary visas;
6. claims for travel expenses for **You** to travel to **Your Home** when **You** did not possess return travel tickets.
 7. failure to obtain the necessary passport, visa or permit required for **Your** journey.
 8. disinclination to travel.
 9. loss of enjoyment of any kind.
 10. claims for Cancellation or **Curtailement Costs** which the **Underwriter** would not have had to pay had you notified the travel agent, tour operator or provider of transport or accommodation immediately after **You** knew **You** would be Cancelling or Curtailement **Your** trip.
 11. claims arising directly or indirectly from the Cancellation or Curtailement of travel arrangements in any way caused or contributed to by or on order of any government, public or local authority including but not limited to any civil or federal aviation authority.
 12. **Your** late arrival at the airport or port after check in or booking in time.

Section 2. MEDICAL EXPENSES & EMERGENCY REPATRIATION

▲ What You Are Covered For:

The **Underwriter** will reimburse **You** up to the amount shown in the Schedule of Cover in respect of the following expenses necessarily incurred as a result of **You** sustaining accidental bodily injury or becoming ill:

1 Medical Expenses

- (a) cost of medical, surgical or hospital treatment (including emergency dental treatment up to £200 for the immediate relief of pain only). The **Underwriters** reserve the right to repatriate when, in the opinion of the 24 hour Emergency Service, **You** are fit to travel.
- (b) cost of transporting **Your** remains to **Your Home**, or the reasonable cost of a funeral in the country (outside of **Your** country of residence) where death occurs, up to £3,000.
- (c) reasonable additional transportation and accommodation room only costs (up to £1,000 per person for accommodation room only) incurred by **You** and any one person travelling with **You**, as a result of **You** receiving medical advice from the 24 Hour Emergency Service that **Your** originally planned return journey to **Your Home** is impossible due to medical reasons. (Payment shall be based upon the average cost of transportation and accommodation incurred prior to the originally planned return date).

2 Emergency Repatriation

The cost of **Your** return to **Your Home** by medically appropriate means where, in the opinion of the 24 Hour Emergency Service, such return is medically necessary.

3 Hospital Benefit

If **You** sustain actual bodily injury or suffer illness outside the **United Kingdom**, Channel Islands, Isle of Man or the Republic of Ireland, being the one in which **You** permanently reside, during the Period of Insurance resulting in admission to a hospital overseas as an in-patient the **Underwriter** will pay **You** a daily benefit for each complete 24 hours **You** are hospitalised up to a maximum shown in the Schedule of Cover.

SPECIAL NOTE: In the event of You dying, being involved in an accident, being admitted to hospital, or curtailing for medical reasons, the 24 Hour Emergency Service must be advised immediately and liability shall only attach for expenses agreed by them. Failure to notify the 24 Hour Emergency Service will prejudice the Underwriter and may result in the Underwriter non-acceptance of liability of such claims. Should You require medical treatment in Australia, You must enrol with MEDICARE. The Underwriters reserve the right to repatriate You to Your Home when, in the opinion of the 24 hour Emergency Service, You are fit to travel, if You refuse to be repatriated all cover under this policy will cease.

▼ What You Are Not Covered For:

The **Underwriter** shall not be responsible for

1. the **Excess** as shown in the Schedule of Cover;
2. Claims arising directly or indirectly as a result of a **Pre-existing Medical Condition** from **Your** illness, the illness of any other person on whom the insured persons trip depends (including a **Relative**, Travelling Companion or **Close Business Associate**) any person on whom **Your** holiday plans depend.

UNLESS **You** contacted the Medical Pre-screening line on 0845

218 1644 and **You** received acceptance of cover.

3. claims arising for treatment or surgery which, in the opinion of the 24 Hour Emergency Service, is not essential or can reasonably be delayed until **Your** return **Home**.
4. claims arising from the additional costs of single or private hospital accommodation;
5. any medical, hospital or treatment expenses in the **United Kingdom**, Channel Islands, Isle of Man or Republic of Ireland if **You** live there.
6. claims arising from medical treatment of any kind not authorised at the time by a recognised registered **Medical Practitioner**;
7. claims arising from medical treatment of any kind occurring after **You** have refused the offer of repatriation when, in the opinion of the 24 Hour Emergency Service, **You** are fit to travel;
8. claims arising in respect of physiotherapy treatment and other associated treatments, except as part of an ongoing treatment programme for a serious injury which, in the opinion of the 24 Hour Emergency Service cannot reasonably be delayed until **Your** return **Home**;
9. claims in respect of expenses arising from **You** not possessing return travel tickets.
10. taxi fares incurred anywhere other than when the taxi is used for emergency ambulance purposes.
11. costs of telephone calls, other than calls to the 24 Hour Emergency Service notifying them of a problem for which **You** are able to provide a receipt or other evidence to show the cost of the call and the number telephoned.
12. any claims arising from cosmetic surgery and any expenses incurred in connection with cosmetic surgery.
13. any costs providing, repairing or replacing dentures, dental work involving the use of precious metals, false limbs, hearing aids, contact or corneal lenses or prescription spectacles.
14. any medication or drugs which **You** knew was needed at the start of the trip.
15. claims arising where **You** have not been able to receive the necessary inoculations or vaccinations.

Section 3. BAGGAGE & PERSONAL EFFECTS

▲ What You Are Covered For:

Lost, Stolen or Damaged

The **Underwriter** will reimburse **You** up to the amount as shown in the Schedule of Cover, for the value of personal property taken or purchased on the trip by **You** which is accidentally lost, stolen or damaged. The maximum payment for any **Single Item** is shown in the Schedule of Cover. The maximum payment for **Valuables** is shown in the Schedule of Cover. The maximum payment for any **Single Item** for which an original receipt, proof of purchase or insurance valuation (obtained prior to the loss) is not supplied is £50, subject to a maximum of £200 for all such items.

Travel Documents

The **Underwriter** will reimburse **You** up to the maximum as shown in the Schedule of Cover for the value of Travel Documents (passport, green card, travel tickets, visas, accommodation vouchers and petrol coupons) held by **You** which are lost or stolen (and reasonable expenses directly consequential upon any such loss).

Baggage Delay

The **Underwriter** will reimburse **You** for the cost of purchase of necessities, up to the maximum as shown in the Schedule of Cover should baggage be delayed or lost in transit on the outward journey for more than 12 hours. Payment made under this heading will be set against the amount of claim arising if the baggage is permanently lost. **You** must supply receipts for the items purchased and confirmation from the carrier of the length of delay.

▼ What You Are Not Covered For:

The **Underwriter** shall not be responsible for

1. the **Excess** as shown in the Schedule of Cover;
2. wear, tear and depreciation of the article(s);
3. claims arising from breakage of fragile articles unless caused by fire or accident to a vehicle;
4. claims arising for loss, theft or damage to prams, buggies, wheelchairs, pedal cycles, motor vehicles, marine or diving equipment and craft, satellite navigation equipment surfboards or related equipment or fittings of any kind;
5. claims arising from damage caused by leakage of powder or liquid carried within personal effects or baggage;
6. claims arising for **Cash**, cheques, travellers cheques,

- stamps, contact lenses, computer equipment of any kind, mobile telephones, and tv sets;
7. claims arising for theft which are not reported to any appropriate police authority within 24 hours of discovery and an official report obtained;
 8. claims arising for loss or damage which are not reported to any appropriate authority within 24 hours of discovery and an official report obtained (and specifically for claims arising against or in common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery, and an official report obtained). In the case of an airline, a Property Irregularity Report will be required;
 9. claims arising for breakage of **Sports Equipment** whilst in use;
 10. claims arising from delay, detention, seizure or confiscation by Customs or other officials;
 11. claims arising for loss or theft of or damage to anything shipped as freight or under a Bill of Lading;
 12. claims arising for loss or damage of dentures or bridge work, artificial limbs, contact or corneal lenses or hearing aids of any kind;
 13. claims arising from property 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;
 14. claims arising for loss or theft of or damage to items from an unattended motor vehicle, unless taken from a locked boot between 8am and 8pm local time and there is evidence of forced entry which is confirmed by a police report;
 15. claims arising for loss or damage to items carried on a vehicle roof rack;
 16. claims arising for loss or theft of or damage to **Valuables** which at the time of such loss, theft or damage were located in checked-in luggage or an unattended motor vehicle;
 17. **Valuables** not on the Insured Person, persons or left in a safety deposit box or similar locked fixed receptacle.
 18. claims arising for loss, theft or damage in excess of £100 occurring on a beach or in or around a swimming pool (including claims under the personal money section)
 19. household goods and home contents.
 20. claims arising for loss or damage from:
 - a) Mechanical or electrical breakdown; or
 - b) moth or vermin; or
 - c) process of cleaning, restoring or repairing.

Section 4. PERSONAL MONEY

▲ What You Are Covered For:

The **Underwriter** will reimburse **You** up to the amount as shown in the Schedule of Cover for accidental loss or theft of **Your Cash** or travellers cheques on **Your** person or placed in a safety deposit box or similar locked, fixed receptacle. Cover for **Cash** is limited to the **Cash** limit as shown in the Schedule of Cover, (a reduced limit applies for children under 18 unless an adult premium has been paid).

▼ What You Are Not Covered For:

The **Underwriter** shall not be responsible for

1. the **Excess** as shown in the Schedule of Cover;
2. claims arising for theft which are not reported to any appropriate police authority within 24 hours of discovery and an official report obtained;
3. claims for loss which are not reported to any appropriate authority within 24 hours of discovery and an official report obtained (and specifically for claims arising against or in common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery, and an official report obtained). In the case of an airline, a Property Irregularity Report will be required;
4. claims arising from delay, detention, seizure or confiscation by Customs or other officials;
5. claims arising from shortages due to error, omission or depreciation in value;
6. claims arising for loss or theft of cash which at the time of such loss or theft was located in checked-in luggage or an unattended motor vehicle;
7. claims for loss or theft in excess of £100 occurring on a beach or in or around a swimming pool (including claims under the Personal Effects and Baggage section).
8. money held in trust.
9. Loss or theft of **Cash** that is
 - i) not on **Your** person; or
 - ii) not deposited in a safe, safety deposit box or similar

- locked fixed container in **Your** trip accommodation.
10. loss or theft of travellers cheques, if the issuer provides a replacement service

Section 5. TRAVEL DELAY & ABANDONMENT

▲ What You Are Covered For:

In the event of a delay of **Your** planned first outward flight, rail or sea trip from **Home** or planned final inbound flight, rail or sea trip to **Your Home**, as a result of:

- strike or industrial action
- **Adverse Weather**
- mechanical breakdown or derangement of such aircraft, sea vessel or train.

The **Underwriter** will indemnify **You** as follows:

1 Travel Delay

The amount shown in the Schedule of Cover for the first full 12 hour period of delay and an additional amount for each full 12 hour period of delay thereafter, up to the maximum amount shown in the Schedule of Cover, providing always that **You** obtain from the carrier a statement confirming the length and exact nature of the delay.

2 Abandonment

If the holiday or journey is necessarily cancelled following a delay to the first outward flight of not less than 24 hours beyond the scheduled departure time (and written confirmation obtained from the carrier), the **Underwriter** will indemnify **You** up to the amount shown in the Schedule of Cover for travel and accommodation expenses paid or contracted to be paid by **You** in respect of **Your** own trip (prior to any occurrence giving rise to a claim under this section) and which are not recoverable. No claim shall be made under both Travel Delay and Abandonment.

▼ What You Are Not Covered For:

The **Underwriter** shall not be responsible for

1. the **Excess** as shown in the Schedule of Cover;
2. claims arising from delay caused by strike or industrial action if already notified at the time the insurance was purchased;
3. **Your** failure to check-in as per **Your** original itinerary.
4. claims for delay by order of Government or Civil Authority.

Section 6. MISSED DEPARTURE

▲ What You Are Covered For:

The **Underwriter** will indemnify **You** up to the amount shown in the Schedule of Cover, in respect of reasonable additional costs of travel and accommodation necessarily incurred if **You** are unable to reach the International point of departure of the booked travel itinerary on the initial outward or final return journey as a consequence of the failure of **Public Transport** services as a result of:

- strike or industrial action
- **Adverse Weather**
- mechanical breakdown or derangement of such aircraft, sea vessel or train
or the accident/ breakdown of a private motor car in which **You** are travelling.

▼ What You Are Not Covered For:

The **Underwriter** shall not be responsible for

1. the **Excess** as shown in the Schedule of Cover;
2. claims arising as a result of **You** not having taken reasonable steps to arrive at **Your** departure point on time;
3. claims arising from the failure of **Public Transport** services caused by strike, riot or civil commotion for which warning has been given prior to the commencement of departure to the departure point;
4. claims arising from the vehicle not having been properly serviced and maintained, in the event of vehicle breakdown;
5. claims arising from vehicle breakdown that are not substantiated by a written report from a rescue service or garage.
6. claims for repair costs to the vehicle.
7. any claims relating to internal flights

Section 7. PERSONAL ACCIDENT

▲ What You Are Covered For:

The **Underwriter** will indemnify **You** or **Your** estate the sum insured as shown in the Schedule of Cover for one of the following Losses resulting from an **Accident** sustained by **You**: **Death**, **Loss of Limb(s)**, **Loss of Sight** or **Permanent Total Disablement**. Loss must occur within 180 days of the date of **Accident**. No benefits shall be paid for more than one Loss suffered.

▼ What You Are Not Covered For:

The **Underwriter** shall not be responsible for

1. any payment above half the cover as shown in the Schedule of Cover whilst taking part in a **Hazardous Activity**, unless **You** have paid the additional premium to provide **You** with full cover and this is shown in the booking confirmation or validation certificate.
- 2) any benefit if **You** cannot prove that the **Permanent Total Disablement** has continued for 12 months from the date of the injury and in all probability will continue for the remainder of **Your** life.
- 3) any claim for **Permanent Total Disablement** if at the date of the accident **You** are over the statutory age of retirement and not in full time paid employment.
- 4) any claim arising from directly or indirectly from the contracting of any disease or illness
- 5) any claim arising from directly or indirectly from the injection or ingestion of any substance
- 6) any claim arising from any event, which exacerbates a previously existing bodily injury
- 7) any claim not certified by an independent **Medical Practitioner**.

Section 8. PERSONAL LIABILITY

▲ What You Are Covered For:

The **Underwriter** will indemnify **You** up to the amount shown in the Schedule of Cover for **Your** legal liability for accidental injury to third parties and/or accidental damage to their property. This cover is applicable only in respect of liability under the law of the country in which the event giving rise to the claim occurred, or under English law.

▼ What You Are Not Covered For:

The **Underwriter** shall not be responsible for

1. the **Excess** as shown in the Schedule of Cover
2. anything in General Exclusions
3. the first £200 of each and every claim in respect of loss or damage to temporary holiday accommodation
4. bodily injury or disease to any person who, at the time of sustaining such injury or disease, is engaged in **Your** service or to any member of **Your Family** or anyone **You** are travelling with
5. damage to property belonging to, or in the care, custody or control of **Your Family** or a person in **Your** service
6. any liability arising out of or incidental to any profession, occupation, or business
7. any liability which has been assumed under contract and would not otherwise have attached
8. any liability, injury, loss or damage arising directly or indirectly from or due to ownership, possession or use of:
 - (i) any motorised or mechanical vehicles including any attached trailers or caravans;
 - (ii) any aircraft (whatsoever);
 - (iii) any watercraft or vessel (other than manually propelled watercraft or vessels) or any other form of motorised leisure equipment
9. any liability arising out of ownership, occupation, possession, or use of any land or building (other than occupation only of any temporary residence)
10. any liability, injury, loss or damage arising directly or indirectly from or due to ownership, possession or use of any firearms or weapons of any kind
11. any liability arising in respect of any wilful or criminal act or assault
12. any liability, injury, loss or damage arising directly or indirectly from or due to any animals belonging to **You** or in **Your** care, custody or control.
13. any claims arising directly or indirectly from participant to participant liability

SPECIAL NOTE: No liability shall be admitted and no admission, arrangement, offer, promise or payment shall be made by You without the written consent of the Underwriter, who shall be entitled, if they so desire, to take over and conduct, in Your name, their defence of any claim or to prosecute for their own benefit any claims for indemnity, damages or otherwise against any third party. The Underwriter shall have full discretion in the conduct of any negotiations, proceedings, or the settlement of any claims and You shall, wherever possible, give all such information.

Section 9. LEGAL EXPENSES

To pay legal costs and expenses incurred by the Insured Person

up to the maximum shown in the Schedule of Cover in pursuit of compensation and /or damages against a third party arising from or out of the death or personal injury of the Insured person occurring during the Period of Holiday/ Journey.

▲ What You Are Covered For.

1. The **Underwriter** shall have complete control over the legal proceedings and the appointment and control of a lawyer.
2. The Insured Person must follow the legal representative's advice and provide any information and assistance required. Failure to do so will entitle the **Underwriter** to withdraw cover.
3. The **Underwriter** must have access to all of the legal representative's file of papers.
4. The **Underwriter** may include a claim for their costs and expenses.
5. Failure by the Insured Person to comply with all or any of these conditions will entitle the **Underwriter** to render the legal expenses aspect of this insurance void and thereby withdraw cover.

▼ What You Are Not Covered For.

1. The **Underwriter** shall not be liable for:
 - (i) The **Excess** as shown in the Schedule of Cover;
 - (ii) costs incurred in pursuance of any claim against, the **Underwriter**, Gold Cover Insurance Services Ltd, the 24hr Emergency Service, Direct Group Travel Services, or any other person insured under the same policy.
 - (iii) Legal expenses incurred prior to the granting of support by the **Underwriter**.
 - (iv) Any claims reported more than 180 days after the commencement of the incident giving rise to such claim.
 - (v) Any claim where the laws, practices, and/or financial regulations of the country in which the proposed action will take place indicate that the costs of such action are likely to be unreasonably greater than the anticipated value of the compensation award.
 - (vi) Costs incurred in pursuance of a claim against any person with whom the Insured Person had arranged to travel.
 - (vii) Any claim where the Insured Person is insured for legal expenses under any other insurance policy.
 - (viii) Any claim where in the **Underwriter** opinion there is insufficient prospect of success in obtaining a reasonable benefit.
2. The **Underwriter** shall not be liable for any claim where legal costs and expenses are based directly or indirectly on the amount of an award.
3. The Insurance will not extend to covering the Insured Person in the pursuit of any appeal except at the **Underwriter** sole discretion.
4. Where there is a possibility of a claim being brought in more than one country, the **Underwriter** shall not be liable for the costs if an action is brought in more than one country.
5. Any claim against any member of **Your** family or travelling companions.
6. Any claim for legal costs where **You** are pursuing legal action relating directly or indirectly to medical negligence or alleged medical negligence.
7. any claim arising from **You** pursuing legal proceedings as part of and (or) on behalf of a group or organisation.
8. any claims emerging from the pursuance to a contingent fee arrangement between **You** and **Your** counsel.

Section 10. CATASTROPHE COVER

▲ What You Are Covered For:

If **You** are forced to move from **Your** pre-booked and pre-paid accommodation as a result of:

1. fire, explosion
 2. lightning
 3. earthquake
 4. storm, tempest, hurricane, flood
- the **Underwriter** will pay any travel and accommodation expenses **You** incur, to enable **You** to;
1. continue **Your** trip; or
 2. if **You** are unable to continue with **Your** trip, return **You** to **Your Home**, up to the amount shown in the Schedule of benefits.

▼ What You Are Not Covered For.

The **Underwriter** will not pay for the following in addition to the general exclusions in connection with claims made under this section:

1. the **excess** as shown in the Schedule of benefits
2. any costs which cannot be substantiated by a written report from the local or national authority who ordered **Your** relocation which confirms the exact cause for the relocation.
3. any costs or expenses payable by or recoverable from **Your** tour operator, airline, hotel or other provider of accommodation or transport
4. any costs or expenses if **You** decide not to remain in **Your** booked accommodation, although it is considered safe and acceptable to continue living there.
5. any costs or expenses which **You** would have expected to pay during **Your** trip.

Section 11. HIJACK

▲ What You Are Covered For:

The **Underwriter** will pay **You** up to the amount shown in the Schedule of Cover for every complete period of 24 hours in the event of hijack of the transport on which **You** are travelling.

▼ What You Are Not Covered For:

1. any claim not substantiated by a written police report confirming the length and exact nature of the incident.
2. anything mentioned in the Exclusions on page 10.

Section 12. WINTERSPORTS

A. SKI EQUIPMENT

▲ What You Are Covered For:

The **Underwriter** will indemnify **You** in respect of loss or breakage of **Ski Equipment** up to the amount shown in the Schedule of Cover for owned and hired **Ski Equipment**. In the case of owned **Ski Equipment**, each claim is subject to a maximum payment for any **Single Item** shown in the Schedule of Cover. The maximum payment for any **Single Item** for which an original receipt, proof of purchase or insurance valuation (obtained prior to the loss) is not supplied is £50, subject to a maximum of £200 for all such items.

▼ What You Are Not Covered For:

The **Underwriter** shall not be responsible for

1. the **Excess** as shown in the Schedule of Cover;
2. claims arising for theft which are not reported to any appropriate police authority within 24 hours of discovery and an official report obtained;
3. claims arising for loss or damage which are not reported to any appropriate authority within 24 hours of discovery and an official report obtained (and specifically for claims arising against or in common carriers and hotels, any claim not reported in writing to such a carrier or hotel within 24 hours of discovery, and an official report obtained). In the case of an airline, a Property Irregularity Report will be required;
4. claims arising from delay, detention, seizure or confiscation by Customs or other officials;
5. claims arising for loss or theft of or damage to anything shipped as freight or under a Bill of Lading;
6. claims arising from **Ski Equipment** if it has been left unattended in a place in which the public has access other than in respect of skis left in an area designated for their storage where no secure facility exists.
7. claims arising for loss or theft of or damage to items from an unattended motor vehicle, unless taken from a locked boot or locked roof rack between 8am and 8pm local time and there is evidence of damage or forced entry which is confirmed by a police report;
8. breakage of **Ski Equipment** over 5 years old;

SPECIAL NOTE:

The **Underwriter** liability for **Ski Equipment** owned by **You** shall be further limited as follows:

- Up to 1 year old – 90% of purchase price
- Up to 2 years old – 70% of purchase price
- Up to 3 years old – 50% of purchase price
- Up to 4 years old – 30% of purchase price
- Up to 5 years old – 20% of purchase price
- Over 5 years old – nil

The **Underwriter** liability for **Ski Equipment** hired by **You** shall be further limited to **Your** liability for such loss or damage.

B. SKI HIRE

▲ What You Are Covered For:

The **Underwriter** will indemnify **You** up to the amount shown in the Schedule of Cover for each 24 hour period for the cost of necessary hire of **Ski Equipment** following:

- (a) loss or breakage of **Your Ski Equipment**; or
- (b) the misdirection or delay in transit of **Your Ski Equipment** for 12 hours.

▼ What You Are Not Covered For:

The **Underwriter** shall not be responsible for

1. the **Excess** as shown in the Schedule of Cover;
2. claims arising for theft which are not reported to any appropriate police authority within 24 hours of discovery and an official report obtained;
3. claims arising for loss or damage which are not reported to any appropriate authority within 24 hours of discovery and an official report obtained (and specifically for claims arising against or in common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery, and an official report obtained). In the case of an airline, a Property Irregularity Report will be required;
4. claims arising for loss or theft of or damage to anything shipped as freight or under a Bill of Lading;
5. claims arising from **Ski Equipment** if it has been left unattended in a place in which the public has access other than in respect of skis left in an area designated for their storage where no secure facility exists.
6. claims arising for loss or theft of or damage to items from an unattended motor vehicle, unless taken from a locked boot or locked roof rack between 8am – 8pm local time and there is evidence of forced entry which is confirmed by a police report;
7. claim arising from delay, detention, seizure or confiscation by Customs or other officials.

C. SKI PACK

▲ What You Are Covered For:

The **Underwriter** will indemnify **You** up to the amount as shown in the Schedule of Cover, for the proportionate value of any ski pass, ski hire or tuition fee necessarily unused due to the following:

- (a) **Your** accident or sickness.
- (b) loss or theft of **Your** ski pass.

▼ What You Are Not Covered For:

The **Underwriter** shall not be responsible for

1. the **Excess** as shown in the Schedule of Cover;
2. claims arising for theft which are not reported to any appropriate police authority within 24 hours of discovery and an official report obtained;
3. claims arising for loss or damage which are not reported to any appropriate authority within 24 hours of discovery and an official report obtained (and specifically for claims arising against or in common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery, and an official report obtained). In the case of an airline, a Property Irregularity Report will be required;
4. claims arising for property 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 safe keeping of the property;
5. claims arising for loss or theft of items from an unattended motor vehicle, unless taken from a locked boot or locked roof rack between 8am and 8pm and there is evidence of forced entry which is confirmed by a police report;
6. claims arising directly as a result of **Your Pre-existing Medical Condition** unless declared to and agreed by **Medical Pre-screening** or the **Underwriter** with any required additional premium paid and/or amendments to policy conditions;
7. claims arising from a medical condition which is not substantiated by a report from the treating doctor confirming **Your** inability to ski.

D. PISTE CLOSURE

▲ What You Are Covered For:

In the event that, due to lack of snow fall or adverse weather in the pre-booked **Wintersports** resort during the months that constitute the local regular ski season, **You** are not allowed to ski for a period in excess of 12 hours, the **Underwriter** will pay the benefit as shown in the Schedule of Cover for each full 24 hour period in which **You** are unable to ski, up to the maximum as shown in the Schedule of Cover.

▼ What You Are Not Covered For:

The **Underwriter** shall not be responsible for

1. claims arising which are not substantiated by a report from the resort management.
2. claims arising due to lack of snow fall in a **Wintersports** resort which does not possess skiing facilities above 1,000 metres.
3. any benefit if **You** were aware of or it was publicly known

there was likely to be a lack of snow at the time of taking out this insurance.

E. DELAY DUE TO AVALANCHE

▲ What You Are Covered For:

The **Underwriter** will pay **You** up to the amount as shown in the Schedule of Cover for additional travel and accommodation expenses in the event that **Your** outward or return journey is delayed for at least 12 hours beyond the scheduled departure time as a direct result of avalanche.

▼ What You Are Not Covered For:

The **Underwriter** shall not be responsible for

1. claims arising which are not substantiated by a report from the resort management.

EXCLUSIONS APPLICABLE TO ALL SECTIONS OF THE INSURANCE

The **Underwriter** shall not be responsible for claims arising:

- for any claims in any way caused or contributed to by:
 - the failure of; or
 - the fear of the failure of; or
 - the inability of any equipment or any computer program to recognise, interpret correctly or process any date as its true calendar date or to continue to function correctly beyond that date (except claims under Sections 2 and 7);
- directly or indirectly by, happening through or in consequence of war, invasion, terrorism, acts of foreign enemies, hostilities, (whether war be declared or not), civil commotion, riot, civil war, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation, or requisition or destruction of, or damage to property by or on the order of any Government, Public or Local Authority except as specifically provided herein to the contrary;
- travelling to countries or regions against the advice of the British Foreign Office.
- from loss or destruction of, or damage to any property whatsoever, or any loss or expense whatsoever resulting in or arising there from, or any **Consequential Loss** or any legal liability of whatsoever nature, directly or indirectly caused by or contributed to, or arising from:
 - ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel; or (b) the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof;
- from **You** engaging in any illegal or criminal act;
- from any **Consequential Loss** whatsoever. Claims shall only be paid for those losses which are specifically stated under the terms of this insurance (except as provided in Section 3 relating to loss of Travel Documents);
- directly or indirectly out of **Your** financial incapacity;
- which, but for the existence of this insurance, would be covered under any other insurance policy(ies), including any amounts recovered by **You** from Private Health Insurance, EHC payments, any Reciprocal Health Agreements, Airlines, Hotels, **Home Contents Insurance** or any other recovery available to **You**, except in respect of any excess beyond which would have been covered under such other insurance or facility had this insurance not been effected;
- from the tour operator, airline or any other company, firm or person either becoming insolvent or being unable or unwilling to fulfil any part of their obligation;
- from **Your** death, injury or illness as a result of participating in:
 - a **Hazardous Activity** whilst on **Your** trip, unless **You** have paid the additional premium prior to travel and **You** have received confirmation in writing.
 - Wintersports**, if **You** have not paid the additional premium before **Your** trip departure and it is not shown on **Your** booking confirmation or validation certificate.
 - any of the above, if **You** are receiving any personal financial reward or gain during the period of insurance, unless the **Underwriter** has agreed to this and **You** have paid the appropriate additional premium.
- from suicide or attempted suicide or wilful exposure to danger (except in an attempt to save human life), sexually transmitted disease or the influence of or in connection with the use of alcohol or drugs, unless as prescribed by a treating doctor;
- claims arising from anxiety, stress or depression;
- from **You** being in or entering or descending from an aircraft other than a fully licensed passenger carrying aircraft in which **You** are travelling as a passenger other than as a member of the crew and not for the purpose of

undertaking any trade or technical operation therein or thereon;

- from **Your** wilful exposure to a peril. **You** must exercise reasonable care to prevent illness, injury or loss or damage to **Your** property as if uninsured;
- directly or indirectly from **You** being engaged in any manual employment after the commencement of the trip;
- which have not been proven and the amount thereof substantiated.
- from any injury, illness, death, loss, expenses or other liability attributable to HIV (Human Immunodeficiency Virus) and/or any HIV related illness and/or any mutant derivatives or variations thereof however caused.
- from **You** travelling against any health requirements stipulated by the carrier, their handling agents or any other public transport provider.
- any claims arising directly or indirectly from any prohibitive regulations or acts by the government of any country.
- any claims arising directly or indirectly from routine treatment or care which could be reasonably be expected to arising during **Your** period of insurance.

CONDITIONS APPLICABLE TO ALL SECTIONS OF THE INSURANCE

- All Material Facts must be disclosed to the Underwriter at the time of taking out this Insurance. If You do not advise us of all the relevant information, We may quote the wrong terms, reject or reduce Your claim, or Your policy may become invalid. A Material Fact is any fact known to You which is likely to influence the Underwriter in the acceptance or assessment of the insurance. If You are in any doubt as to whether a fact is 'material' then for Your own protection it should be disclosed. All information provided in purchasing this insurance shall form the basis of the contract. You should keep a record (including copies of letters) of all information provided to the issuing broker/agent for the purpose of entering into this contract.**
- All Certificates, information and evidence required by the **Underwriter** shall be furnished at **Your** or **Your** legal personal representatives' expense and shall be in such form and of such nature as the **Underwriter** may prescribe. **You** shall, as often as required, submit to a medical examination on behalf of the **Underwriter** at **Your** expense. In the event of **Your** death, the **Underwriter** shall be entitled to have a post-mortem examination at their own expense. Any items which become the subject of a claim for damage shall be retained for **Underwriter** inspection and shall be forwarded to their Agents upon request at **Your** or **Your** legal personal representatives expense. All such items shall become the property of the **Underwriter** following final settlement of the claim.
- In the event of any occurrence which may give rise to a claim under this insurance, **You** shall take all reasonable steps to minimise any loss arising out of such claim.
- This insurance is non-transferable. No premium will be refunded, either in full or on a pro-rata basis, after the expiry of the money-back guarantee period.
- The **Underwriter** and **You** are entitled to choose the law applicable to the insurance contract. This insurance shall be governed by and construed in accordance with the Law of England and Wales unless the certificate holder's habitual residence is in Scotland, in which case the Law of Scotland shall apply.
- The **Underwriter** may, at their own expense, take proceedings in **Your** name to recover compensation or secure an indemnity from any third party in respect of any loss or damage covered by this insurance and any amount so recovered shall belong to the **Underwriter**.
- In the event that **You** recover, by any means, damages from any third party in respect of personal accident in the circumstances defined in the Personal **Accident** section, all benefits paid to **You** under Personal **Accident** section shall be repaid to the **Underwriter**.
- If any fraudulent claim is made or if any fraudulent means or devices are used to obtain any benefit under this policy, all benefits thereunder shall be forfeited as well as all premiums paid.
- In the event that **You** experience a problem with the policy or the claims process, please refer to the Complaints Procedure.
- You** must take reasonable care of **Your** property and act as

if uninsured at all times.

- You** must be resident in the **UK**, Channel Islands, Isle of Man or Republic of Ireland and registered with a **Medical Practitioner** in the **UK**, Channel islands, Isle of Man or Republic of Ireland, one of these areas being the one in which you permanently reside at the time of taking out this policy and intend to return **Home** within the trip duration.
- Each Insured Person shall be deemed to be insured separately, with the exception of Children/Grandchildren unless travelling with an insured adult.

MAKING A CLAIM

For all Sections

Any incident or loss which gives rise, or may give rise, to a claim under **Your** travel insurance should be advised immediately to:

Direct Group Travel Services

Claims Department

PO Box 800, Halifax, HX1 9ET

Tel: 0844 412 4296 Fax: 0844 412 4138

On contacting Direct Group Travel Services please state **Your** insurance is provided by UK General Insurance Ltd and quote the following: Scheme Name: Goldcover Activities, Scheme ref: 02617

You will then be sent a claim form, which **You** should complete as fully as possible and return with the necessary supporting documents. For all claims **You** will need to send **Your** original insurance Certificate and policy wording and **Your** original holiday booking invoice.

If **You** have to make a claim, **You** must notify Direct Group Travel Services as above as soon as is practicably possible after the incident giving rise to the claim, and in any event not later than 31 days after **Your** return home.

UK General Insurance Ltd are an insurers agent and in matters of a claim act on behalf of the insurer.

COMPLAINTS PROCEDURE

It is the intention to give **You** the best possible service but if **You** do have any questions or cause for dissatisfaction please contact:

a) In respect of Insurance Sales;

Customer Services, Gold Cover Insurance Services

35 Queens Road, Tunbridge Wells, Kent

TN4 9LZ Tel: 01892 615511

b) In respect of Claims;

The Managing Director

Direct Group Travel Services

Claims Department

PO Box 800, Halifax, HX1 9ET

Tel: 0844 412 4296 Fax: 0844 412 4138

In all correspondence please state **Your** insurance is provided by UK General Insurance Ltd and quote scheme ref 02617.

In the event **You** remain dissatisfied and wish to make a complaint, **You** can do so by contacting the following:

The Customer Relations Manager

UK General Insurance Ltd

Cast House, Old Mill Business Park, Gibraltar Island Road

Leeds LS10 1RJ

Tel: 0845 218 2685 Email:customerrelations@ukgeneral.co.uk

If it is not possible to reach an agreement, **You** have the right to make an appeal to the Financial Ombudsman Service. This also applies if **You** are insured in a business capacity and have an annual turnover of less than €2million and fewer than ten staff. **You** may contact the Financial Ombudsman Service at: Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, Docklands, London E14 9SR Tel: 0845 080 1800.

The above complaints procedure is in addition to **Your** statutory rights as a consumer. For further information about **Your** statutory rights contact **Your** local authority Trading Standards Service or Citizens Advice Bureau.

COMPENSATION SCHEME

Ageas Insurance Limited are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme, if they cannot meet our their obligations. This depends on the type of business and the circumstances of the claim. Most insurance contracts are covered for 90% of the claim. **You** can get more information about compensation scheme arrangements from the FSCS or visit www.fscs.org.uk.

DATA PROTECTION ACT

Please note that any information provided to us will be processed by us and our agents in compliance with the provisions of the Data Protection Act 1998, for the purpose of providing insurance and handling of claims, if any, which may necessitate providing such information to third parties.

We may also send the information, in confidence, for process to other companies acting on their instructions including those located outside the European Economic Area.