



# Adventures

## Policy Document





# Adventures

This document is to notify **You** that this insurance is arranged by PJ Hayman & Company Limited and underwritten by Endurance Worldwide Insurance Limited ("Insurers/**We/Us/Our**") under a master binding authority B6151PJH2024 with PJ Hayman & Company Limited.

**Scheme Administrators:** PJ Hayman & Company Limited, Stansted House, Rowlands Castle, Hampshire PO9 6DX. Tel: **02392 419 050** (direct customers should phone **02392 419 093**)

## Summary of Cover

The following is only a summary of the main cover limits. **You** should read the **Policy** for the full terms and conditions.

Section & Cover person (up to)	Limit per	Excess*
<b>PART A</b>		
<b>1. Medical &amp; Emergency Expenses**</b>	<b>£10,000,000</b>	<b>£100</b>
Emergency dental treatment (for relief of pain only)	£300	
<b>Hospital Inconvenience Benefit</b>	<b>£400 (£20 per day)</b>	<b>Nil</b>
<b>Search &amp; Rescue costs</b>	<b>£50,000 (£10,000 in Home Area)</b>	<b>£500</b>
<b>2. Personal Accident</b>	<b>£5,000 ***</b>	<b>Nil</b>
<b>3. Personal Liability</b>	<b>£2,000,000</b>	<b>Nil (£200 property damage)</b>
<b>4. Activity Equipment</b>	<b>£1,000</b>	<b>£75</b>
Single items, pair or set limit	£600	
<b>Delayed Activity Equipment</b> (over 12 hours)	<b>£200</b>	<b>Nil</b>
<b>Activity Equipment Hire</b>	<b>£300</b>	<b>Nil</b>
<b>5. Legal Expenses</b>	<b>£25,000</b>	<b>Nil</b>
<b>6. Curtailment****</b>	<b>£2,000</b>	<b>£100</b>
<b>PART B - Optional cover subject to an extra premium being paid</b>		
<b>7. Possessions, Personal Effects, Money &amp; Documents</b>		
<b>Personal Possessions</b>	<b>£2,000</b>	<b>£75</b>
Single items, pair or set limit	£300	
Valuables limit	£300	
<b>Delayed Possessions</b> (over 12 hours)	<b>£200</b>	<b>Nil</b>
<b>Loss of Personal Money</b>	<b>£300</b>	<b>£75</b>
<b>Loss of Travel Documents including Passport</b>	<b>£1,000</b>	<b>£75</b>
<b>8. Cancellation, Loss of Deposit or Curtailment</b>	<b>£5,000</b>	<b>£100 (£25 loss of deposit)</b>
<b>9. Unexpected Events</b>		
<b>Travel Disruption</b> (costs to reach destination)	<b>£1,000</b>	<b>Nil</b>
<b>Travel Delay</b>	<b>£120 (£30 each 12 hours)</b>	<b>Nil</b>
or <b>Abandonment</b> (after 12 hours delay)	<b>£5,000</b>	<b>£100</b>
<b>PART C - Optional cover subject to an extra premium being paid</b>		
<b>10. Optional Independent Traveller</b>		
Extended Cancellation or Curtailment	<b>£5,000</b>	<b>£100</b>
Extended Travel Delay	<b>£120 (£30 each 12 hours)</b>	<b>Nil</b>
Extended Travel Disruption (costs to reach destination)	<b>£1,000</b>	<b>Nil</b>
Accommodation	<b>£5,000</b>	<b>£100</b>

\* The **Excess** on Parts A, B & C is the first amount of each claim, per section, for each separate incident, payable for each **Insured Person**.

\*\* Cover under Section 1, Part A, is not available in **Your Home Area**.

\*\*\* Cover under Section 2, Part A, is reduced to **£2,500** if **You** are aged under **16**.

\*\*\*\* Following an accident whilst **You** are participating in an **Insured Activity**.

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## Important Numbers

**Emergency Assistance Service** (lines open 24/7): **+44 (0)208 608 4254**

**Claims Department**

Tel: **02392 419 895**

Email: **claims@pjhayman.com**

**Medical Screening Line:**

**02392 419 068**

**Customer Services:**

Broker Support:

**02392 419 050**

Direct Customer:

**02392 419 093**

## Important Information

This **Policy** is for residents of the **United Kingdom** only and is effective for policies purchased from 1st April 2025 to 31st March 2026.

**It is essential that You read this Policy carefully and keep it with You when travelling abroad, as the information contained herein will assist You in the event of an emergency.**

### Arranged by:

Adventures Travel Insurance is arranged by PJ Hayman & Company Limited.

Registered Office: PJ Hayman & Company Limited,  
Stansted House, Rowlands Castle, Hampshire PO9 6DX.  
Registered in England - No. 2534965.

PJ Hayman & Company Limited is authorised and regulated by the Financial Conduct Authority and regulated by the Financial Conduct Authority and the Prudential Regulatory Authority under registration number 219654. This can be found on the Financial Services Register at [www.fca.org.uk](http://www.fca.org.uk).

### Underwritten by:

This **Policy** is underwritten by Endurance Worldwide Insurance Limited, a wholly owned subsidiary of Sompo International Holdings Ltd., registered in England and Wales, Registration Number 04413524, home state, United Kingdom. Registered Office: 2 Minster Court, 1st Floor, Mincing Lane, London, EC3R 7BB. Endurance Worldwide Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulatory Authority under registration number 219654. This can be found on the Financial Services Register at [www.fca.org.uk](http://www.fca.org.uk).

Insurance Policy 2025/26

## Introduction

### This is Your Travel Insurance

Please read this document carefully, including the **Schedule**, to ensure that **You** have the cover **You** require. If **You** have any queries, please contact the issuing Agent / Broker or P J Hayman & Company Ltd on **02392 419 050** (direct customers should phone **02392 419 093**).

### Cover

**We** will, subject to the terms of the **Policy** and confirmation of proof of payment of the appropriate insurance premium, pay the benefit described in respect of events occurring during the period of insurance. This **Policy** gives full details of the cover, limits and exclusions applicable to the insurance. It should be read in conjunction with the **Schedule** that states the persons covered and the basis of cover. Together these documents form a Contract of Insurance.

If **You** have an Annual Multi-trip **Policy**, please ensure before **You** travel that the activity **You** are participating in is shown on **Your Schedule**.

All activities are covered on a non-professional basis. **We** consider 'professional' to be activities/sports where **You** are either paid for participating in, receive any element of sponsorship, fees or prize money over £500. Any claims which arise whilst undertaking any activities for any purpose other than leisure (examples of non-leisure purposes include professional/semi-professional/paid/sponsored racing or timed events) will not be covered under this policy, unless shown on **Your Schedule** and the appropriate premium has been paid.

**You are required to follow the safety guidelines for the activity concerned and where applicable You must use the appropriate and recommended safety equipment. This would include the use of safety helmets, life jackets, safety goggles and protective clothing where appropriate. Please note that a General Exclusion of cover exists under Your Policy with Us for claims arising directly or indirectly from Your "wilful act of self exposure to peril (except where it is to save human life)". This means that We will not pay Your claim if You do not meet this Policy condition.**

### Cancellation rights during the statutory period ("Cooling off" Period)

Please read this **Policy** carefully. If this **Policy** does not meet **Your** requirements, the lead insured may cancel this insurance within 14 days of receipt of the documents. Please contact the issuing Agent / Broker or P J Hayman & Company Ltd on **02392 419 050** (direct customers should phone **02392 419 093**). Any premium already paid will be refunded to **You** providing **You** have not travelled, no claim has been made or is intended to be made and no incident likely to give rise to a claim has occurred.

### Cancellation outside the statutory period

The lead insured may cancel this insurance at any time after the cancellation period by contacting the issuing Agent / Broker or P J Hayman & Company Ltd on **02392 419 050** (direct customers should phone **02392 419 093**).

Annual Multi-trip cover - providing no claim has been made or is intended to be made and no incident likely to give rise to a claim has occurred.

Period of Cover:      Refund Due:

Up to two months	60%
Up to three months	50%
Up to four months	40%
Up to five months	30%
Up to six months	25%
Six months or over	No refund

Single Trip cover - 50% providing **You** have not travelled, no claim has been made or is intended to be made and no incident likely to give rise to a claim has occurred.

### Expiry of Your insurance

If **You** have Annual Multi-Trip cover, **You** will be contacted in writing at least 21 days prior to the expiry of the period of insurance, as shown on **Your Schedule**.

**Your Policy** will not automatically renew.

If **You** will be on a **Trip** when **Your Policy** is due to end, **You** should contact **Your Scheme Administrators** before **You** travel. **We** can arrange **Your** renewal so **You** are covered for the whole of **Your Trip**.

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**.

### Extension of cover

If in the event of circumstances beyond **Your** control **You** are unable to complete the **Trip** before the expiry of this **Policy**, the cover will be automatically extended without additional premium for the additional days necessary for **You** to complete the **Trip** up to a maximum of **60** days.

### Foreign, Commonwealth and Development Office (FCDO)

**You** are required to check the FCDO information before commencing a **Trip**. Travel advice can be obtained from the FCDO by visiting their website at:

[www.gov.uk/government/organisations/foreign-commonwealth-development-office](http://www.gov.uk/government/organisations/foreign-commonwealth-development-office)

### Fraudulent claims

If **You**, or anyone acting on **Your** behalf, make a claim knowing it to be false or fraudulent in amount or in any other respect this insurance will become invalid. This means **We** will not pay the false or fraudulent claim, or any subsequent claim.

### Fraud prevention

To keep premiums low **We** do participate in a number of industry initiatives to prevent and detect fraud. To help prevent crime **We** may:

- Share information about **You** with other organisations and public bodies including the police;
- Share information about **You** with other insurers;
- Pass **Your** details to recognised centralised insurance industry applications and claims review systems (for example the Travel Claims Database) where **Your** details may be checked and updated;
- Check **Your** details with fraud prevention agencies and databases. If **You** give **Us** false or inaccurate information and **We** suspect fraud, **We** may record this with fraud prevention agencies;
- Search records held by fraud prevention and credit agencies to:
  - Help make decisions about credit services for **You** and members of **Your** household;
  - Help make decisions on insurance policies and claims for **You** and members of **Your** household;
  - Trace debtors, recover debt, prevent fraud and to manage **Your** insurance policies;
  - Check **Your** identity to prevent money laundering;
  - Undertake credit searches and additional fraud searches.

### Governing Law

The parties to this contract are free to choose the applicable law. Unless specifically agreed to the contrary this insurance shall be subject exclusively to the law and jurisdiction of the courts of England and Wales.

### Greenland

This policy will not provide cover under Section 1- Medical & Emergency Expenses for Search & Rescue costs in Greenland. **You** should purchase separate cover from an insurance provider within Greenland. Any medical treatment **You** need following a Search & Rescue will be covered subject to the terms of this policy.

### If Your health changes

If **Your** health changes after the time of taking out **Your** insurance, or at the time of making arrangements to travel in the case of an Annual Multi-Trip insurance, and before the commencement date of **Your Trip**, **You** must tell **Us** by calling the Medical Screening Line on **02392 419 068** so that **We** can tell **You** if the change in health will affect **Your** insurance and if cover can continue for further **Trips** **You** may wish to book. If **You** are not sure whether something is relevant **You** must tell **Us** anyway.

### Insurance Excess

Under some sections of the insurance an **Excess** will apply. This means that **You** will be responsible for paying the first part of the claim for each single event or occurrence. The amount **You** have to pay is the **Excess**.

### Non-payment of premiums

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

### Other insurance

Sometimes what is covered under one insurance may also be covered under another insurance, for example the cover or maybe some of the cover which is insured under this insurance, could also be insured under another insurance.

If it is covered under two insurances **We** will pay the full claim and claim half of this back from **Your** other insurance.

If **We** do claim half back from **Your** other insurers, **We** will do this in **Your** name, this is called subrogation, which means **We** substitute for **You** including all **Your** rights and responsibilities.

### Other parties

A person who is not a party to this contract has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this contract but this does not affect any right or remedy of a third party which exists or is available apart from that Act.

### Period of insurance

- If Annual Multi-Trip cover is selected:

the period for which **We** have accepted the premium as stated in the **Schedule**. During this period any **Trip** not exceeding **60** days is covered. There is no cover offered by **Your Policy** whatsoever for a **Trip** which is longer than **60** days. This would include not covering **You**, regardless of **Your** incident date, for any claim that relates to a booked **Trip** that is longer than **60** days in duration. Under these policies, cover under the Cancellation section, shall be operative from the original issue date stated in **Your Schedule** or at the time of booking a **Trip** and terminates on commencement of a **Trip** or the expiry date as shown on **Your Schedule**.

- If Single Trip cover is selected:

the period of the **Trip** and terminating upon its completion, but not in any case exceeding the period shown in **Your Schedule**. Under these policies cover under the Cancellation section, shall be operative from the date **You** pay **Your** premium and terminates on the commencement of **Your Trip**.



- For all other sections of the **Policy**:  
whichever cover is selected, the insurance commences when **You** leave **Your Home** in the **United Kingdom** to commence **Your Trip** and terminates at the time of **Your** return to **Your Home** on completion of **Your Trip**.

### Pregnancy

This **Policy** does not intend to cover the normal costs or losses otherwise associated with pregnancy (including multiple pregnancy) or childbirth. This **Policy** will however cover should complications arise with **Your** pregnancy which fall within the definition of **Complications of Pregnancy and Childbirth** which occurs during **Your** period of insurance.

### Private medical treatment

There is no cover under this **Policy** for in-patient medical & treatment expenses incurred in a private **Hospital**, unless specifically authorised by **Our** Emergency Assistance Service.

### Special notice

This is not a private medical insurance policy and only gives cover in the event of an **Accident** or sudden illness that requires emergency treatment whilst abroad. In the event of any medical treatment becoming necessary which results in a claim under this insurance, the **Insured Person** will be expected to allow **Us**, or **Our** representatives, unrestricted and reasonable access to all their medical records and information.

### Reciprocal Health Arrangements

European Health Insurance Card (EHIC)/Global Health Insurance Card (GHIC)

The EHIC allows **You** to access state provided healthcare in all European Economic Area (EEA) countries and Switzerland. **Your** EHIC will be accepted for the remainder of its validity. If **You** do not have a valid EHIC **You** will need to apply for a GHIC. For more information or to apply for **Your** GHIC: online at [www.ghic.org.uk](http://www.ghic.org.uk) or by telephoning 0300 330 1350

Presenting **Your** EHIC/GHIC at a public medical facility will allow **You** to obtain treatment at a reduced cost and in many cases free of charge, provided **You** are a **United Kingdom** resident (please note if **You** reside in the Isle of Man or the **Channel Islands** **You** are not eligible for an EHIC/GHIC).

**You** must carry it with **You** when travelling abroad. Remember to check **Your** EHIC/GHIC is still valid before **You** travel. If **You** are travelling outside the EEA then there are some countries that have reciprocal agreements with the **United Kingdom** and these can be found on: [www.nhs.uk/NHSEngland/Healthcareabroad/countryguide/NonEEAcountries/Pages/Non-EEAcountries.aspx](http://www.nhs.uk/NHSEngland/Healthcareabroad/countryguide/NonEEAcountries/Pages/Non-EEAcountries.aspx)

If **We** agree to pay for a medical expense which has been reduced because **You** have used either an EHIC, GHIC or private health insurance, **We** will not apply the deduction of the **Excess** under Section 1 - Medical & Emergency Expenses.

Medicare - Australia

If **You** are travelling to Australia **You** can enrol in Medicare which will entitle **You** to subsidised **Hospital** treatments and medicines. **You** can do this by contacting a local Medicare office in Australia. All claims for refunds under the Medicare scheme must be made before **You** leave Australia. For more information on Medicare visit: [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au) or email: [medicare@medicareaustralia.gov.au](mailto:medicare@medicareaustralia.gov.au)

### Sanctions suspension

It is a condition of this insurance, and the Insured agrees, that the provision of any cover, the payment of any claim and the provision of any benefit hereunder shall be suspended, to the extent that the provision of such cover, payment of such claim or provision of such benefit by the Insurer would expose that Insurer to any sanction, prohibition or restriction under any:

- United Nations' resolution(s); or
- the trade or economic sanctions, laws or regulations of the European Union, **United Kingdom** or United States of America.

Such suspension shall continue until such time as the Insurer would no longer be exposed to any such sanction, prohibition or restriction.

## Privacy Notice

The Insurer, Endurance Worldwide Insurance Limited ("**We/Us/Our**") and PJ Hayman & Company Limited (**Your Scheme Administrators**) as identified in the **Policy** and/or the **Schedule** are each the Data Controller of the data collected about **You**. As such, **We** are responsible for the way in which this data is processed and will use personal information and, to the extent applicable, special category data given by **You**, together with other information for, amongst other things, the administration of this **Policy**, the handling of claims, the provision of customer services, credit checks and to prevent and detect fraud, as described more fully below in the Somo International General Privacy Policy. **We** are a member of the Somo International<sup>1</sup> group; as such, the information **You** provide may also be disclosed to **Our** affiliates or parent, service providers and agents for these purposes. It may also be disclosed to the insured's insurance advisor, where appointed.

**We** may need to collect and process information relating to individuals who may benefit from this **Policy**, which may include both personal data and special category data (such as medical history). **You** must ensure that **You** have explicit verbal or written consent from these individuals to such information being processed by **Us**.

In collecting or processing personal data, including special category data, about **You** or related third parties under this **Policy**, **We** shall comply with applicable data protection legislation.

**We** are committed to protecting **Your** personal information and respecting the data protection and privacy rights **You** have under applicable law and regulations.

When **You** submit any information to **Us** for the purpose of requesting information from **Us** about, or obtaining, **Our** products or services, **We** will use the information **You** provide, including any personal information, in its insurance business to conduct its business and perform its legal obligations, including:

- verifying **Your** identity;

- preventing, investigating or reporting fraud or potential fraud, money laundering, terrorism, misrepresentation, security incidents, sanctions violations or any crime, all in accordance with applicable law and regulations;
- assessing, establishing and managing claims and arranging or entering into any appropriate settlements;
- managing, reporting and auditing **Our** business operations;
- recovering debt;
- developing, improving and protecting **Our** products, services, website, systems and relationships with **You**;
- carrying out research, risk management and statistical analyses;
- establishing, exercising or defending legal claims; and
- meeting regulatory and compliance requirements.

**We** will ensure that **Your** personal data is processed in a manner consistent with the purposes set above. **We** will retain **Your** personal data for as long as it is necessary for the purposes mentioned above or as long as required by law.

To the extent applicable, **We** may also use **Your** contact details (including email address(es)) to send **You** information about related products and services or other products and services provided by **Us** or one of **Our** group companies.

**We** may share **Your** information for the purposes outlined above with:

- Our** group companies;
- brokers, other insurers and underwriters;
- healthcare professionals;
- law enforcement authorities;
- other government authorities;
- fraud prevention agencies; and
- third parties involved in any aspect of claims management including surveyors, loss adjusters, claims agents, solicitors and private investigators;
- parties that may have a financial interest in the insurance **Policy** or claim;
- other service providers that may process **Your** personal information on **Our** behalf (for example, IT service providers that host or support **Our** business and may have data that includes **Your** personal information); and
- others with **Your** consent or in accordance with applicable law and regulations.

If **You** have provided information about another person, in doing so **You** confirm that **You** have such person's consent to provide the personal information to **Us**, that **You** have told such person that **You** have provided the information to **Us** and how **We** will use the personal information as described in this notice.

To the extent **You** have provided **Your** consent, and **Your** consent provides the basis for **Our** use of the information, **You** may withdraw **Your** consent at any time by contacting **Us** as described below.

More details about how **We** use **Your** personal information may be found:

in the Somo International General Privacy Policy, available on **Our** website at: <https://www.sompo-intl.com/privacy-policies/> and the PJ Hayman website at: [www.pjhayman.com/documents/PJH\\_Privacy\\_policy.pdf](http://www.pjhayman.com/documents/PJH_Privacy_policy.pdf)

The website also provides additional information about **Your** data protection rights, how **You** may access and update **Your** personal information and other choices **You** have about how **We** use **Your** personal information (including how to object to processing or withdrawing **Your** consent at any time).

If **You** have any questions regarding this notice, please contact **Us** at:

Attn: Chief Compliance Officer Somo International  
Post: 1221 Avenue of the Americas, New York City, NY 10020  
Email: [Privacy@sompo-intl.com](mailto:Privacy@sompo-intl.com)

For PJ Hayman & Company Ltd:

Post: Compliance Manager, PJ Hayman & Company Limited, Stansted House, Rowlands Castle, Hampshire PO9 6DX  
Email: [Customerservices@pjhayman.com](mailto:Customerservices@pjhayman.com)  
Phone: +44 (0) 2392 419 833

## Complaints Procedure

**We** are dedicated to providing **You** with a high quality service and want to ensure that this is maintained at all times. If **You** feel that **We** have not offered a first class service or **You** have any questions or concerns about this **Policy** or the handling of **Your** claim please contact **Us**, quoting Adventures Travel Insurance and **We** will do **our** best to resolve the problem.

If **You** have any questions or concerns about the insurance or the handling of a claim **You** should, in the first instance, contact **Your Scheme Administrator**:

Compliance Manager  
PJ Hayman & Company Limited  
Stansted House  
Rowlands Castle  
Hampshire PO9 6DX  
Email: [Customerservices@pjhayman.com](mailto:Customerservices@pjhayman.com)

If **Your** complaint can be resolved within three (3) business days:

**We** will aim to resolve **Your** concerns within three (3) business days, following receipt of **Your** complaint. A written Summary Resolution Communication will be provided to **You** if the complaint is resolved to **Your** satisfaction.

In the unlikely event that **You** remain dissatisfied, **You** may be entitled to refer the matter to the Financial Ombudsman Service, free of charge.

If **Your** complaint cannot be resolved within three (3) business days:

**We** will send **You** an acknowledgement letter to explain **Your** complaint has been escalated to the Head of Compliance, who will investigate **Your** complaint and keep **You** informed throughout the process.

**We** will investigate **Your** complaint and provide one of the following within eight (8) weeks of receipt of **Your** complaint:

- A final response letter explaining the outcome of **Our** investigation, the reason for **Our** decision and information on how to steps to take, should **You** remain dissatisfied; or
- A holding letter confirming when **We** anticipate **We** will have concluded **Our** investigation.

Referring to the Financial Ombudsman Service:

Should **You** remain dissatisfied with the outcome of **Our** investigation or **We** are unable to conclude **Our** investigation within eight (8) weeks, **You** may be able to refer **Your** complaint to the Financial Ombudsman Service (\*if eligible), provided **You** do so within six (6) months of the date of the Final Response.

The contact details for the Financial Ombudsman is:

Financial Ombudsman Service  
Postal address: Exchange Tower, Harbour Exchange, London E14 9SR  
Customer Helpline: 0800 023 4567 or 0300 123 9 123  
Email: [complaint.info@financialombudsman.org.uk](mailto:complaint.info@financialombudsman.org.uk)  
Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

\* The Financial Ombudsman Service may not be able to consider a complaint if **You** have not provided **Us** with the opportunity to resolve it first, or if **You** are:

- a small business which has an annual turnover of more than £6.5 million; and has annual balance sheet of more than £5 million; or employs more than 50 persons.
- a trustee of a trust with a net asset value of more than £5 million; or
- a charity with an annual income of more than £6.5 million.

The Financial Ombudsman Service is an independent service in the UK for settling disputes between consumers and businesses providing financial services.

The complaints handling arrangements above are without prejudice to **Your** rights in law.

### Financial Services Compensation Scheme (FSCS)

Endurance Worldwide Insurance Limited is covered by the Financial Services Compensation Scheme. **You** may be entitled to compensation from the scheme if **We** are unable to meet **Our** obligations to **You** under this insurance. If **You** were entitled to compensation under this Scheme, the level and extent of the compensation would depend on the nature of this insurance. Further information about FSCS is available on their website: [www.fscs.org.uk](http://www.fscs.org.uk) or **You** can write to them at PO Box 300, Mitcheldean, GL17 1DY, or telephone 0800 678 1100 or +44 (0)20 7741 4100.

### Single Trip Notes

At the time of taking out this insurance **You** must be aged **75** years or under.

The maximum duration under Single Trip is **6** months (limited to **3** months for ages **65-69** years or **31** days for ages **70-75** years) continuous cover.

In the event of early return (including **Curtailment**), the **Policy** shall become void on the **Insured Person's** arrival **Home**.

### Annual Multi-Trip Notes

At the time of taking out this insurance **You** must be aged **75** years or under.

**You** may take any number of **Trips** during the period of insurance but the maximum duration for any one **Trip** should not exceed **60** days (limited to **31** days for ages **70-75** years).

### Important Conditions Relating to Health

**You will NOT be covered:**

- For any claims under Part A - Medical & Emergency Expenses or Part B - Cancellation or Curtailment, where at the time of taking out this insurance (and in the case of Annual Multi-Trip at the time of booking each **Trip**), **You**, a **Close Relative** or **Close Business Colleague**:
  - is waiting for an operation, **Hospital** consultation (other than for regular check-ups for a stable, well controlled condition) or other **Hospital** treatment or investigations, or are awaiting the results of any tests or investigations; or
  - has been diagnosed as having a terminal condition; or
  - is travelling against medical advice or for the purpose of obtaining treatment; or
  - is suffering from anxiety, stress, depression or any other mental or nervous disorder.
- For any **Trip** where at the time of taking out this insurance (and in the case of Annual Multi-Trip at the time of booking each **Trip**) **You** answer 'YES', or ought to have answered 'YES', in response to any of the 'Medical Screening Questions' and fail to contact the Medical Screening Line.

**Note:** If **Your Trip** is within the **United Kingdom** **You** do not need to contact **Us**.

**You must take care to answer all questions honestly and to the best of Your knowledge and not to make a misrepresentation of the facts of Your state of health. If You fail to do this, We may at Our option cancel the Policy or refuse to deal with Your claim or reduce the amount of any claim payment.**

Please refer to the section headed 'Duty of Care'.

### Medical Screening

If **You** need to telephone the Medical Screening Line, (see below for details) **You** will be asked simple questions about **Your** medical condition, medication, trips to the doctors, and other related matters.

If, as a consequence of **Your** call, **We** wish to impose special terms, such as an additional premium or higher policy **Excess**, these will be advised to **You** immediately and confirmed in writing.

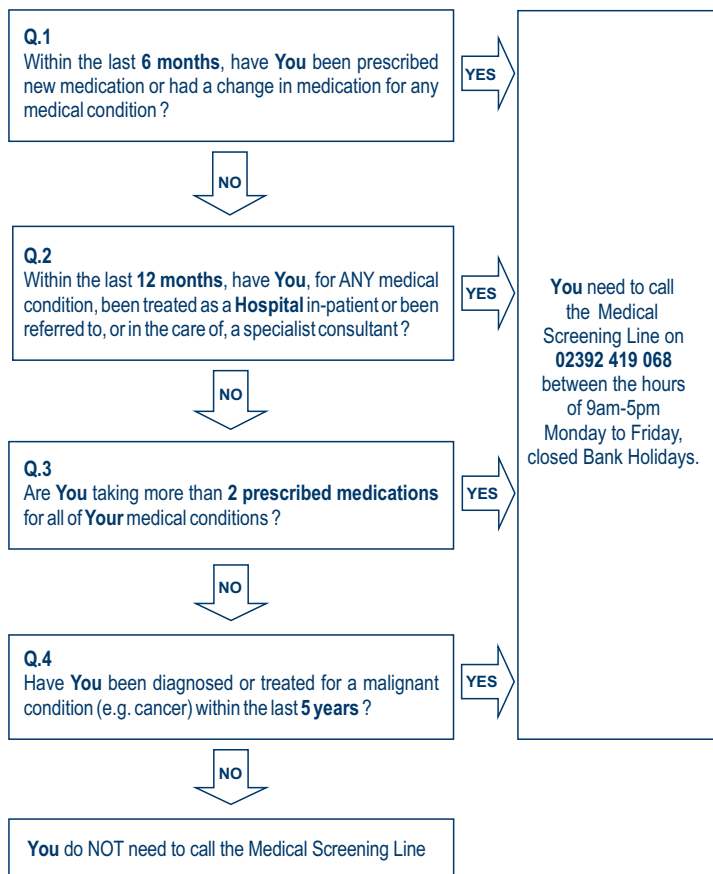
**You** will also be advised of a medical screening reference, which **You** should keep a record of.

Telephone the Medical Screening Line on **02392 419 068** between the hours of 8.00am and 6.00pm Monday to Friday, closed Bank Holidays, to confirm acceptability of cover (please note Mondays are normally very busy, **You** may prefer to call at other times).

**We** may wish to impose special terms, such as an additional premium.

### Medical Screening Questions

**Important - not applicable if Your Trip is within the United Kingdom**



### Duty of Care

**You** must take care to answer all questions honestly and to the best of **Your** knowledge and not to make a misrepresentation of the facts that could influence **Us** in accepting **Your** insurance. This includes **Your** destination, duration, age, planned activities and state of health of all travellers on this **Policy** or **Close Relatives**, or others on whom **Your Trip** depends. If **You** are in any doubt, **You** should contact **Us** on **02392 419 050** (direct customers should phone **02392 419 093**). If **You** fail to answer all questions honestly, **We** may at **Our** option cancel the **Policy** or refuse to deal with **Your** claim or reduce the amount of any claim payment.

### Definitions

The following definitions apply to this **Policy**. They have the same meaning wherever they appear. For ease of reading the definitions will start with a capital letter and are in bold font.

#### Accident / Accidental

A sudden, unexpected, unusual, specific, violent, external event, which occurs at a single identical time and place and independently of all other causes, resulting directly, immediately and solely in physical bodily injury which results in a loss.

#### Activity Equipment

Specialist equipment belonging to **You** or for which **You** have legal responsibility (including **Ski Equipment**) which is specifically used for the **Insured Activity**.

**Note:** this does not include items of clothing and helmets which are covered under **Personal Possessions**.

#### Cancellation

Unused and irrecoverable travel, car hire, excursions, pre-paid activity course fees and accommodation **Expenses** paid or contracted to be paid by **You** in respect of **Your Trip**.

#### Claims Procedure

Instructions shown in this **Policy** that **You** must follow in the event of a claim.

### Close Business Colleague

Any person in the same employment and having the same employer as **You** within **Your Home Area**, whose absence from work for one or more complete days at the same time as **You**, prevents the proper continuation of that business.

### Close Relative

Mother, father, sister, brother, wife, husband, civil partner, partner (who has co-habited for at least **6** months), son, daughter (including fostered / adopted), grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step parent, step child, step brother, step sister, or legal guardian.

### Complications of Pregnancy and Childbirth

Toxaemia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole, (molar pregnancy), post partum haemorrhage, retained placenta membrane, placental abruption, hyperemesis gravidarum, placenta praevia, stillbirths, miscarriage, medically necessary emergency Caesarean section, medical necessary termination and premature births. This definition is only applicable if the complication occurs more than **8** weeks (or **16** weeks in the case of a known multiple pregnancy) prior to the expected delivery date.

### Computer System

Any computer, hardware, software, communications system, electronic device (including, but not limited to, smart phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility, owned or operated by the **Insured Person/You** or any other party.

### Curtailment/Curtail

- abandoning or cutting short the **Trip** by direct early return to **Your Home**, in which case claims will be calculated from the day **You** returned to **Your Home** and based on the number of complete days of **Your Trip** that **You** have not used; or
- by attending **Hospital** overseas as an in-patient for a period in excess of **48** hours. Claims will be calculated from the date **You** were admitted to **Hospital** and based on the number of complete days for which **You** were hospitalised.

All refunds exclude costs attributable to the outward and return travel tickets whether used or unused.

### Cyber Act

An unauthorised, malicious or criminal act or series of related unauthorised, malicious or criminal acts, regardless of time and place, or the threat or hoax thereof involving access to, processing of, use of or operation of any **Computer System**.

### Cyber Incident

Any error or omission or series of related errors or omissions involving access to, processing of, use of or operation of any **Computer System** or any partial or total unavailability or failure or series of related partial or total unavailability or failures to access, process, use or operate any **Computer System**.

### Departure Point

The airport, international rail terminal or seaport where **You** commence **Your Trip** at the start or final part of **Your Trip**.

### Excess

The first amount of each claim, per section, for each separate incident, payable for each **Insured Person**.

This is **£75** per person (**£100** under Section 1 - Medical & Emergency Expenses, Section 6 - Curtailment, Section 8 - Cancellation & Curtailment, Section 9 - Unexpected Events - B2 Abandonment only and Section 10 - Independent Traveller).

Under Part F of Section 1 (Medical & Emergency Expenses) **You** will be responsible for the first **£500** of each and every claim for Search & Rescue costs.

Under Section 3 - Personal Liability **You** will be responsible for the first **£200** of each claim (in respect of property damage only).

(Higher excesses may apply under certain sections of the **Policy** as a result of Medical Screening).

### Expense/Expenses

Costs agreed by **Us** or **Our** Emergency Assistance Service that **You** could become responsible for such as, emergency medical costs or legal expenses.

### Family

A husband/wife/civil partner or partner aged **64** years or under at the time of purchase of the **Policy** (who have co-habited for at least **6** months), plus their unmarried, dependent children (including fostered or adopted), all aged under **18** years at the time of purchase of the **Policy**. **Note:** Adults may travel independently but children must travel with an insured adult.

### General Exclusions

Circumstances which are not covered by this **Policy** (page 10).

### Hazardous Activity

Any dangerous or hazardous activity or occupation representing an increased risk of physical injury or stress, including but not limited to manual work abroad, mountaineering, parachuting, white water rafting, yachting outside coastal waters, unless declared to and accepted by the **Scheme Administrators**, prior to the date of travel.

### Home

**Your** normal place of residence in the **United Kingdom**.

### Home Area

**United Kingdom**.

### Hospital

Any establishment that is registered or licensed as a medical or surgical hospital in the country in which it is located and where an **Insured Person** is under the supervision of a **Medical Practitioner**.

### Insured Activity

The activity (activities) as notified to the **Scheme Administrators** or shown on the **Schedule** and for which the appropriate premium has been paid.

**Note:** **You** must act in a reasonable manner and adhere to the rules set out by the governing body of the activity, and use all recommended safety equipment or protective clothing.

### Medical Practitioner

A doctor or specialist who is legally qualified, licensed and registered to practice medicine under the laws of the country in which they practice, excluding **You**, **Your** travel companion, **Your Close Relative**, or **Your** employee.

### Money

Cash or bank or currency notes, cheques, postal and **Money** orders, current postage stamps (excluding stamp collections), ski passes, travellers' cheques, coupons or vouchers which have a monetary value (excluding lottery tickets).

### Personal Possessions

Items owned entirely by **You** including **Your** luggage and their contents, articles **You** are wearing or carrying with **You** including **Your Valuables** but excluding **Activity Equipment**.

### Policy

This document, the **Schedule** and any applicable Endorsements.

### Public Transport

Any publicly licensed aircraft, sea vessel, train or coach on which **You** are booked to travel.

### Redundancy/Redundant

Means **You** becoming unemployed under the Protection of Employment Act. **You** must have been given a notice of redundancy and be receiving payment under the current **Redundancy** Payments legislation.

The following are not included in the definition:

- Any employment which has not been continuous and with the same employer for at least **2** years
- any employment which is not on a permanent basis
- any employment which is on a short term, fixed contract
- any instance where **You** have reason to believe that **You** would be made redundant at the time of booking **Your Trip** or purchasing this insurance **Policy**.

### Schedule

The schedule is part of the **Policy**. It will show details of **You**, the period of insurance and the cover **You** have opted for.

### Scheme Administrators

PJ Hayman & Company Limited; Stansted House, Rowlands Castle, Hampshire PO9 6DX. Telephone for cover queries: **02392 419 050** (direct customers should phone **02392 419 093**).

### Ski Equipment

Skis, snowboards, ski boots, ski bindings and ski sticks.

### Travel Documents

Driving licence, passport, travel tickets, travel passes, ski passes, all of which are owned by **You**.

### Terrorism/Terrorist Activity

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 organisations 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.

### Trip/Trips

A holiday or journey that begins when **You** leave **Home** and ends on **Your** return **Home** or, in the case of repatriation on medical grounds, to a **Hospital** or nursing home in **Your Home Area**. **Note:** A **Trip** must involve pre-booked accommodation or travel unless it is a "one-off" event taking place on a single day.

### Unattended

When **You** cannot see or are not close enough to **Your** baggage, **Money**, **Valuables**, property or vehicle to stop it being damaged or stolen.

### United Kingdom/UK

England, Scotland, Wales, Northern Ireland, Channel Islands, the Isle of Man and Gibraltar.

### Valuables

Jewellery, gold, silver, precious metal(s), precious or semiprecious stone articles, watches, telescopes, items made of leather (including designer footwear, handbags or purses), binoculars, sunglasses, reading/prescription glasses, furs, cameras, camcorders, photographic audio video computer television or telecommunications equipment (including mobile phones, mobile phone accessories, smart phones, personal digital assistant(s), blackberries, iPods, iPads, laptops, tablets, personal organiser's, notebooks, netbooks, kindles, eBooks, eReaders, CD's, DVD's, memory cards, speakers, headphones, Nintendo DS, games console, computer games and associated equipment).

### We / Our / Us

Endurance Worldwide Insurance Limited.

### You / Your / Insured Person

Any person named on the **Schedule** who is registered with a **Medical Practitioner** and permanently residing in the **United Kingdom**.

## Geographical Areas

**Area 1** **United Kingdom** (excluding Channel Islands & Isle of Man)

**Area 2** The continent of Europe (West of the Ural Mountains), the Channel Islands, the Isle of Man, the Republic of Ireland, Madeira, Iceland, the Canary Islands, the Azores, countries with a Mediterranean coastline but excluding Israel, Syria and Lebanon

**Area 3** Worldwide excluding USA / Canada / Caribbean

**Area 4** Worldwide including USA / Canada / Caribbean



## PART A - SECTIONS 1, 2, 3, 4, 5 & 6

### Section 1: Medical & Emergency Expenses

#### What You are covered for

Overall limit: (per person)	£10,000,000
Part E: Hospital inconvenience benefit	£20 per day, up to £400

If **You** become unexpectedly ill or are injured outside **Your Home Area**, **We** will pay up to the amount shown above (for each **Insured Person**) in respect of:

- reasonable and necessary emergency medical treatment **Expenses**, ambulance charges and similar costs, **Hospital** fees and emergency dental treatment costs (up to **£300** for the immediate relief of pain to **Your** natural teeth only), additional accommodation (room only) and repatriation **Expenses** necessarily incurred and payable until such time as, when in the opinion of the doctor in attendance and **Our** medical advisers, **You** are fit to travel;
- necessary travel and accommodation (room only) **Expenses** of one relative or friend, or a qualified nurse who in the opinion of the doctor in attendance and **Our** medical advisers is needed to accompany **You**, because of **Your** disability;
- additional return **Home Expenses** necessarily incurred by **You** resulting from the death, sudden illness or injury of **Your** spouse or other **Close Relative** not travelling with **You**;
- reasonable costs for the transfer of **Your** body or ashes in the event of death, to **Your Home** (but excluding funeral and interment expenses); or
  - reasonable costs towards the cost of burial or cremation **Expenses** in the country, (outside **Your** normal **Home Area**), where death occurs;
- a **Hospital** inconvenience benefit (up to the amount shown above) in the event of **You** being admitted to **Hospital** abroad as an in-patient due to **Accidental** bodily injury or illness sustained abroad during the period of **Your Trip**;
- any necessary costs **You** incur from a specialist local rescue organisation for search, rescue and emergency transfer to a **Hospital**, up to **£50,000** (**£10,000** within **Your Home Area**) in the event of an **Accident** whilst **You** are participating in an **Insured Activity**, provided **You** have paid the additional premium for that **Insured Activity** and this is shown on **Your Schedule**. Search and Rescue costs are covered for a period not exceeding **72** hours from the time at which assistance is first summoned.

#### Special conditions relating to claims

- You** must give notice as soon as possible to **Our** Emergency Assistance Service or **Us** of any bodily injury or illness which necessitates **Your** admittance to **Hospital** as an in-patient or before any arrangements are made for **Your** repatriation.
- You** must contact **Our** Emergency Assistance Service prior to incurring any medical or treatment costs for in-patient treatment in a private **Hospital**. There is no cover under this **Policy** for **Expenses** incurred without **Our** prior approval.
- We** may instruct **You** to return **Home** if **Our** medical advisors and the doctors treating **You** decide that **You** can safely return **Home**. If **You** refuse to be repatriated all cover under the **Policy** will cease.
- You** must provide details to **Us** of any other travel insurance or private medical insurance **Policy** that also provides cover during this particular **Trip**.

#### What You are not covered for

- Anything in the **General Exclusions**.
- The **Excess** other than in respect of Part E - hospital inconvenience benefit, where no excess will apply and Part F - Search and Emergency Rescue costs where **b** will be responsible for the first **£500** of each and every claim each **Insured Person**.
- In-patient treatment which has not been notified to and agreed by **Us** or **Our** Emergency Assistance Service.
- Outpatient treatment and additional related expenses unless they have been agreed by **Us** or **Our** Emergency Assistance Service.
- Replenishing supplies of any medication **You** were using at the start of **Your Trip**.
- Any expenses incurred within **Your Home Area**.
- Any form of cosmetic surgery and / or treatment which in the opinion of a **Medical Practitioner** could reasonably be delayed until **You** return **Home**.
- Expenses incurred more than **12** months after the commencement date of the injury or illness.
- Charges for private room accommodation.
- Expenses incurred for in-patient treatment or private treatment not specifically authorised by **Us** or **Our** Emergency Assistance Service.
- Ongoing treatment in existence at the time of travel which has not been agreed by **Us** in writing.
- The cost of any elective treatment or surgery including exploratory tests, which are not directly related to the injury or illness which needed **Your** admittance into **Hospital**.
- Any expenses or costs after the date that the treating doctor together with **Our** Emergency Assistance Service have deemed that **You** are fit to travel.
- Any expenses incurred as a result of a tropical disease where **You** have not taken the recommended inoculations.
- Any expenses incurred as a result of **You** not adhering to the Medical Screening Questions on page 4 of this **Policy** wording.
- Any claim for pregnancy which falls outside of the definition of **Complications of Pregnancy and Childbirth**.

## Section 2: Personal Accident

#### What You are covered for

Overall limit: (per person)	£5,000
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**We** will pay up to the amount shown above (for each **Insured Person**) for external **Accidental** bodily injury, which independently of any other cause results in:

- death, or
- total and permanent loss of sight in one or both eyes or total loss by physical severance at or above the wrist or ankle or total and permanent loss of use of one or both hands, arms, legs or feet; or
- permanent and total disablement from engaging in paid employment or paid occupations of any and every kind whatsoever which has continued for **12** months from the date of injury and is without hope of improvement;

all occurring within **12** months of the event happening.

The maximum amount of all benefits payable for one or more injuries sustained by **You** during the period of insurance shall not exceed the overall limit shown.

#### What You are not covered for

- Anything in the **General Exclusions**.
- Permanent total disablement benefit when **You** are no longer in full time employment.
- More than **£2,500** when **Your** age is under **16** years.
- The contracting of any medical condition.
- The injection or ingestion of any substance.
- Any event which directly or indirectly exacerbates a previously existing physical bodily injury.

## Section 3: Personal Liability

#### What You are covered for

Overall limit: (per person)	£2,000,000
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**We** will pay up to the amount shown above (for each **Insured Person**) in respect of:

**Your** legal liability to a third party arising during the period of the **Trip** as a result of:

- accidental injury to any person;
- accidental loss of or damage to property.

In addition **We** will also pay legal costs and **Expenses** incurred, with **Our** written consent, subject to **Our** liability not exceeding the overall limit shown above, for all damages and costs payable arising out of one event or series of events consequent upon the original cause.

#### What You are not covered for

- Anything in the **General Exclusions**.
- The first **£200** of each and every claim in respect of loss or damage to temporary holiday accommodation.
- Bodily injury or disease to any person who, at the time of sustaining such injury, is engaged in **Your** service or to any member of **Your** family or anyone **You** are travelling with.
- Damage to property belonging to, or in the care, custody or control of **You** or a member of **Your Family** or a person in **Your** service.
- Any liability arising out of or incidental to any profession, occupation, or business.
- Any liability which has been assumed under contract and would not otherwise have attached.
- Any liability arising out of ownership, possession, or operation of:
  - any motorised or mechanically propelled or horse drawn vehicle;
  - any aircraft, motorised or mechanically propelled watercraft or sailing vessel;
  - any animal.
- Any liability arising out of the ownership, occupation, possession, or use of any land or building (other than occupation only of any temporary residence).
- Any liability arising out of the use of any firearms or weapons of any kind.
- Any liability arising in respect of any wilful or criminal act or assault.
- Any liability to any other player, participant, team member or opposing team member.
- Damages resulting from venereal disease, sexually transmitted diseases, Human Immuno deficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or any AIDS related condition.

## Section 4: Activity Equipment

#### What You are covered for

Part A: Activity Equipment (per person) Single items, pair or set limit	£1,000 £600
Part B: Delayed Equipment (per person)	£200
Part C: Equipment Hire (per person)	£300

**We** will pay up to the amount shown above (for each **Insured Person**) in respect of:

- loss or damage to **Your** own **Activity Equipment** taken with **You** or purchased on **Your Trip** but subject to the limits as set out above in respect of single items, pairs or sets, loss of hired **Activity Equipment** which is **Your** responsibility;

- B) the hire of essential items if **Your** own **Activity Equipment** is misplaced, or stolen on **Your** outward journey for over **12** hours from the time **You** arrive at **Your Trip** destination;
- C) the hire of **Activity Equipment** if **Your** own is lost or damaged during **Your Trip**.

#### Basis of claims settlement – Activity Equipment

Claims will be assessed as a percentage of the original purchase price and the age of the **Activity Equipment** at the time of the loss as follows:

- Up to 1 year old 85%      • Up to 2 years old 70%
- Up to 3 years old 50%      • Up to 4 years old 25%
- Up to 5 years old 10%      • Over 5 years old Nil

#### What You are not covered for

- Anything in the **General Exclusions**.
- The **Excess** in respect of Part A only.
- Expenses that **You** would have incurred during the normal course of **Your Trip**.
- Loss or damage to any motorised mechanically propelled or horse drawn vehicle, any aircraft, motorised or mechanically propelled watercraft or sailing vessel.
- Loss or theft in respect of which a written police report has not been obtained within **24** hours of discovery.
- Any claim not supported by documentary evidence of value(s) and proof of ownership.
- Loss or damage caused by normal wear and tear, moth, vermin, atmospheric conditions, gradual deterioration or electrical or mechanical breakdown.
- Activity Equipment** left **Unattended** away from **Your Trip** accommodation unless between 6.00am and 11.00pm local time and it is in the locked boot or covered hatchback of a motor vehicle where entry was gained by violent and forcible means.
- Loss or damage arising from delay, confiscation or detention by customs or other authorities.
- Property more specifically insured elsewhere.
- Damaged **Activity Equipment** not available for **Our** inspection.
- Clothing and helmets.

## Section 5: Legal Expenses

#### What You are covered for

Overall limit: (per person)	£25,000
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**We** will pay up to the amount shown above (for each **Insured Person**) in respect of legal costs and **Expenses** incurred by **You** in pursuit of compensation and / or damages against a third party arising from or out of **Your** death or personal injury occurring during the period of the **Trip**.

#### Note:

- We** shall have complete control over the legal proceedings and the appointment and control of a lawyer.
- You** must follow the legal representatives advice and provide any information and assistance required. Failure to do so will entitle **Us** to withdraw cover.
- We** must have access to any and / or all the legal representatives file of papers.
- We** may include a claim for **Our** costs and **Expenses**.
- Failure by **You** to comply with all or any of these conditions will entitle **Us** to render the Legal Expenses aspect of this insurance void and thereby withdraw cover.

#### What You are not covered for

- Anything in the **General Exclusions**.
- Costs and **Expenses** to pursue a claim against **Us**, **Our** agents, any other person insured under this **Policy**, any person with whom **You** had arranged to travel, any carrier, any airline or any travel agent or tour operator.
- Costs and **Expenses** incurred prior to the granting of support by **Us**. **We** reserve the right to withdraw at any stage and shall not then be liable for any further expenses.
- Where the claim has been reported more than **180** days after the commencement of the incident giving rise to a 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 reasonably greater than the anticipated value of the compensation award.
- Where **You** are insured for legal expenses under any other insurance policy.
- Where, in **Our** opinion, there is insufficient prospect of success in obtaining a reasonable benefit.
- Any claim emerging from the pursuance to a contingent fee agreement between **You** and **Your** council.
- Any claim for travel and accommodation **Expenses**, which **You** have incurred whilst pursuing legal action.
- Any claim arising from **You** pursuing legal proceedings as part of or on behalf of a group or organisation.
- Any claim for legal costs where **You** are pursuing legal action relating directly or indirectly to medical negligence or alleged medical negligence.
- Any claim against **Your Family** or travelling companions.

#### Note:

- We** will not be liable for any claim where legal costs and **Expenses** are based directly or indirectly on the amount of an award.
- This insurance will not extend to covering **You** in pursuit of any appeal except at **Our** sole discretion.
- Where there is a possibility of a claim being brought in more than one country **We** will not be liable for the costs if an action is brought in more than one country.

## Section 6: Curtailment

**NOTE: cover under this section only applies whilst You are participating in an Insured Activity, as shown on the Schedule.**

#### What You are covered for

Overall limit: (per person)	£2,000
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**We** will pay up to the amount shown above (for each **Insured Person**) in respect of travel and accommodation costs which **You** have paid or are contracted to pay and which **You** cannot recover from any other source if **Your Trip** is necessarily and unavoidably **Curtailed** following an **Accident** whilst **You** are participating in an **Insured Activity**, provided **You** have paid the additional premium for that **Insured Activity** and this is shown on **Your Schedule**.

#### Special Conditions relating to claims

**You** must obtain a medical certificate from a **Medical Practitioner** and prior approval of **Our** Emergency Assistance Service to confirm the necessity to return **Home** prior to **Curtailment** of the **Trip** due to **Your Accident**.

#### What You are not covered for

- Anything in the **General Exclusions**.
- The **Excess**.
- Increased charges due to **Your** failure to notify the travel agent, tour operator or travel/accommodation provider immediately it is found necessary to **Curtail Your Trip**.
- Government regulation or restriction.
- Your** loss of enjoyment of the **Trip**, however caused.
- The omission or default of the provider of transport or accommodation or of an agent through whom the travel arrangements were made.
- Failure to obtain the necessary passport, visa or permit required for **Your** journey.
- Curtailment** claims are limited to the lost proportion (each complete night) of **Your** accommodation costs, which **You** have not used following **Curtailment** of **Your Trip** for the reasons as stated above.
- Failure to obtain the recommended vaccines, inoculations or medications prior to **Your Trip**.
- Any expenses incurred as a result of **You** not adhering to the Medical Screening Questions on page 4 of this **Policy**.
- Any claim for pregnancy which falls outside of the definition of **Complications of Pregnancy and Childbirth**.
- Any loss, damage, liability, cost or expense arising directly or indirectly out of a **Cyber Act** or **Cyber Incident**.

## PART B - SECTIONS 7, 8, & 9

Optional cover subject to an extra premium being paid  
Only operative if indicated in the Schedule

## Section 7: Possessions, Personal Effects, Money & Documents

#### What You are covered for

<b>Part A: Personal Possessions (per person)</b>	<b>£2,000</b>
Single items, pair or set limit	£300
Valuables limit	£300
<b>Part B: Delayed Possessions (per person)</b>	<b>£200</b>
<b>Part C: Personal Money (per person)</b>	<b>£300</b>
<b>Part D: Travel Documents (per person)</b>	<b>£1,000</b>

**We** will pay up to the amount shown above (for each **Insured Person**) in respect of:

- loss, theft or damage to **Your Personal Possessions** taken with **You** or purchased on **Your Trip** but subject to the limits as set out above in respect of: **Valuables**, single items, pairs or sets and sports equipment (excluding **Activity Equipment** which is covered under Section 4);
- the purchase of essential items if **Your Personal Possessions** are misplaced or stolen on **Your** outward journey for over **12** hours from the time **You** arrived at **Your** final destination (**Note**: the amount payable will be deducted from the final claim settlement if **Your Personal Possessions** are permanently lost);
- loss or theft of **Your** personal **Money**;
- loss or theft of **Your Travel Documents** (including passport) and, if necessary, additional travel and accommodation (room only) **Expenses**.

#### Basis of settlement - Part A of this section

If the damaged item is beyond economical repair it will be treated as lost. If an original purchase receipt or valuation is provided **We** will pay the replacement cost (subject to the limits set out above applying), otherwise **We** will assess the claim based on the intrinsic value at the time of loss, making allowance for age, and depreciation.

**Note:** This does not apply to items of clothing and footwear, where claims settlements will be based on the value at time of loss, less an allowance for age and depreciation.

#### What You are not covered for

- Anything in the **General Exclusions**.
- The **Excess** other than in respect of Part B where no excess will apply.



3. Breakage or damage to:
  - i) fragile articles, paintings, works of art, sculptures, musical instruments, household goods;
  - ii) audio, video, computer, television and telecommunications equipment, mobile phones, Satellite Navigation Equipment unless the breakage or damage is caused by fire, theft or in an accident to the vehicle in which they are being carried.
4. Contact or corneal lenses, dentures.
5. Perishable goods, bottles, cartons and any damage caused by them or their contents.
6. Any loss of **Personal Possessions** due to atmospheric or climatic conditions, wear, tear, depreciation, moth or vermin, cleaning, restoring, repairing, mechanical or electrical breakdown.
7. Any damage to suitcases unless they are rendered unusable in the opinion of a luggage supplier / repairer.
8. **Personal Possessions** left **Unattended** away from **Your Trip** accommodation unless between 6.00am and 11.00pm local time in the locked boot or covered hatchback of a motor vehicle where entry was gained by violent and forcible means.
9. Any loss of personal **Money** due to depreciation in value, currency changes or shortage caused by any error or omission.
10. **Valuables** or **Money** carried in any **Unattended** suitcases, trunks or similar containers.
11. **Unattended Valuables** and personal **Money** unless locked in a safe or safety deposit box or left in **Your** locked (doors and all windows) **Trip** accommodation.
12. Loss or theft of travellers' cheques where the issuer provides a replacement service.
13. Loss or damage arising from delay, confiscation or detention by customs or other authorities.
14. Loss or theft in respect of which a written police report has not been obtained within **24** hours of discovery.
15. Property more specifically insured elsewhere.
16. **Your** failure to exercise reasonable care for the safety of **Your** property as if uninsured.
17. Loss or damage to household goods and home contents.
18. Claims arising with respect to any shipments made under a Bill of Lading.
19. Any claim if the loss, damage or theft occurs during a journey or whilst in the custody of an airline or other carrier, and **You** have not notified the carrier or their handling agent of the incident and obtained an official report or a property irregularity report (PIR).

## Section 8: Cancellation, Loss of Deposit or Curtailment

### What You are covered for

Overall limit: (per person)	£5,000
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We will pay up to the amount shown above (for each **Insured Person**) in respect of travel and accommodation costs and pre-paid activity course fees, which **You** have paid or are contracted to pay and which **You** cannot recover from any other source if **Your Trip** is necessarily and unavoidably cancelled or **Curtailed** as a result of any of the following events occurring:

1. The death, bodily injury or illness of:
  - a) **You**;
  - b) any person with whom **You** are travelling or have arranged to travel with;
  - c) any person with whom **You** have arranged to reside temporarily;
  - d) any **Close Relative** residing in the **United Kingdom**;
  - e) a **Close Business Colleague**.
2. Jury service attendance solely as witness at a Court of Law of **You**, or persons with whom **You** are travelling or had arranged to travel with.
3. **Redundancy** (which qualifies for payment under current United Kingdom **Redundancy** payment legislation and at the time of booking the **Trip** there was no reason to believe anyone would be made **Redundant**) of **You**, any person with whom **You** are travelling or had arranged to travel with.
4. The withdrawal of leave for members of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a government department provided that such **Cancellation** or **Curtailment** could not reasonably have been expected at the time of purchasing this insurance or in the case of an Annual Multi-Trip **Policy** at the time of booking **Your Trip**.
5. The Police requesting **You** to remain at or return to **Your Home** due to serious damage to **Your Home** caused by fire, aircraft, explosion, storm, flood, subsidence, malicious persons or theft.
6. Closure of air space directly attributable to volcanic eruption.

### Special Conditions relating to claims

1. **You** must obtain a medical certificate from a **Medical Practitioner** and prior approval of **Our** Emergency Assistance Service to confirm the necessity to return **Home** prior to **Curtailment** of the **Trip** due to death, bodily injury or illness.
2. If **You** cancel the **Trip** due to bodily injury or illness **You** must provide a medical certificate from a **Medical Practitioner** stating that this necessary and reasonably prevented **You** from travelling.

### What You are not covered for

1. Anything in the **General Exclusions**.
2. The **Excess** other than in respect of Loss of Deposit claims where the **Excess** is reduced to **£25**.
3. **Cancellation** charges in excess of those shown in the booking conditions of the travel, accommodation or course provider or surcharges levied increasing basic brochure prices.

4. Increased **Cancellation** charges due to **Your** failure to notify the travel agent, tour operator or travel / accommodation / course provider immediately it is found necessary to cancel or **Curtail Your Trip**.
5. Circumstances that could reasonably have been anticipated at the time the **Trip** was booked or when **You** purchased this insurance.
6. **Your** financial circumstances (other than as a result of **Redundancy** for which **You** qualify for payments under current legislation) or **Your** disinclination to travel, for whatever cause.
7. Government regulation or restriction.
8. **Your** loss of enjoyment of the **Trip**, however caused.
9. The omission or default of the provider of transport or accommodation or of an agent through whom the travel arrangements were made.
10. Failure to obtain the necessary passport, visa or permit required for **Your Trip**.
11. **Curtailment** claims are limited to the lost proportion (each complete night) of **Your** accommodation costs or each complete day of **Your** pre-paid activity course fees, which **You** have not used following **Curtailment** of **Your Trip** for the reasons as stated above.
12. Failure to obtain the recommended vaccines, inoculations or medications prior to **Your Trip**.
13. Any expenses incurred as a result of **You** not adhering to the Medical Screening Questions on page 4 of this **Policy**.
14. Any claim for pregnancy which falls outside of the definition of **Complications of Pregnancy and Childbirth**.
15. Any loss, damage, liability, cost or expense arising directly or indirectly out of a **Cyber Act** or **Cyber Incident**.
16. Any amounts recovered or recoverable by **You** from any other source (including but not limited to from accommodation providers, **Public Transport** providers, travel service providers, and any creditor under the Consumer Credit Act 1974 or similar legislation) shall be deducted from **Your** claim, or if **We** have already paid **Your** claim such amounts will be recoverable from **You** by **Us**.
17. Any costs, expenses or any other amount incurred in respect of self-isolation or quarantine whether legally mandated or otherwise.
18. An illness that has been declared a Public Health Emergency of International Concern (PHEIC) by the World Health Organisation (WHO).

## Section 9: Unexpected Events

### What You are covered for

Part A: Travel Disruption Overall limit (per person)	£1,000
Part B: Travel Delay	
1. Each 12 hour delay up to a maximum of or	£30 £120
2. Abandonment after 12 hours	£5,000

We will pay up to the amount shown above (for each **Insured Person**) in respect of:

- A) reasonable additional accommodation and travel expenses necessarily incurred to reach the overseas destination or to reach **Home** due to:
    - i. scheduled **Public Transport** services failing to get **You** to **Your** destination in time due to strike, industrial action, adverse weather conditions or mechanical breakdown, or
    - ii. the private motor vehicle in which **You** were travelling suffering from a mechanical breakdown or failure, or
    - iii. the private motor vehicle in which **You** were travelling being directly involved in a road traffic accident, which resulted in mechanical breakdown or failure, or as a result of the outward or inward flight being delayed, to include **Your** missing a connecting flight, or
    - iv. closure of air space directly attributable to volcanic eruption.
  - B) 1. delay of at least **12** hours in departure of the aircraft, sea vessel, or train (using the Channel Tunnel), on which **You** are booked on **Your** outward or return journey;
- We will pay the sum shown above for each **12** hour delay up to the maximum shown; or
2. if the outward journey is delayed for more than **12** hours **You** may opt to abandon **Your Trip** and claim irrecoverable **Cancellation** costs as shown above.

**Note:** **You** may claim under A) or B) but not both.

### What You are not covered for

1. Anything in the **General Exclusions**.
2. The **Excess** in respect of Part B (2) only.
3. Expenses that **You** would have incurred during the normal course of **Your Trip**.
4. Circumstances already known at the time of taking out this insurance or booking the **Trip**.
5. **Your** failure to check in on time or to allow sufficient time to get to the **Departure Point**.
6. Claims not supported by a written report from the appropriate authorities.
7. Claims that are not justifiable given the circumstances, for example; the fear of an event happening or not taking place.
8. Claims arising directly or indirectly from the delay of travel arrangements caused by or on the order of any government, public or local authority including but not limited to any civil or federal aviation authority.

## PART C - SECTION 10

Optional cover subject to an extra premium being paid  
Only operative if indicated in the Schedule

### Section 10: Independent Traveller

COVER IN RESPECT OF SECTION 10 ONLY OPERATES IF THE APPROPRIATE INDEPENDENT TRAVELLERS EXTENSION HAS BEEN CHOSEN AND THE APPROPRIATE ADDITIONAL PREMIUM HAS BEEN PAID.

#### What You are covered for

1. Extended Cancellation or Curtailment	£5,000
2. Extended Travel Delay	£120 (£30 each 12 hours)
3. Extended Travel Disruption (costs to reach destination)	£1,000
4. Accommodation	£5,000

#### 1) Extended Cancellation or Curtailment Charges

Section 8 – Cancellation, Loss of Deposit or Curtailment is extended to include the following cover.

We will pay **You** up to the amount shown above (for each **Insured Person**) for any irrecoverable unused travel and accommodation costs and pre-paid activity course fees and any other prepaid charges which **You** have paid or are contracted to pay together with any reasonable additional travel **Expenses** incurred if:

- You** were not able to travel and use **Your** booked accommodation or attend **Your** pre-paid activity course

or

- the **Trip** was **Curtailed** before completion

as a result of the

- Travel Advice Unit of the Foreign, Commonwealth & Development Office (FCDO) or the World Health Organization (WHO) or similar body issuing a directive:
  - prohibiting all travel to, or
  - recommending evacuation from the country or specific area or event to which **You** were travelling providing such a directive came into force after **You** purchased this insurance or booked the **Trip** (whichever is the later), or in the case of **Curtailment** after **You** had left **Your Home Area** to commence the **Trip**
- closure of air space directly attributable to volcanic eruption.

**You** may claim only under Section 10 – Independent traveller or Section 8 – Cancellation, Loss of Deposit or Curtailment for the same event, not both.

#### 2) Extended Delayed Departure

If applicable Section 9 – Travel Delay is extended to include the following cover.

- We will pay **You** up to the amount shown above (for each **Insured Person**) if the **Public Transport** on which **You** are booked to travel is cancelled or delayed for more than **12** hours at the **Departure Point** of any connecting **Public Transport** in **Your Home Area** or to **Your** overseas destination or on the return journey to **Your Home** We will pay **You** for the first complete **12** hours of delay and for each complete concurrent **12** hour period thereafter, up to the maximum amount shown above provided **You** eventually continue the **Trip**.

- We will pay **You** up to the amount shown above (for each **Insured Person**) for either:
  - any irrecoverable unused accommodation costs or pre-paid activity course fees and charges which **You** have paid or are contracted to pay because **You** were not able to travel and use **Your** booked accommodation or attend **Your** pre-paid activity course as a result of:

- the **Public Transport** on which **You** were booked to travel from **Your Home Area** being cancelled or delayed for more than **12** hours; or
- You** being denied boarding (because there are too many passengers for the seats available) and no other suitable alternative flight could be provided within **12** hours; or
- closure of air space directly attributable to volcanic eruption;

and **You** choose to cancel **Your Trip** because the alternative transport to **Your** overseas destination offered by the **Public Transport** operator was not reasonable,

or

- reasonable additional accommodation (room only) and travel **Expenses** necessarily incurred in reaching **Your** overseas destination and/or in returning **You** to **Your Home Area** as a result of:

- the **Public Transport** on which **You** were booked to travel being cancelled, delayed for more than **12** hours, diverted or re-directed after take-off; or
- You** being denied boarding (because there are too many passengers for the seats available) and no other suitable alternative flight could be provided within **12** hours; or
- closure of air space directly attributable to volcanic eruption,

and **You** choose to make other travel arrangements for **Your Trip** because the alternative transport offered by the **Public Transport** operator was not reasonable. The amount payable will be calculated after deduction of the amount of the refund on **Your** ticket(s) together with any compensation from the **Public Transport** operator.

**You** may claim only under subsection 1) or 2) above for the same event, not both.

**You** may claim only under Section 10 – Independent Traveller or Section 9 – Travel Delay for the same event, not both.

#### 3) Extended Travel Disruption

If applicable Section 9 – Travel Disruption is extended to include the following cover.

We will pay **You** up to the amount shown above (for each **Insured Person**) for reasonable additional accommodation (room only) and travel **Expenses** necessarily incurred in reaching **Your** overseas destination or returning **You** to **Your Home Area** if **You** fail to arrive at the **Departure Point**:

- in time to board any onward connecting **Public Transport** service on which **You** are booked to travel following completion of the initial international journey including connections within **Your Home Area** on the return journey to **Your Home** as a result of:
  - the failure of other **Public Transport**, or
  - strike, industrial action or adverse weather conditions, or
  - You** being denied boarding (because there are too many passengers for the seats available) and no other suitable alternative flight could be provided within **12** hours, or
  - closure of air space directly attributable to volcanic eruption.

#### Special condition relating to volcanic eruption claims

If **You** arrive at **Your Departure Point** and **Your** booked **Public Transport** is cancelled because of a volcanic eruption, then cover is available to **You** for reasonable additional accommodation (room only) and travel **Expenses** necessarily incurred to reach **Your** overseas destination or to return **You** to **Your Home**.

**You** may claim only under Section 10 – Independent Traveller or Section 9 – Travel Disruption for the same event, not both.

#### 4) Accommodation cover

We will pay **You** up to the amount shown above (for each **Insured Person**) for either:

- any irrecoverable unused accommodation costs and charges which **You** have paid or are contracted to pay because **You** were not able to travel and use **Your** booked accommodation, or
- reasonable additional accommodation and transport costs incurred:
  - up to the standard of **Your** original booking, if **You** need to move to other accommodation on arrival or at any other time during the **Trip** because **You** cannot use **Your** booked accommodation, or
  - with the prior authorisation of the Emergency Assistance Service to repatriate **You** to **Your Home** if it becomes necessary to **Curtail** the **Trip**, as a result of fire, flood, earthquake, explosion, tsunami, landslide, avalanche, hurricane, storm or an outbreak of food poisoning affecting **Your** accommodation or resort.

**You** may claim only under one of subsections 1 or 2 above for the same event, not both.

**You** may claim only under Section 10 – Independent Travellers or Section 8 – Cancellation, Loss of Deposit or Curtailment for the same event, not both.

#### Special conditions relating to all Independent Traveller claims

- If **You** fail to notify the travel agent, tour operator or provider of transport / accommodation / course as soon as **You** find out it is necessary to cancel the **Trip** Our liability will be limited to the **Cancellation** charges that would have otherwise applied.
- You** must get written confirmation from the provider of the accommodation (or their administrators), the local Police or relevant authority that **You** could not use **Your** accommodation and the reason for this.
- You** must give notice as soon as possible to the Emergency Assistance Service of any circumstances making it necessary for **You** to return **Home** and before any arrangements are made for **Your** repatriation.
- You** must check in according to the itinerary supplied to **You**.
- You** must get written confirmation from the **Public Transport** operator (or their handling agents) of the **Cancellation**, number of hours of delay or denied boarding and the reason for these together with details of any alternative transport offered.
- You** must comply with the terms of contract of the **Public Transport** operator and seek financial compensation, assistance or a refund of **Your** ticket from them in accordance with such terms and/or (where applicable) **Your** rights under EU Air Passengers Rights legislation in the event of denied boarding, **Cancellation** or long delay of flights.

#### What you are not covered for

- The **Excess** other than in respect of Section 9 - Unexpected Events (Part A and Part B (1) only) where no excess will apply.
- The cost of Airport Departure Duty.
- Travel tickets paid for using any airline mileage reward scheme, for example Air Miles.
- Accommodation costs paid for using any Timeshare, Holiday Property Bond or other holiday points scheme.
- Claims arising directly or indirectly from:
  - Strike, industrial action or a directive prohibiting all travel to the country or specific area or event to which **You** were travelling, existing or being publicly announced by the date **You** purchased this insurance or at the time of booking any **Trip**
  - An aircraft or sea vessel being withdrawn from service (temporary or otherwise) on the recommendation of the Civil Aviation Authority, Port Authority or any similar body in any country.
  - Denied boarding due to **Your** drug use, alcohol or solvent abuse or **Your** inability to provide a valid passport, visa or other documentation required by the **Public Transport** operator or their handling agents.
- Any costs incurred by **You** which are recoverable from the providers of the accommodation (or their administrators) or for which **You** receive or are expected to receive compensation or reimbursement.

7. Any costs incurred by **You** which are recoverable from the **Public Transport** operator or for which **You** receive or are expected to receive compensation, damages, refund of tickets, meals, refreshments, accommodation, transfers, communication facilities or other assistance.
8. Any accommodation costs, charges and **Expenses** where the **Public Transport** operator has offered reasonable alternative travel arrangements.
9. Any costs which **You** would have expected to pay during **Your Trip**.
10. Anything in the **General Exclusions**.

## General Conditions

### Our duty to You:

**We** aim to provide a high standard of service and to meet any claims covered by this Insurance fairly and promptly. Should there be any complaint **We** will investigate this at once and resolve the matter as quickly as possible.

### Your duty to Us:

1. To answer all questions honestly and to the best of **Your** knowledge. Failure to do so may affect **Your** rights under this insurance. If the details disclosed to **Us** by **You** change during the period of insurance, **We** reserve the right to amend or cancel **Your** insurance, providing **You** with a pro-rata refund of premium. If **You** are in any doubt as to whether a fact is relevant, then for **Your** own protection it should be disclosed to **Us**;
2. To follow the Claims Procedure (see pages 10-11) and to take all possible care to safeguard against **Accident**, injury, loss or damage as if **You** had no insurance cover and provide all necessary documentation to support any claim;
3. To give **Us** full details in writing of any incident which may result in a claim as soon as reasonably possible, but in any event within **31** days;
4. To pass on to **Us** immediately any writ, summons, legal process, or other communication in connection with the claim, unanswered;
5. To provide all necessary information and assistance **We** may require at **Your** own expense (including where necessary medical certification and details of any private health insurance **You** have);
6. Not to admit liability for any event or offer to make payment without **Our** prior written consent;
7. Recognising **Our** right to:
  - a) make **Your Policy** void where any claim is found to be false or fraudulent;
  - b) take over and deal with in **Your** name the defence or settlement of any claim made under this **Policy**;
  - c) take proceedings in **Your** name, but at **Our** expense to recover for **Our** benefit the amount of any payment made under this **Policy**;
  - d) obtain information from **Your** medical records (with **Your** permission) for the purpose of dealing with any medical, **Cancellation** or **Curtailment** claims (no personal medical information will be disclosed to any other person or organisation without **Your** prior approval);
  - e) make payments to **You** or **Your** legal representatives.
8. Information **You** have given **Us** in deciding to accept this **Policy** and in setting the terms and premium, **We** have relied on the information **You** have given **Us**. **You** must take care when answering any questions **We** ask by ensuring that all information provided is accurate and complete. If **We** establish that **You** deliberately or recklessly provided **Us** with false or misleading information **We** will treat this **Policy** as if it never existed and decline all claims. If **We** establish that **You** carelessly provided **Us** with false or misleading information it could adversely affect **Your Policy** and any claim. For example, **We** may:
  - treat this **Policy** as if it had never existed and refuse to pay all claims and return the premium paid. **We** will only do this if **We** provided **You** with insurance cover which **We** would not otherwise have offered;
  - amend the terms of **Your** insurance. **We** may apply these amended terms as if they were already in place if a claim has been adversely impacted by **Your** carelessness;
  - reduce the amount **We** pay on a claim in the proportion the premium **You** have paid bears to the premium **We** would have charged **You**; or
  - cancel **Your Policy** in accordance with the Right to cancel condition below. **We** or **Your** insurance broker will write to **You** if **We**:
  - intend to treat **Your Policy** as if it never existed; or
  - need to amend the terms of **Your Policy**. If **You** become aware that information **You** have given **Us** is inaccurate, **You** must inform **Your** broker as soon as practicable.

## General Exclusions

These exclusions apply in addition to the exclusions that appear in each section of the **Policy**.

### You are not covered for:

- 1) any loss or expense where **You** have not followed the Claims Procedure;
- 2) any loss or expense or any legal liability, injury, illness or death directly or indirectly due to, contributed to or caused by:
  - a) war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, civil commotion, rebellion, revolution, insurrection, military or usurped power;
  - b) **Terrorist Activity**;
  - c) **Your** participation in any **Hazardous Activity**, unless this is an **Insured Activity** for which the appropriate premium has been paid;

- d) **Your** suicide, self-injury or any wilful act of self exposure to peril (except where it is to save human life);
  - e) **You** being under the influence of drugs (except those prescribed by a **Medical Practitioner**, but not when prescribed for the treatment of drug addiction);
  - f) **Your** abuse or prior abuse of solvents;
  - g) **You** drinking too much alcohol, **Your** alcohol abuse or **Your** alcohol dependency. (In respect of **You** drinking too much alcohol, **We** do not expect **You** to avoid alcohol, but **We** will not cover any claims that occur because **You** have drunk so much alcohol that **Your** judgement is affected and **You** need to make a claim as a result);
  - h) **You**:
    - a) jumping or diving from a pier(s), a wall(s), a bridge(s) or a rock(s) including tombstoning or shore diving,
    - b) climbing on top of or jumping from a vehicle,
    - c) climbing or jumping from a building or balcony,
    - d) climbing or moving from any external part of any building to another part (excluding where stairs are being used) and falling, regardless of the height, unless **Your** life is in danger or **You** are attempting to save human life;
    - i) confiscation or detention or nationalisation or requisition or destruction of or damage to property by or under the order of any government or other authority;
    - j) ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel;
    - k) radioactive, toxic, explosive, or other hazardous properties of any explosive nuclear assembly or nuclear component thereof;
    - l) pressure waves caused by aircraft and other aerial devices travelling at sonic or super sonic speeds;
    - m) **You** travelling to countries where the Travel Advice Unit of the Foreign, Commonwealth & Development Office (FCDO) or the World Health Organization (WHO) or similar body have issued a directive advising against all travel;
  - 3) any other loss, damage or additional expense following on from the event for which **You** are claiming, unless **We** provide cover under this insurance. Examples of such loss, damage or additional expense would be the cost of replacing locks after losing keys, costs incurred in preparing a claim or loss of earnings;
  - 4) any loss due to currency exchange of any and every kind;
  - 5) any loss, injury, damage, death or legal liability arising directly or indirectly from, or consisting of, the failure, or fear of failure, of any equipment or any computer programme, whether or not **You** own it, to recognise or to correctly interpret or process any date as its true calendar date, or to continue to function correctly beyond that date; this exclusion does not apply to Section 1 - Medical & Emergency Expenses and Section 2 - Personal Accident of this **Policy**;
  - 6) any claims under Part A - Medical & Emergency Expenses or Part B - Cancellation or Curtailment, where at the time of taking out this insurance (and in the case of Annual Multi-Trip at the time of booking each **Trip**):
    - a) **You**, a **Close Relative** or **Close Business Colleague**:
      - i) is waiting for an operation, **Hospital** consultation (other than for regular check-ups for a stable condition) or other **Hospital** treatment or investigations, or are awaiting the results of any tests or investigations; or
      - ii) has been diagnosed as having a terminal condition; or
      - iii) is travelling against medical advice or for the purpose of obtaining treatment; or
      - iv) is suffering from anxiety, stress, depression or any other mental or nervous disorder;
    - b) **You** answer 'YES', or ought to have answered 'YES', in response to any of the 'Medical Screening Questions' and fail to contact the Medical Screening Line (see page 4);
- Note:** If **Your Trip** is within the **United Kingdom** **You** do not need to contact **Us**.
- 7) from **You** travelling against any health requirements stipulated by the carrier, their handling agents or any other **Public Transport** provider;
  - 8) any claims arising from routine treatment or care which could be reasonably be expected to arise during **Your** period of insurance;
  - 9) any claims arising for in-patient medical treatment in a private **Hospital**, without the prior approval of **Us** or **Our** Emergency Assistance Service;
  - 10) travelling independently if **You** are a child aged under **18** years at the time of purchase of the **Policy**, unless travelling with a responsible adult (or an insured adult when buying Annual Multi-Trip cover).

## Claims Procedure

**You** must comply with the following conditions to have the full protection of **Your Policy**.

If **You** do not comply **We** may at **Our** option cancel the **Policy** or refuse to deal with **Your** claim or reduce the amount of any claim payment.

### 1. Claims Notification

If **You** require a claim form, please contact:

Claims Department, PJ Hayman & Company Limited  
Stansted House, Rowlands Castle, Hampshire PO9 6DX

Telephone: **02392 419 895**

Email: **claims@pjhayman.com**

**You** should quote Adventures Travel Insurance.



The notification must be made within **31** days or as soon as possible thereafter following any bodily injury, illness, incident, event, **Redundancy** or the discovery of any loss or damage which may give rise to a claim under this **Policy**.

**You** must also inform **Us** if **You** are aware of any writ, summons or impending prosecution. Every communication relating to a claim must be sent to **Us** without delay. **You** or anyone acting on **Your** behalf must not negotiate admit or repudiate any claim without **Our** written consent.

**You** or **Your** legal representatives must supply at **Your** own expense all information, evidence, details of household insurance and medical certificates as required by **Us**. **We** reserve the right to require **You** to undergo an independent medical examination at **Our** expense. **We** may also request and will pay for a post-mortem examination.

**You** must retain any property which is damaged, and, if requested, send it to **Us** at **Your** own expense. Upon final settlement of the claim all such items shall become **Our** property. In addition, if the property is subsequently recovered or there is any salvage, then it will also become **Our** property. **We** may refuse to reimburse **You** for any **Expenses** for which **You** cannot provide receipts or bills.

## 2. Fraud

**You** must not act in a fraudulent manner. If **You** or anyone acting for **You**

- Make a claim under this **Policy** knowing the claim to be false or fraudulently exaggerated in any respect or;
- Make a statement in support of a claim knowing the statement to be false in any respect or;
- Submit a document in support of a claim knowing the document to be forged or false in any respect or;
- Make a claim in respect of any loss or damage caused by **Your** wilful act or with **Your** connivance.

Then

- **We** shall not pay the claim;
- **We** shall not pay any other claim which has been or will be made under this **Policy**;
- **We** may at **Our** option declare this **Policy** void;
- **We** shall be entitled to recover from **You** the amount of any claim already paid under this **Policy**;
- **We** shall not make any return of premium;
- **We** may inform the Police of the circumstances.

**You must follow these instructions as failure to do so could prejudice Your claim.**

### Cancellation

Notify the travel agent / tour operator / course provider immediately **You** need to cancel, and obtain a **Cancellation** invoice. If **You** delay **We** will only pay for those costs that **You** would have had to pay on the date it would have been reasonable for **You** to cancel.

### Curtailed / cutting short Your Trip

**You** must obtain a medical certificate from a **Medical Practitioner** to confirm the necessity to return **Home** prior to **Curtailed** of the **Trip** due to death, **Accident**, bodily injury or serious illness.

### Damage to Personal Possessions / Activity Equipment during Your Trip

Retain the items in case **We** wish to see them (note: **You** may not abandon any property to **Us** or the **Scheme Administrators**). **You** will need to obtain an estimate for repair or a letter confirming that the damage is irreparable.

### Delay of Personal Possessions / Activity Equipment in transit

Retain **Your** tickets / luggage tags and report the matter immediately to the carrier and obtain a Property Irregularity Report form or its equivalent. If **Your Personal Possessions** or **Activity Equipment** is delayed for more than **12** hours on **Your** outward journey and **You** need to buy or hire essential items, ensure that **You** keep all receipts.

### Loss of Personal Possessions / Activity Equipment, Money and Travel Documents during Your Trip

Notify the Police as soon as possible (within **24** hours of discovery) and obtain a written report and reference number from them. Also report the loss to **Your** tour operator's representative or hotel / accommodation manager and if possible obtain a written report. **You** will be expected to provide proof of purchase / ownership and / or receipts or pre-loss valuations.

### Medical emergency expenses

Contact **Our** Emergency Assistance Service immediately if **You** are admitted as an in-patient (see page 11). Please note there is no cover for medical & treatment **Expenses** incurred in a private **Hospital** without the prior approval from **Us** or **Our** Emergency Assistance Service.

### Personal accident

Obtain a certificate from the treating **Medical Practitioner** or specialist. In the event of death, **We** will require sight of an original copy of the Death Certificate.

### Personal liability

**You** must not admit responsibility to anyone or agree to pay for any damage, repair costs or compensation. **You** must keep a detailed written record and send it to **Us** with any correspondence received, unanswered.

### Travel delay / travel disruption

**You** need to obtain a letter from the airline, railway company or shipping line (or their handling agents) which shows the scheduled departure time, actual departure time and the reason for the delay. If **You** are delayed getting to **Your Departure Point**, **You** must provide proof of the delay (e.g. a Police or motoring organisation report) and provide receipts for necessary **Expenses** incurred.

### Unexpected events

Keep all relevant receipts and obtain, where possible, written details of the event from the local authorities, property owners or tour operator's representative.

## What to do in the Case of a Medical Emergency

The emergency assistance provided for **You** by this insurance is operated by **Our** 24 hour Emergency Medical Assistance service. In the event of a medical emergency, please contact:

Tel: **+44 (0) 208 608 4254**

Email: **PJHaymanSompo@healix.com**

In the event of **Your** bodily injury or serious illness which may lead to in-patient **Hospital** treatment or before any arrangements are made for repatriation to **Your Home** **You** must contact **Our** Emergency Assistance Service, please quote: Adventures Travel Insurance.

The service is available to **You** and operates **24** hours a day, **365** days a year for advice, assistance, making arrangements for **Hospital** admission, repatriation and authorisation of medical **Expenses**.

If this is not possible because the condition requires immediate emergency treatment **You** must contact **Our** Emergency Assistance Service as soon as possible.

Private medical treatment is not covered unless authorised specifically by **Our** Emergency Assistance Service.

### Medical assistance abroad

**Our** Emergency Assistance Service has the medical expertise, contacts and facilities to help should **You** be injured in an **Accident** or fall ill. **Our** Emergency Assistance Service will also arrange transport to **Your Home** when this is considered to be medically necessary.

### Payment for medical treatment abroad

If **You** are admitted to a **Hospital** / clinic while abroad, **Our** Emergency Assistance Service will arrange for medical expenses covered by this **Policy** to be paid direct to the **Hospital** / clinic. To take advantage of this benefit someone must contact **Our** Emergency Assistance Service for **You** as soon as possible.

For out-patient treatment, **You** should pay the **Hospital** / clinic **Yourself** and claim back medical expenses from **Us** on **Your** return **Home**. Beware of requests for **You** to sign for excessive treatment or charges. If in doubt regarding any such requests, please call **Our** Emergency Assistance Service for guidance.

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## Key contacts

### Customer Service

02392 419 093

[direct.sales@pjhayman.com](mailto:direct.sales@pjhayman.com)

### Medical Screening Line

02392 419 068

### 24-hour Medical Assistance

+44 (0) 208 608 4254

[PJHaymanSompo@healix.com](mailto:PJHaymanSompo@healix.com)

### Claims

02392 419 895

[claims@pjhayman.com](mailto:claims@pjhayman.com)



**Adventures**